



**Now Available to  
Full-Time Employees of Hays Consolidated ISD:  
Dental insurance with affordable group rates**

## Simplify your dental care and save.

### The Lincoln DentalConnect® DHMO Plan:

- Covers most preventive and diagnostic care services at no charge
- Also covers a wide variety of specialty services - lowering your out-of-pocket costs with no deductibles or maximums
- Features group rates for Hays Consolidated ISD employees
- Lets you choose a participating dentist from a regional network
- Saves you time and hassle with no waiting periods and no claim forms

Trips to the dentist are a little less scary when you know how much you'll pay ahead of time. And easier, too, with no claim forms or deductibles.

### Here's how this important coverage works.

- You choose your primary-care dentist when you enroll. To find a participating dentist, visit <http://ldc.lfg.com> and select Find a Dentist. (You can also print your dental ID card from this site once your coverage begins.)
- This dental plan offers a detailed list of covered procedures, each with a dollar copayment (see the Summary of Benefits for details). You pay for services provided during your visit.
- Emergency care away from home is covered up to a set dollar limit.
- You can change your primary-care dentist at any time by calling the customer service number listed on your dental ID card.

*A complete Summary of Benefits is included on the next few pages.*

### Here's how little you pay with group rates.

As a Hays Consolidated ISD employee, you can take advantage of this dental insurance plan for less than \$0.35 a day. Plus, you can add loved ones to the plan for just a little more.

Coverage	Monthly Premium
Employee only	\$10.53
Employee & spouse	\$20.53
Employee & child/children	\$22.22
Employee & family	\$32.11

Lincoln DentalConnect® DHMO (policy series TX-EOC 08 2010) is underwritten in Texas by National Pacific Dental, Inc., Houston, TX. National Pacific Dental is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

**No money is due at enrollment.** Your premium simply comes out of your paycheck.

**Lincoln Dental Connect®**

DHMO LDCTX5c/LDCTXV5c covered dental services

888-877-7828 <http://ldc.lfg.com>

Procedure Code	Procedure Description	Member Pays
D0120	periodic oral evaluation	\$0.00
D0140	limited oral evaluation - problem focused	\$0.00
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00
D0150	comprehensive oral evaluation - new or established patient	\$0.00
D0160	detailed and extensive oral evaluation - problem-focused, by report	\$0.00
D0170	re-evaluation, limited, problem focused	\$0.00
D0171	re-evaluation - post-operative office visit	\$5.00
D0180	comprehensive periodontal evaluation - new or established patient	\$0.00
D0190	screening of a patient	\$5.00
D0191	assessment of a patient	\$5.00
D0210	intraoral - complete series of radiographic images	\$0.00
D0220	intraoral - periapical first radiographic image	\$0.00
D0230	intraoral - periapical each additional radiographic image	\$0.00
D0240	intraoral - occlusal radiographic image	\$0.00
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	\$0.00
D0251	extra-oral posterior dental radiographic image	\$0.00
D0270	bitewing - single radiographic image	\$0.00
D0272	bitewings - two radiographic images	\$0.00
D0273	bitewings - three radiographic images	\$0.00
D0274	bitewings - four radiographic images	\$0.00
D0277	vertical bitewings - 7 to 8 radiographic images	\$0.00
D0330	panoramic radiographic image	\$5.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$50.00
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	\$5.00
D0414	lab processing of microbial specimen to include culture and sensitivity studies	\$0.00
D0415	collection of microorganisms for culture and sensitivity	\$0.00
D0416	viral culture	\$10.00
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	\$10.00
D0418	analysis of saliva sample	\$10.00
D0422	collection and preparation of genetic sample material for laboratory analysis and report	\$0.00
D0423	genetic test for susceptibility to diseases-specimen analysis	\$0.00
D0425	caries susceptibility tests	\$0.00
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy	\$20.00
D0460	pulp vitality tests	\$0.00
D0470	diagnostic casts	\$12.00
D0472	accession of tissue, gross examination, prep and transmission of written report	\$0.00
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	\$0.00
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	\$0.00
D0601	caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	caries risk assessment and documentation, with a finding of high risk	\$0.00
D0999	office visit fee - per visit	\$5.00
D1110 <sup>1</sup>	prophylaxis - adult	\$0.00
D1110 <sup>1</sup>	prophylaxis - adult 1 add'l prophy within 6 months	\$25.00
D1120 <sup>1</sup>	prophylaxis - child	\$0.00
D1120 <sup>1</sup>	prophylaxis - child 1 add'l prophy within 6 months	\$25.00

D1206	topical application of fluoride varnish	\$0.00
D1208	topical application of fluoride - excluding varnish	\$0.00
D1310	nutritional counseling for control of dental disease	\$0.00
D1320	tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	oral hygiene instructions	\$0.00
D1351	sealant - per tooth	\$8.00
D1352	preventive resin restoration - permanent tooth	\$10.00
D1353	sealant repair - per tooth	\$5.00
D1510	space maintainer – fixed, unilateral – per quadrant	\$32.00
D1516	space maintainer – fixed – bilateral, maxillary	\$32.00
D1517	space maintainer – fixed – bilateral, mandibular	\$32.00
D1520	space maintainer – removable, unilateral – per quadrant	\$50.00
D1526	space maintainer – removable – bilateral, maxillary	\$50.00
D1527	space maintainer – removable – bilateral, mandibular	\$50.00
D1551	re-cement or re-bond bilateral space maintainer – maxillary	\$12.00
D1552	re-cement or re-bond bilateral space maintainer – mandibular	\$12.00
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	\$12.00
D1556	removal of fixed unilateral space maintainer – per quadrant	\$12.00
D1557	removal of fixed bilateral space maintainer – maxillary	\$12.00
D1558	removal of fixed bilateral space maintainer – mandibular	\$12.00
D1575	distal shoe space maintainer – fixed, unilateral – per quadrant	\$25.00
D1999	unspecified preventive procedure, by report	\$0.00
D2140	amalgam - one surface, primary or permanent	\$10.00
D2150	amalgam - two surfaces, primary or permanent	\$14.00
D2160	amalgam - three surfaces, primary or permanent	\$18.00
D2161	amalgam - four or more surfaces, primary or permanent	\$25.00
D2330	resin-based composite - one surface, anterior	\$14.00
D2331	resin-based composite - two surfaces, anterior	\$18.00
D2332	resin-based composite - three surfaces, anterior	\$25.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$35.00
D2390	resin-based composite crown, anterior	\$75.00
D2391	resin-based composite - one surface, posterior	\$40.00
D2392	resin-based composite - two surfaces, posterior	\$50.00
D2393	resin-based composite - three surfaces, posterior	\$70.00
D2394	resin-based composite - four or more surfaces, posterior	\$90.00
D2510	inlay - metallic - one surface	\$185.00
D2520	inlay - metallic - two surfaces	\$185.00
D2530	inlay - metallic - three or more surfaces	\$185.00
D2542	onlay metallic, two surfaces	\$225.00
D2543	onlay-metallic-three surfaces	\$225.00
D2544	onlay-metallic-four or more surfaces	\$225.00
D2610	inlay - porcelain/ceramic - one surface	\$280.00
D2620	inlay - porcelain/ceramic - two surfaces	\$280.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$280.00
D2642	onlay - porcelain/ceramic - two surfaces	\$280.00
D2643	onlay - porcelain/ceramic - three surfaces	\$280.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$280.00
D2650	inlay - composite/resin - one surface	\$280.00
D2651	inlay - composite/resin - two surfaces	\$280.00
D2652	inlay - composite/resin - three or more surfaces	\$280.00
D2662	onlay - composite/resin - two surfaces	\$280.00
D2663	onlay - composite/resin - three surfaces	\$280.00
D2664	onlay - composite/resin - four or more surfaces	\$280.00
D2710	crown, resin-based composite (indirect)	\$150.00
D2712	crown - 3/4 resin-based composite (indirect)	\$150.00
D2720*	crown - resin with high noble metal	\$250.00
D2721	crown - resin with predominantly base metal	\$225.00
D2722*	crown - resin with noble metal	\$225.00
D2740	crown - porcelain/ceramic	\$325.00

D2750*	crown - porcelain fused to high noble metal	\$280.00
D2751	crown - porcelain fused to predominantly base metal	\$280.00
D2752*	crown - porcelain fused to noble metal	\$280.00
D2753	crown - porcelain fused to titanium and titanium alloys	\$280.00
D2780*	crown, 3/4 cast high noble metal	\$280.00
D2781	crown, 3/4 cast predominantly base metal	\$280.00
D2782*	crown, 3/4 cast noble metal	\$280.00
D2783	crown, 3/4 porcelain/ceramic	\$280.00
D2790*	crown - full cast high noble metal	\$280.00
D2791	crown - full cast predominantly base metal	\$280.00
D2792*	crown - full cast noble metal	\$280.00
D2794*	crown - titanium and titanium alloys	\$280.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2915	re-cement or re-bond cast indirectly fabricated or prefabricated post and core	\$10.00
D2920	re-cement or re-bond crown	\$10.00
D2921	reattachment of tooth fragment, incisal edge or cusp	\$65.00
D2929	prefabricated porcelain/ceramic crown - primary tooth	\$80.00
D2930	prefabricated stainless steel crown - primary tooth	\$50.00
D2931	prefabricated stainless steel crown - permanent tooth	\$60.00
D2932	prefabricated resin crown	\$40.00
D2933	prefabricated stainless steel crown with resin window	\$60.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$60.00
D2940	protective restoration	\$8.00
D2941	interim therapeutic restoration-primary dentition	\$5.00
D2950	core buildup, including any pins when required	\$80.00
D2951	pin retention - per tooth, in addition to restoration	\$10.00
D2952	cast post and core in addition to crown	\$80.00
D2953	each additional indirectly fabricated post, same tooth	\$80.00
D2954	prefabricated post and core in addition to crown	\$45.00
D2955	post removal	\$10.00
D2957	each additional prefabricated post, same tooth	\$30.00
D2960	labial veneer (laminare) - chairside	\$270.00
D2961	labial veneer (resin laminate) - laboratory	\$465.00
D2962	labial veneer (porcelain laminate) - laboratory	\$560.00
D2971	additional procedures to construct new crown under existing partial denture framework (to be reported in addition to crown)	\$50.00
D2975	coping	\$80.00
D2980	crown repair necessitated by restorative material failure	\$45.00
D2990	resin infiltration of incipient smooth surface lesions	\$5.00
D3110	pulp cap - direct (excluding final restoration)	\$0.00
D3120	pulp cap - indirect (excluding final restoration)	\$0.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$0.00
D3221	pulpal debridement, primary and permanent teeth	\$20.00
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$60.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$60.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$115.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$180.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$285.00
D3331	treatment of root canal obstruction, non-surgical access	\$85.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85.00
D3333	internal tooth repair of perforation defects	\$85.00
D3346	retreatment of previous root canal therapy - anterior	\$135.00
D3347	retreatment of previous root canal therapy - bicuspid	\$200.00
D3348	retreatment of previous root canal therapy - molar	\$315.00

D3351	apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement	\$55.00
D3353	apexification/recalcification - final visit (includes completed root	\$60.00
D3355	pupal regeneration-initial visit	\$65.00
D3356	pulpal regeneration-interim medicament replacement	\$65.00
D3357	pulpal regeneration-completion of treatment	\$65.00
D3410	apicoectomy - anterior	\$125.00
D3421	apicoectomy - premolar (first root)	\$145.00
D3425	apicoectomy - molar (first root)	\$150.00
D3426	apicoectomy (each additional root)	\$85.00
D3427	periradicular surgery without apicoectomy	\$250.00
D3430	retrograde filling - per root	\$55.00
D3450	root amputation - per root	\$80.00
D3460	endodontic endosseous implant	\$970.00
D3910	surgical procedure for isolation of tooth with rubber dam	\$25.00
D3920	hemisection (including any root removal), not including root canal therapy	\$75.00
D3950	canal preparation and fitting of preformed dowel or post	\$15.00
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$140.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$70.00
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$15.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180.00
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	\$90.00
D4245	apically positioned flap	\$180.00
D4249	clinical crown lengthening - hard tissue	\$195.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$225.00
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$215.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	\$115.00
D4270	pedicle soft tissue graft procedure	\$215.00
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	\$90.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	\$235.00
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	\$275.00
D4320	provisional splinting - intracoronal	\$75.00
D4321	provisional splinting - extracoronal	\$75.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$50.00
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$50.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$30.00
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$50.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$35.00
D4910	periodontal maintenance	\$30.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00
D4921	gingival irrigation - per quadrant	\$0.00
D5110	complete denture - maxillary	\$365.00
D5120	complete denture - mandibular	\$365.00
D5130	immediate denture - maxillary	\$385.00
D5140	immediate denture - mandibular	\$385.00

D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$335.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$335.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests)	\$405.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest)	\$405.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$145.00
D5222	immediate mandibular partial denture - resin base	\$155.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$145.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$155.00
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$475.00
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$475.00
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	\$315.00
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$315.00
D5284	removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	\$475.00
D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$475.00
D5410	adjust complete denture - maxillary	\$10.00
D5411	adjust complete denture - mandibular	\$10.00
D5421	adjust partial denture - maxillary	\$10.00
D5422	adjust partial denture - mandibular	\$10.00
D5511	repair broken complete denture base, mandibular	\$10.00
D5512	repair broken complete denture base, maxillary	\$10.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$40.00
D5611	repair resin partial denture base, mandibular	\$10.00
D5612	repair resin partial denture base, maxillary	\$10.00
D5621	repair cast partial framework, mandibular	\$10.00
D5622	repair cast partial framework, maxillary	\$10.00
D5630	repair or replace broken retentive/clasping materials – per tooth	\$40.00
D5640	replace broken teeth - per tooth	\$40.00
D5650	add tooth to existing partial denture	\$35.00
D5660	add clasp to existing partial denture - per tooth	\$50.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$165.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$165.00
D5710	rebase complete maxillary denture	\$125.00
D5711	rebase complete mandibular denture	\$125.00
D5720	rebase maxillary partial denture	\$125.00
D5721	rebase mandibular partial denture	\$125.00
D5730	reline complete maxillary denture (chairside)	\$75.00
D5731	reline complete mandibular denture (chairside)	\$75.00
D5740	reline maxillary partial denture (chairside)	\$75.00
D5741	reline mandibular partial denture (chairside)	\$75.00
D5750	reline complete maxillary denture (laboratory)	\$105.00
D5751	reline complete mandibular denture (laboratory)	\$105.00
D5760	reline maxillary partial denture (laboratory)	\$105.00
D5761	reline mandibular partial denture (laboratory)	\$105.00
D5820	interim partial denture (maxillary)	\$125.00
D5821	interim partial denture (mandibular)	\$125.00
D5850	tissue conditioning, maxillary	\$30.00
D5851	tissue conditioning, mandibular	\$30.00
D5863	overdenture-complete maxillary	\$425.00

D5864	overdenture-partial maxillary	\$450.00
D5865	overdenture - complete mandibular	\$425.00
D5866	overdenture-partial mandibular	\$450.00
D5876	add metal substructure to acrylic full denture (per arch)	\$125.00
D6010	surgical placement of implant body: endosteal implant	\$1,035.00
D6013	surgical placement of mini-implant	\$1,185.00
D6052	semi-precision attachment abutment	\$525.00
D6055	connecting bar - implant supported or abutment supported	\$390.00
D6056	prefabricated abutment - includes modification and placement	\$290.00
D6057	custom fabricated abutment - includes placement	\$395.00
D6058	abutment supported porcelain/ceramic crown	\$710.00
D6059*	abutment supported porcelain fused to metal crown (high noble metal)	\$710.00
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$575.00
D6061*	abutment supported porcelain fused to metal crown (noble metal)	\$635.00
D6062*	abutment supported cast metal crown (high noble metal)	\$675.00
D6063	abutment supported cast metal crown (predominantly base metal)	\$595.00
D6064*	abutment supported cast metal crown (noble metal)	\$620.00
D6065	implant supported porcelain/ceramic crown	\$740.00
D6066*	implant supported - porcelain fused to high noble alloys	\$720.00
D6067*	implant supported crown - high noble alloys	\$730.00
D6068	abutment supported retainer for porcelain/ceramic FPD	\$680.00
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$705.00
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$630.00
D6071*	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$680.00
D6072*	abutment supported retainer for cast metal FPD (high noble metal)	\$690.00
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	\$630.00
D6074*	abutment supported retainer for cast metal FPD (noble metal)	\$670.00
D6075	implant supported retainer for ceramic FPD	\$740.00
D6076*	implant supported retainer for FPD - porcelain fused to high noble alloys	\$705.00
D6077*	implant supported retainer for metal FPD - high noble alloys	\$665.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted	\$80.00
D6081	scaling and debridement in the presence of inflammation or mucositis of a single a implant	\$190.00
D6082	implant supported crown – porcelain fused to predominantly base alloys	\$720.00
D6083	implant supported crown – porcelain fused to noble alloys	\$720.00
D6084	implant supported crown – porcelain fused to titanium and titanium alloys	\$720.00
D6085	provisional implant crown	\$55.00
D6086	implant supported crown – predominantly base alloys	\$730.00
D6087	implant supported crown – noble alloys	\$730.00
D6088	implant supported crown – titanium and titanium alloys	\$730.00
D6090	repair implant supported prosthesis, by report	\$130.00
D6091	replacement of semi-precision or precision attachment(male or female component) of implant/abutment supported prosthesis	\$200.00
D6092	re cement or re-bond implant/abutment supported crown	\$60.00
D6093	re cement or re-bond implant/abutment supported fixed partial denture	\$80.00
D6094*	abutment supported crown - titanium and titanium alloys	\$560.00
D6095	repair implant abutment, by report	\$150.00
D6096	remove broken implant retaining screw	\$150.00
D6097	abutment supported crown – porcelain fused to titanium and titanium alloys	\$710.00
D6098	implant supported retainer – porcelain fused to predominantly base alloys	\$705.00
D6099	implant supported retainer for FPD – porcelain fused to noble alloys	\$705.00
D6100	implant removal, by report	\$250.00
D6101	debridement of a peri implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$255.00
D6102	debridement and osseous contouring of a peri implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$315.00
D6103	bone graft for repair of peri implant defect not include flap entry and closure.	\$265.00
D6110	implant/abutment supported removable denture for edentulous arch - maxillary	\$925.00

D6111	implant/abutment supported removable denture for edentulous arch - mandibular	\$925.00
D6112	supported removable denture for partially edentulous arch - maxillary	\$925.00
D6113	implant/abutment supported removable denture for partially edentulous arch - mandibular	\$925.00
D6120	implant supported retainer – porcelain fused to titanium and titanium alloys	\$705.00
D6121	implant supported retainer for metal FPD – predominantly base alloys	\$665.00
D6122	implant supported retainer for metal FPD – noble alloys	\$665.00
D6123	implant supported retainer for metal FPD – titanium and titanium alloys	\$665.00
D6190	radiographic/surgical implant index, by report	\$145.00
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	\$575.00
D6195	abutment supported retainer – porcelain fused to titanium and titanium alloys	\$705.00
D6205	pontic - indirect resin based composite	\$250.00
D6210*	pontic - cast high noble metal	\$280.00
D6211	pontic - cast predominantly base metal	\$280.00
D6212*	pontic - cast noble metal	\$280.00
D6214*	pontic - titanium and titanium alloys	\$280.00
D6240*	pontic - porcelain fused to high noble metal	\$280.00
D6241	pontic - porcelain fused to predominantly base metal	\$280.00
D6242*	pontic - porcelain fused to noble metal	\$280.00
D6243	pontic – porcelain fused to titanium and titanium alloys	\$280.00
D6245	pontic-porcelain/ceramic	\$325.00
D6250*	pontic - resin with high noble metal	\$225.00
D6251	pontic - resin with predominantly base metal	\$225.00
D6252*	pontic - resin with noble metal	\$225.00
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$175.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$250.00
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	\$300.00
D6549	resin retainer - for resin bonded fixed prosthesis	\$85.00
D6600	retainer inlay-porcelain/ceramic, two surfaces	\$300.00
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$300.00
D6602*	retainer inlay - cast high noble metal, two surfaces	\$185.00
D6603*	retainer inlay - cast high noble metal, three or more surfaces	\$185.00
D6604	retainer inlay - cast predominantly base metal, two surfaces	\$185.00
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$185.00
D6606*	retainer inlay - cast noble metal, two surfaces	\$185.00
D6607*	retainer inlay - cast noble metal, three or more surfaces	\$185.00
D6608	retainer onlay - porcelain/ceramic, two surfaces	\$310.00
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$310.00
D6610*	retainer onlay - cast high noble metal, two surfaces	\$185.00
D6611*	retainer onlay - cast high noble metal, three or more surfaces	\$185.00
D6612	retainer onlay - cast predominantly base metal, two surfaces	\$185.00
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$185.00
D6614*	retainer onlay - cast noble metal, two surfaces	\$185.00
D6615*	retainer onlay - cast noble metal, three or more surfaces	\$185.00
D6624*	retainer inlay - titanium	\$280.00
D6634*	retainer onlay - titanium	\$280.00
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	\$185.00
D6720*	retainer crown - resin with high noble metal	\$225.00
D6721	retainer crown - resin with predominantly base metal	\$225.00
D6722*	retainer crown - resin with noble metal	\$225.00
D6740	retainer crown-porcelain/ceramic	\$325.00
D6750*	retainer crown - porcelain fused to high noble metal	\$280.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$280.00
D6752*	retainer crown - porcelain fused to noble metal	\$280.00
D6753	retainer crown – porcelain fused to titanium and titanium alloys	\$280.00
D6780*	retainer crown - 3/4 cast high noble metal	\$280.00
D6781	retainer crown-3/4 cast predominantly based metal	\$280.00



D6782*	retainer crown-3/4 cast noble metal	\$280.00
D6783	retainer crown-3/4 porcelain/ceramic	\$280.00
D6784	retainer crown 3/4 – titanium and titanium alloys	\$280.00
D6790*	retainer crown - full cast high noble metal	\$280.00
D6791	retainer crown - full cast predominantly base metal	\$280.00
D6792*	retainer crown - full cast noble metal	\$280.00
D6794*	retainer crown - titanium and titanium alloys	\$280.00
D6920	connector bar	\$85.00
D6930	recement or re-bond fixed partial denture	\$10.00
D6940	stress breaker	\$135.00
D6980	fixed partial denture repair, necessitated by restorative material failure	\$140.00
D7111	extraction, coronal remnants - primary tooth	\$5.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$10.00
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	\$40.00
D7220	removal of impacted tooth - soft tissue	\$65.00
D7230	removal of impacted tooth - partially bony	\$105.00
D7240	removal of impacted tooth - completely bony	\$120.00
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$140.00
D7250	removal of residual tooth roots (cutting procedure)	\$55.00
D7251	coronectomy	\$150.00
D7261	primary closure of a sinus perforation	\$225.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$95.00
D7280	exposure of an unerupted tooth	\$120.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$120.00
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$115.00
D7286	incisional biopsy of oral tissue - soft (all others)	\$50.00
D7287	exfoliative cytological sample collection	\$20.00
D7288	brush biopsy - transepithelial sample collection	\$20.00
D7290	surgical repositioning of teeth	\$75.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50.00
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$45.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$70.00
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$70.00
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	\$215.00
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	\$670.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$70.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$110.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$100.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$125.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$115.00
D7472	removal of torus palatinus	\$115.00
D7473	removal of torus mandibularis	\$115.00
D7485	reduction of osseous tuberosity	\$115.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$50.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$75.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$70.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$190.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$40.00
D7910	suture of recent small wounds up to 5 cm	\$25.00

D7960	frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another procedure	\$110.00
D7963	frenuloplasty	\$65.00
D7970	excision of hyperplastic tissue - per arch	\$60.00
D7971	excision of pericoronal gingiva	\$40.00
D7972	surgical reduction of fibrous tuberosity	\$100.00
D8070	comprehensive orthodontic treatment of the transitional dentition	\$1,895.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$1,895.00
D8090	comprehensive orthodontic treatment of the adult dentition	\$1,895.00
D8660	pre-orthodontic treatment examination to monitor growth and development	\$250.00
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$300.00
D8999	start-up fee (including exam, beginning records, x-rays, tracing, photos & models	\$250.00
D8999b	post treatment records	\$150.00
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D9211	regional block anesthesia	\$0.00
D9212	trigeminal division block anesthesia	\$0.00
D9215	local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$75.00
D9223	deep sedation/general anesthesia-each subsequent 15 minute increment	\$75.00
D9230	inhalation of nitrous oxide/anoxiolysis analgesia	\$30.00
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$70.00
D9243	intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	\$70.00
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	\$50.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$10.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00
D9440	office visit - after regularly scheduled hours	\$50.00
D9450	case presentation, detailed and extensive treatment planning	\$0.00
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$0.00
D9943	occlusal adjustment	\$10.00
D9944	occlusal guard - hard appliance, full arch	\$105.00
D9945	occlusal guard - soft appliance, full arch	\$105.00
D9946	occlusal guard - hard appliance, partial arch	\$105.00
D9951	occlusal adjustment - limited	\$40.00
D9952	occlusal adjustment - complete	\$160.00
D9971	odontoplasty 1-2 teeth, includes removal of enamel projections	\$20.00
D9972	external bleaching-per arch-performed in office	\$125.00
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	\$125.00
D9995	teledentistry - synchronous; real-time encounter	\$0.00
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00
D9999	broken appointment	\$15.00

<sup>1</sup>Additional Prophy within 6 months will be based upon the necessity recommended by the provider.

\*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

For additional coverage details and to locate a dentist please visit <http://ldc.lfg.com> or contact Customer Service.

# Lincoln DentalConnect® dental exclusions and limitations

## LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1.	PERIODIC ORAL EVALUATION	Limited to 1 time per 6 months
2.	COMPLETE SERIES OR PANOREX RADIOGRAPHS	Limited to 1 time in any 2 year period
3.	BITEWING RADIOGRAPHS	Limited to 1 series of 4 films in any 6 month period
4.	DENTAL PROPHYLAXIS	Limited to 1 time per 6 months
5.	FLUORIDE TREATMENTS	Limited to one time per calendar year
6.	CROWNS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
7.	POST AND CORES	Covered only for teeth that have had root canal therapy.
8.	SCALING AND ROOT PLANING	Limited to 4 quadrants per calendar year.
9.	PERIODONTAL MAINTENANCE	Limited to once every 6 months, following active therapy, exclusive of gross debridement
10.	REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS	Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implant crowns, implant prostheses previously submitted for payment under the plan is limited to 1 time per tooth per 5 years from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable orthodontic appliances.
11.	REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MAJOR RESTORATIVE SERVICES)	Replacement of complete dentures, and fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
12.	CROWNS RETAINERS/ABUTMENTS	Limited to 1 time per tooth per 5 years.
13.	TEMPORARY CROWNS RESTORATIONS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
14.	INLAYS/ONLAYS RETAINERS/ABUTMENTS	Limited to 1 time per tooth per 5 years.
15.	INLAYS/ONLAYS RESTORATIONS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
16.	STAINLESS STEEL CROWNS	Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown -primary tooth, are limited to primary anterior teeth.
17.	ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS	Limited to repairs or adjustments performed more than 6 months after the initial insertion.
18.	INTRAVENOUS SEDATION OR GENERAL ANESTHESIA	Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions).
19.	ADJUNCTIVE PRE-DIAGNOSTIC TEST	That aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.
20.	ALL SPECIALTY REFERRAL SERVICES MUST BE	<p>(A) Pre-Authorized by us; and</p> <p>(B) Coordinated by a Covered Person's PCD. Any Covered Person who elects specialist care without prior referral by his or her PCD and approval by us is responsible for all charges incurred</p> <ul style="list-style-type: none"> <li>• In order for specialty services to be Covered by this plan, the following referral process must be followed: <ul style="list-style-type: none"> <li>• A Covered Person's PCD must coordinate all Dental Services.</li> <li>• When the care of a Network Specialist Dentist is required, the Covered Person's PCD must contact us and request authorization...</li> <li>• If the PCD's request for specialist referral is denied, the PCD and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the PCD may be asked to perform the service.</li> <li>• Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services.</li> <li>• Covered Person's financial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services.</li> </ul> </li> </ul>
21.	CROWNS, FIXED BRIDGES, AND IMPLANTS	The maximum benefit within a 12 month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12 month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Charges.
22.	CONE BEAM	Limited to 1 time per consecutive 60 months.

## EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1.	Dental Services that are not Necessary.
2.	Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services.
3.	Any Dental Procedure not directly associated with dental disease.
4.	Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
5.	Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
6.	Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
7.	Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
8.	Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
9.	Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
10.	Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
11.	Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.
12.	Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
13.	Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
14.	Any Dental Procedure not performed in a participating dental setting. An exception is made for Emergency Dental Care, as defined in this Evidence of coverage.
15.	Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits.
16.	Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by the PCD; or (b) treatment by a specialist without referral from the PCD and our approval.
17.	Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
18.	Dental Services otherwise Covered under the Contract, but rendered after the date individual Coverage under the Contract terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Contract terminates.
19.	Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
20.	Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment.
21.	<p><b>Orthodontic Exclusions and Limitations</b></p> <p>If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.</p> <p>If you terminate coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.</p> <p>1. The following are not Covered orthodontic benefit s:</p> <ul style="list-style-type: none"><li>• Extractions required for orthodontic purposes</li><li>• Surgical orthodontics or jaw repositioning</li><li>• Myofunctional therapy</li><li>• Cleft palate</li><li>• Micrognathia</li><li>• Macroglossia</li><li>• Hormonal imbalances</li><li>• Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of accident</li><li>• Palatal expansion appliances</li><li>• Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person</li></ul> <p>2. If a treatment plan is for less than 24 months, then a prorated portion of the full Copayment shall apply.</p> <p>3. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.</p> <p>4. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.</p> <p>5. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this benefit for either Interceptive Orthodontic Treatment or Comprehensive Orthodontic Treatment, or both. If both interceptive treatment and comprehensive treatment are necessary, and both are completed within a 24 month period, the Copayments listed will apply. If both are necessary and active treatment for both extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.</p>
22.	Treatment which requires the services of a pediatric specialist, after the Covered Person's 8th birthday without a specialty referral and authorization