

SCHEDULE OF BENEFITS – Summit Co-pay A

Policyholder:	Acme Explosives
Policy Number:	123,456
Employer Effective Date:	01/01/01
Employee Effective Date:	See Dentist Direct ID Card
Employee Benefit Waiting Period:	First of the month following 0 months – 6 months
Premiums:	
Insured Coverage:	☐ Contributory ☐ Non Contributory
Dependent Coverage:	☐ Contributory ☐ Non Contributory
Deductible for services provided by a Preferred Provider:	
Insured coverage only:	\$0, per Calendar Year
Insured and one Dependent:	\$0 per person, per Calendar Year
Insured and more than one Dependent:	\$0 total, \$0 maximum per person, per Calendar Year
Family Deductible Limit:	0 individual Deductibles
Preventive care is not subject to the Deductible	
Co-payment:	
Co-payment Per Each Visit: \$15	
Annual Maximum Carryover:	
	☐ Applies ☐ Does not apply
Calendar Year Maximum Amount (Combined):	
All Non-Orthodontic Covered Procedures: \$1000 to \$2000 per Covered Person	
Lifetime Maximum Amount:	
Orthodontia: \$1,000 to \$2,000 per Covered Person under age 19	
Predetermination Amount:	\$300
Maximum OON Plan Allowance (MPA)	Lesser of Provider's actual charge or appropriate Fee Schedule Amount

When visiting an in-network provider, contracted discounts apply regardless of whether or not plan pays insured benefit. No discounts are available at non-contracted providers.

Code	Description	Benefit Waiting Period	Limitation	Actual Charge up to:
D0120	PERIODIC ORAL EVAL	0	2 per 12 months	23.00
D0140	LTD ORAL EVAL-PROBLEM FOCUSED	0	1 per 12 months	32.00
D0150	COMP ORAL EVAL	0	2 per 12 months, combined with periodic exams	31.00
D0210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)	0	1 per 60 months	36.40
D0220	INTRAORAL-PERIAPICAL FIRST FILM	0	Up to 7 periapical x-rays/year	11.00
D0230	INTRAORAL-PERIAPICAL EA ADD FILM	0	Up to 7 periapical x-rays/year	9.00
D0240	INTRAORAL-OCCLUSAL FILM	0		16.00
D0270	BITEWING-SNGL FILM	0	1 per 12 months	11.00
D0272	BITEWINGS-2 FILMS	0	1 per 12 months	21.00
D0273	BITEWINGS - THREE FILMS	0	1 per 12 months	23.00
D0274	BITEWINGS-4 FILMS	0	1 per 12 months	27.00
D0330	PANORAMIC FILM	0	1 per 60 months	23.00
D1110	PROPHYLAXIS-ADULT	0	2 per 12 months	42.00
D1120	PROPHYLAXIS-CHILD	0	2 per 12 months	28.00
D1203	TOPICAL APPLIC FLUORIDE (PXS NOT INCL)-CHILD	0	1 per 12 months, under age 16 ONLY	10.40

D1351	SEALANT-PER TOOTH	0	Under age 16 ONLY, 1 per tooth per 36 months, permanent teeth only	12.00
D1510	SPACE MAINTAINER-FIX-UNILAT	0	1 per tooth per 24 months, Under age 16 ONLY	36.00
D1515	SPACE MAINTAINER-FIX-BILAT	0	1 per tooth per 24 months, Under age 16 ONLY	49.50
D2140	AMALGAM-1 SURFACE PERM	0	Replacement of existing only if in place for 12 months	37.10
D2150	AMALGAM-2 SURFACES PERM	0	Replacement of existing only if in place for 12 months	45.50
D2160	AMALGAM-3 SURFACES PERM	0	Replacement of existing only if in place for 12 months	49.20
D2161	AMALGAM-4/MORE SURFACES PERM	0	Replacement of existing only if in place for 12 months	61.20
D2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	0	Replacement of existing only if in place for 12 months	33.00
D2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	0	Replacement of existing only if in place for 12 months	41.50
D2332	RESIN-BASED COMPOSITE-3 SURFACES ANT	0	Replacement of existing only if in place for 12 months	42.75
D2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	0	Replacement of existing only if in place for 12 months	44.00
D2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	0	Replacement of existing only if in place for 12 months	36.00
D2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	0	Replacement of existing only if in place for 12 months	45.00
D2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	0	Replacement of existing only if in place for 12 months	49.50
D2394	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES POSTERIOR	0	Replacement of existing only if in place for 12 months	49.60
D2510	INLAY-METALLIC-1 SURFACE	0	1 per 5 years per tooth	0.00
D2520	INLAY-METALLIC-2 SURFACES	0	1 per 5 years per tooth	0.00
D2530	INLAY-METALLIC-3/MORE SURFACES	0	1 per 5 years per tooth	0.00
D2542	ONLAY-METALLIC-2 SURFACES	0	1 per 5 years per tooth	0.00
D2543	ONLAY-METALLIC-3 SURFACES	0	1 per 5 years per tooth	0.00
D2544	ONLAY-METALLIC-4/MORE SURFACES	0	1 per 5 years per tooth	0.00
D2650	INLAY - RESIN COMPOS COMPOSITE/RESIN - 1 SURFACE	0	1 per 5 years per tooth	0.00
D2651	INLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES	0	1 per 5 years per tooth	0.00
D2652	INLAY - RSN COMPOS COMPOS/RSN - 3/MORE SURFACES	0	1 per 5 years per tooth	0.00
D2662	ONLAY-RESIN-BASD COMPOSITE COMPOSITE/RESN-2 SURF	0	1 per 5 years per tooth	0.00
D2663	ONLAY-RESIN-BASD COMPOSITE COMPOSITE/RESN-3 SURF	0	1 per 5 years per tooth	0.00
D2664	ONLAY-RESIN-BASD COMPOSITE COMP/RES-3/MORE SURF	0	1 per 5 years per tooth	0.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	0	1 per 5 years per tooth	118.00
D2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	0	1 per 5 years per tooth	121.00
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	0	1 per 5 years per tooth	100.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	1 per 5 years per tooth	105.00
D2780	CROWN-3/4 CAST HI NOBLE METAL	0	1 per 5 years per tooth	106.00
D2781	CROWN-3/4 CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	93.00
D2782	CROWN-3/4 CAST NOBLE METAL	0	1 per 5 years per tooth	98.00
D2783	CROWN-3/4 PORCELAIN/CERAMIC	0	1 per 5 years per tooth	103.00
D2790	CROWN-FULL CAST HI NOBLE METAL	0	1 per 5 years per tooth	101.60
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	94.00
D2792	CROWN-FULL CAST NOBLE METAL	0	1 per 5 years per tooth	96.00
D2910	RECEMENT INLAY	0	6 months must have passed since initial placement	0.00
D2920	RECEMENT CROWN	0	6 months must have passed since initial placement	0.00
D2930	PREFAB STAINLESS STEEL CROWN-PRIM TOOTH	0	1 per 5 years per tooth	0.00

D2931	PREFAB STAINLESS STEEL CROWN-PERM TOOTH	0	1 per 5 years per tooth	0.00
D2940	SEDATIVE FILLING	0	1 per tooth per 24 months	0.00
D2950	CORE BUILDUP INCL ANY PINS	0	1 per 5 years per tooth - subject to review	0.00
D2952	CAST POST & CORE IN ADD TO CROWN	0	1 per 5 years per tooth - subject to review	0.00
D2954	PREFAB POST & CORE IN ADD TO CROWN	0	1 per 5 years per tooth - subject to review	0.00
D2980	CROWN REPR BR	0	6 months must have passed since initial placement	0.00
D3220	THERAP PULPOTOMY-REMOV PULP & APPLIC MEDS	0	Limited to dependent children under 14	0.00
D3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	0		85.75
D3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	0		98.75
D3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	0		125.25
D3348	RETX PREV ROOT CANAL THERAP-MOLAR	0	Subject to review	0.00
D3410	APICOECTOMY/PERIRADICULAR SURG-ANT	0	1 time per tooth	0.00
D3421	APICOECTOMY/PERIRADICULAR SURG-BICUSP (1ST ROOT)	0	1 time per tooth	0.00
D3425	APICOECTOMY/PERIRADICULAR SURG-MOLAR (1ST ROOT)	0	1 time per tooth	0.00
D3426	APICOECTOMY/PERIRADICULAR SURG (EA ADD ROOT)	0	1 time per tooth	0.00
D3430	RETROGRADE FILLING-PER ROOT	0	1 time per tooth	0.00
D3450	ROOT AMPUTAT-PER ROOT	0	1 time per tooth	0.00
D4210	GINGIVECTOMY/GINGIVOPLASTY-PER QUADRANT	0	1 each quadrant per 24 months	0.00
D4211	GINGIVECTOMY/GINGIVOPLASTY-PER TOOTH	0	1 per tooth per 24 months	0.00
D4240	GINGIVAL FLAP PROC INCL ROOT PLANING-PER QUAD	0	1 per quadrant per 24 months	0.00
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - 1-3 TEETH PER QUADRANT	0	1 each quadrant per 24 months	0.00
D4260	OSSEOUS SURG (INCL FLAP ENTRY & CLOS)-PER QUAD	0	1 each quadrant per 24 months	0.00
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-1-3 TEETH PER QUADRANT	0	1 each quadrant per 24 months	0.00
D4263	BONE REPLAC GFT-FIRST SITE IN QUADRANT	0	1 each quadrant per 24 months	0.00
D4264	BONE REPLAC GFT-EA ADD SITE IN QUADRANT	0	1 each quadrant per 24 months	0.00
D4270	PEDICLE SOFT TISS GFT PROC	0	1 each quadrant per 24 months	0.00
D4271	FREE SOFT TISS GFT PROC (INCL DONOR SITE SURG)	0	1 each quadrant per 24 months	0.00
D4273	SUBEPITHELIAL CONNECTIVE TISS GFT (INCL DONOR)	0	1 each quadrant per 24 months	0.00
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUADRANT	0	1 each quadrant per 24 months	28.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - 1-3 TEETH PER QD	0	1 each quadrant per 24 months	20.00
D4355	FULL MOUTH DEBRID-ENABLE PERIODONTAL EVAL & DX	0	1 per lifetime	18.50
D4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	0	2 per 12 months, combined with prophylaxis	19.80
D5110	COMPLT DENTURE-MAXIL	0	1 per 5 years per tooth	0.00
D5120	COMPLT DENTURE-MANDIB	0	1 per 5 years per tooth	0.00
D5130	IMMED DENTURE-MAXIL	0	1 per 5 years per tooth	0.00
D5140	IMMED DENTURE-MANDIB	0	1 per 5 years per tooth	0.00
D5211	MAXIL PART DENTURE-RESIN BASE(INCLD CLASP-RESTS)	0	1 per 5 years per tooth	0.00
D5212	MANDIB PART DENTURE-RESIN BASE(INCLD CLASP-REST)	0	1 per 5 years per tooth	0.00
D5213	MAXIL PART DENTURE-CAST METAL FRAME W/RESIN BASE	0	1 per 5 years per tooth	0.00
D5214	MANDIB PART DENTURE-CAST METAL FRAME W/RES BASE	0	1 per 5 years per tooth	0.00
D5281	REMOV UNILAT PART DENTURE-1 PIECE CAST METAL	0	1 per 5 years per tooth	0.00
D5410	ADJUST COMPLT DENTURE-MAXIL	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5411	ADJUST COMPLT DENTURE-MANDIB	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5421	ADJUST PART DENTURE-MAXIL	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5422	ADJUST PART DENTURE-MANDIB	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00

D5510	REPR BROKEN COMPLT DENTURE BASE	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5520	REPLACE MISS/BRKN TEETH-COMPLT DENTURE(EA TOOTH)	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5610	REPR RESIN DENTURE BASE	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5620	REPR CAST FRAMEWORK	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5630	REPR/REPLACE BROKEN CLASP	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5650	ADD TOOTH TO EXISTING PART DENTURE	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5660	ADD CLASP TO EXISTING PART DENTURE	0	1 procedure per 12 months, 6 months must have passed since initial placement	0.00
D5710	REBASE COMPLT MAXIL DENTURE	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5711	REBASE COMPLT MANDIB DENTURE	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5721	REBASE MANDIB PART DENTURE	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5730	RELIN COMPLT MAXIL DENTURE (CHAIRSIDE)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5741	RELIN MANDIB PART DENTURE (CHAIRSIDE)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5750	RELIN COMPLT MAXIL DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5751	RELIN COMPLT MANDIB DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5760	RELIN MAXIL PART DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5761	RELIN MANDIB PART DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5850	TISS CONDITIONING MAXIL	0	Maximum of 2 procedures per arch per 24 months, 6 months must have passed since initial placement	0.00
D5851	TISS CONDITIONING MANDIB	0	Maximum of 2 procedures per arch per 24 months, 6 months must have passed since initial placement	0.00
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	0	Only pay up to what would have been paid for a fixed 3-unit bridge.	57.30
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	0	1 per 5 years per tooth	0.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN	0	1 per 5 years per tooth	0.00
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	0	1 per 5 years per tooth	0.00
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	0	1 per 5 years per tooth	0.00
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	0	1 per 5 years per tooth	0.00
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	0	1 per 5 years per tooth	0.00
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	0	1 per 5 years per tooth	0.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	0	1 per 5 years per tooth	84.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	0	1 per 5 years per tooth	99.00
D6067	IMPLANT SUPPORTED METAL CROWN	0	1 per 5 years per tooth	96.45
D6210	PONTIC-CAST HI NOBLE METAL	0	1 per 5 years per tooth	43.70
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	40.10
D6212	PONTIC-CAST NOBLE METAL	0	1 per 5 years per tooth	42.50
D6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	0	1 per 5 years per tooth	43.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE MTL	0	1 per 5 years per tooth	42.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	0	1 per 5 years per tooth	42.00

D6600	INLAY - PORCELAIN/CERAMIC 2 SURFACES	0	1 per 5 years per tooth	0.00
D6601	INLAY - PORCELAIN/CERAMIC 3 OR MORE SURFACES	0	1 per 5 years per tooth	0.00
D6602	INLAY - CAST HIGH NOBLE METAL 2 SURFACES	0	1 per 5 years per tooth	0.00
D6603	INLAY - CAST HIGH NOBLE METAL 3 OR MORE SURFACES	0	1 per 5 years per tooth	0.00
D6604	INLAY - CAST PREDOMINATELY BASE METAL 2 SURFACES	0	1 per 5 years per tooth	0.00
D6605	INLAY - CAST PREDOMINATELY BASE METAL 3 OR MORE SURF	0	1 per 5 years per tooth	0.00
D6606	INLAY - CAST NOBLE METAL 2 SURFACES	0	1 per 5 years per tooth	0.00
D6607	INLAY - CAST NOBLE METAL 3 OR MORE SURFACES	0	1 per 5 years per tooth	0.00
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	0	1 per 5 years per tooth	0.00
D6609	ONLAY - PORCELAIN/CERAMIC 3 OR MORE SURFACES	0	1 per 5 years per tooth	0.00
D6610	ONLAY - CAST HIGH NOBLE METAL 2 SURFACES	0	1 per 5 years per tooth	0.00
D6611	ONLAY - CAST HIGH NOBLE METAL 3 OR MORE SURFACES	0	1 per 5 years per tooth	0.00
D6612	ONLAY - CAST PREDOMINATELY BASE METAL 2 SURFACES	0	1 per 5 years per tooth	0.00
D6613	ONLAY - CAST PREDOMINATELY BASE METAL 3 OR MORE SURF	0	1 per 5 years per tooth	0.00
D6614	ONLAY - CAST NOBLE METAL 2 SURFACES	0	1 per 5 years per tooth	0.00
D6615	ONLAY - CAST NOBLE METAL 3 OR MORE SURFACES	0	1 per 5 years per tooth	0.00
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE / NON-TEMPORARY	0	1 per 5 years per tooth	0.00
D6740	CROWN - PORCELAIN/CERAMIC	0	1 per 5 years per tooth	0.00
D6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	0	1 per 5 years per tooth	104.00
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	0	1 per 5 years per tooth,	85.57
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	1 per 5 years per tooth	96.00
D6780	CROWN-3/4 CAST HI NOBLE METAL	0	1 per 5 years per tooth	97.00
D6781	CROWN-3/4 CAST PREDOMINATELY BASED METAL	0	1 per 5 years per tooth	89.00
D6782	CROWN-3/4 CAST NOBLE METAL	0	1 per 5 years per tooth	94.00
D6783	CROWN-3/4 PORCELAIN/CERAMIC	0	1 per 5 years per tooth	98.00
D6790	CROWN-FULL CAST HI NOBLE METAL	0	1 per 5 years per tooth	98.00
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	97.00
D6792	CROWN-FULL CAST NOBLE METAL	0	1 per 5 years per tooth	98.00
D6972	PREFAB POST & CORE-ADD TO FIX PART DENT RETAINER	0	1 per 5 years per tooth - subject to review	0.00
D6973	CORE BUILD UP FOR RETAINER INCL ANY PINS	0	1 per 5 years per tooth - subject to review	0.00
D6980	FIX PART DENTURE REPR BR	0	6 months must have passed since initial placement	0.00
D7111	CORONAL REMNANTS - DECIDIOUS TEETH	0		26.50
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	0		18.00
D7210	REMOVE ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	0		31.80
D7220	REMOVE IMPACTED TOOTH-SOFT TISS	0		24.20
D7230	REMOVE IMPACTED TOOTH-PART BONY	0		28.20
D7240	REMOVE IMPACTED TOOTH-COMPLT BONY	0		38.00
D7241	REMOVE IMPACTED TTH-COMPLT BONY W/UNUSUAL COMPLIC	0		40.00
D7250	SURG REMOV RESIDUAL TOOTH ROOTS (CUTTING PROC)	0		20.00
D7310	ALVEOLOPLASTY W/EXTRACTIONS-PER QUADRANT	0		22.20
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS PER QUADRANT	0		0.00
D7510	I&D ABSC-INTRAORAL SOFT TISS	0		17.00
D9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	0	1 per 12 months	20.00
D9220	GEN ANES-FIRST 30 MIN	0	\$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	0.00
D9221	GEN ANES-EA ADD 15 MINUTES	0	\$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	0.00
D9241	IV SEDATION/ANALGESIA-FIRST 30 MIN	0	\$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	0.00
D9242	IV SEDATION/ANALGESIA-EA ADD 15 MIN	0	\$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	0.00