SCHEDULE OF BENEFITS – Summit Co-pay B

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	52.00
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	32.20
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	13.00

D1351	SEALANT-PER TOOTH	0	Under age 16 ONLY, 1 per tooth per 36 months, permanent teeth only	16.00
D1510	SPACE MAINTAINER-FIX-UNILAT	0	1 per tooth per 24 months, Under age 16 ONLY	60.00
D1515	SPACE MAINTAINER-FIX-BILAT	0	1 per tooth per 24 months, Under age 16 ONLY	82.50
D2140	AMALGAM-1 SURFACE PERM	0	Replacement of existing only if in place for 12 months	42.40
D2150	AMALGAM-2 SURFACES PERM	0	Replacement of existing only if in place for 12 months	52.00
D2160	AMALGAM-3 SURFACES PERM	0	Replacement of existing only if in place for 12 months	53.30
D2161	AMALGAM-4/MORE SURFACES PERM	0	Replacement of existing only if in place for 12 months	66.30
D2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	0	Replacement of existing only if in place for 12 months	42.90
D2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	0	Replacement of existing only if in place for 12 months	53.95
D2332	RESIN-BASED COMPOSITE-3 SURFACES ANT	0	Replacement of existing only if in place for 12 months	57.00
D2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	0	Replacement of existing only if in place for 12 months	60.50
D2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	0	Replacement of existing only if in place for 12 months	46.80
D2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	0	Replacement of existing only if in place for 12 months	58.50
D2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	0	Replacement of existing only if in place for 12 months	66.00
D2394	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES POSTERIOR	0	Replacement of existing only if in place for 12 months	68.20
D2510	INLAY-METALLIC-1 SURFACE	0	1 per 5 years per tooth	87.50
D2520	INLAY-METALLIC-2 SURFACES	0	1 per 5 years per tooth	100.00
D2530	INLAY-METALLIC-3/MORE SURFACES	0	1 per 5 years per tooth	112.50
D2542	ONLAY-METALLIC-2 SURFACES	0	1 per 5 years per tooth	97.50
D2543	ONLAY-METALLIC-3 SURFACES	0	1 per 5 years per tooth	112.75
D2544	ONLAY-METALLIC-4/MORE SURFACES	0	1 per 5 years per tooth	120.00
D2650	INLAY - RESIN COMPOS COMPOSITE/RESIN - 1 SURFACE	0	1 per 5 years per tooth	85.00
D2651	INLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES	0	1 per 5 years per tooth	98.75
D2652	INLAY - RSN COMPOS COMPOS/RSN - 3/MORE SURFACES	0	1 per 5 years per tooth	106.25
D2662	ONLAY-RESIN-BASD COMPOSITE COMPOSITE/RESN-2 SURF	0	1 per 5 years per tooth	87.50
D2663	ONLAY-RESIN-BASD COMPOSITE COMPOSITE/RESN-3 SURF	0	1 per 5 years per tooth	104.50
D2664	ONLAY-RESIN-BASD COMPOSITE COMP/RES-3/MORE SURF	0	1 per 5 years per tooth	111.50
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	0	1 per 5 years per tooth	206.50
D2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	0	1 per 5 years per tooth	211.75
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	0	1 per 5 years per tooth	175.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	1 per 5 years per tooth	183.75
D2780	CROWN-3/4 CAST HI NOBLE METAL	0	1 per 5 years per tooth	185.50
D2781	CROWN-3/4 CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	162.75
D2782	CROWN-3/4 CAST NOBLE METAL	0	1 per 5 years per tooth	171.50
D2783	CROWN-3/4 PORCELAIN/CERAMIC	0	1 per 5 years per tooth	180.25
D2790	CROWN-FULL CAST HI NOBLE METAL	0	1 per 5 years per tooth	177.80
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	164.50
D2792	CROWN-FULL CAST NOBLE METAL	0	1 per 5 years per tooth	168.00
D2910	RECEMENT INLAY	0	6 months must have passed since initial placement	10.50
D2920	RECEMENT CROWN	0	6 months must have passed since initial placement	9.30
D2930	PREFAB STAINLESS STEEL CROWN-PRIM TOOTH	0	1 per 5 years per tooth	36.00

D2931	PREFAB STAINLESS STEEL CROWN-PERM TOOTH	0	1 per 5 years per tooth	46.00
D2940	SEDATIVE FILLING	0	1 per tooth per 24 months	14.40
D2950	CORE BUILDUP INCL ANY PINS	0	1 per 5 years per tooth - subject to review	30.00
D2952	CAST POST & CORE IN ADD TO CROWN	0	1 per 5 years per tooth - subject to review	45.00
D2954	PREFAB POST & CORE IN ADD TO CROWN	0	1 per 5 years per tooth - subject to review	34.50
D2980	CROWN REPR BR	0	6 months must have passed since initial placement	21.20
D3220	THERAP PULPOTOMY-REMOV PULP & APPLIC MEDS	0	Limited to dependent children under 14	22.40
D3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	0		137.20
D3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	0		158.00
D3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	0		200.40
D3348	RETX PREV ROOT CANAL THERAP-MOLAR	0	Subject to review	150.60
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	29.20
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	125.10
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-1-3 TEETH PER QUADRANT	0	1 each quadrant per 24 months	81.90
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	110.40
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUADRANT	0	1 each quadrant per 24 months	33.60
D4342	PERIODONTAL SCALING AND ROOT PLANING - 1-3 TEETH PER QD	0	1 each quadrant per 24 months	24.00
D4355	FULL MOUTH DEBRID-ENABLE PERIODONTAL EVAL & DX	0	1 per lifetime	22.20
D4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	0	2 per 12 months, combined with prophylaxis	29.70
D5110	COMPLT DENTURE-MAXIL	0	1 per 5 years per tooth	210.00
D5120	COMPLT DENTURE-MANDIB	0	1 per 5 years per tooth	210.00
D5130	IMMED DENTURE-MAXIL	0	1 per 5 years per tooth	217.50
D5140	IMMED DENTURE-MANDIB	0	1 per 5 years per tooth	217.50
D5211	MAXIL PART DENTURE-RESIN BASE(INCLD CLASP-RESTS)	0	1 per 5 years per tooth	165.77
D5212	MANDIB PART DENTURE-RESIN BASE(INCLD CLASP-REST)	0	1 per 5 years per tooth	179.96
D5213	MAXIL PART DENTURE-CAST METAL FRAME W/RESIN BASE	0	1 per 5 years per tooth	210.00
D5214	MANDIB PART DENTURE-CAST METAL FRAME W/RES BASE	0	1 per 5 years per tooth	210.00
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	16.50

D5520	REPLACE MISS/BRKN TEETH-COMPLT DENTURE(EA TOOTH)	0	1 procedure per 12 months, 6 months must have passed since initial placement	15.60
D5610	REPR RESIN DENTURE BASE	0	1 procedure per 12 months, 6 months must have passed since initial placement	18.00
D5620	REPR CAST FRAMEWORK	0	1 procedure per 12 months, 6 months must have passed since initial placement	21.00
D5630	REPR/REPLACE BROKEN CLASP	0	1 procedure per 12 months, 6 months must have passed since initial placement	22.20
D5640	REPLACE BROKEN TEETH-PER TOOTH	0	1 procedure per 12 months, 6 months must have passed since initial placement	15.00
D5650	ADD TOOTH TO EXISTING PART DENTURE	0	1 procedure per 12 months, 6 months must have passed since initial placement	21.60
D5660	ADD CLASP TO EXISTING PART DENTURE	0	1 procedure per 12 months, 6 months must have passed since initial placement	24.30
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	RELINE COMPLT MAXIL DENTURE (CHAIRSIDE)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5741	RELINE MANDIB PART DENTURE (CHAIRSIDE)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5750	RELINE COMPLT MAXIL DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5751	RELINE COMPLT MANDIB DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5760	RELINE MAXIL PART DENTURE (LAB)	0	1 procedure per 24 months, 6 months must have passed since initial placement	0.00
D5761	RELINE 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.	85.95
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	100.80
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	0	1 per 5 years per tooth	118.80
D6067	IMPLANT SUPPORTED METAL CROWN	0	1 per 5 years per tooth	115.74
D6210	PONTIC-CAST HI NOBLE METAL	0	1 per 5 years per tooth	131.10
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	120.30
D6212	PONTIC-CAST NOBLE METAL	0	1 per 5 years per tooth	127.50
D6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	0	1 per 5 years per tooth	107.50
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE MTL	0	1 per 5 years per tooth	105.00
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	0	1 per 5 years per tooth	105.00
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	130.00
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	0	1 per 5 years per tooth,	106.96
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	0	1 per 5 years per tooth	120.00
D6780	CROWN-3/4 CAST HI NOBLE METAL	0	1 per 5 years per tooth	145.50
D6781	CROWN-3/4 CAST PREDOMINATELY BASED METAL	0	1 per 5 years per tooth	133.50
D6782	CROWN-3/4 CAST NOBLE METAL	0	1 per 5 years per tooth	141.00
D6783	CROWN-3/4 PORCELAIN/CERAMIC	0	1 per 5 years per tooth	147.00
D6790	CROWN-FULL CAST HI NOBLE METAL	0	1 per 5 years per tooth	147.00
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	0	1 per 5 years per tooth	145.50
D6792	CROWN-FULL CAST NOBLE METAL	0	1 per 5 years per tooth	147.00
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		24.00
D7210	REMOVE ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	0		42.40
D7220	REMOVE IMPACTED TOOTH-SOFT TISS	0		36.30
D7230	REMOVE IMPACTED TOOTH-PART BONY	0		42.30
D7240	REMOVE IMPACTED TOOTH-COMPLT BONY	0		57.00
D7241	REMOVE IMPACTED TTH-COMPLT BONY W/UNUSUAL COMPLIC	0		60.00
D7250	SURG REMOV RESIDUAL TOOTH ROOTS (CUTTING PROC)	0		30.00
D7310	ALVEOLOPLASTY W/EXTRACTIONS-PER QUADRANT	0		33.30
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS PER QUADRANT	0		0.00
D7510	I&D ABSC-INTRAORAL SOFT TISS	0		25.50
D9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	0	1 per 12 months	28.00
D9220	GEN ANES-FIRST 30 MIN	0	$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	30.00
D9221	GEN ANES-EA ADD 15 MINUTES	0	$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	10.00
D9241	IV SEDATION/ANALGESIA-FIRST 30 MIN	0	$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	26.00
D9242	IV SEDATION/ANALGESIA-EA ADD 15 MIN	0	$150 annual limit, in conjunction with SURGICAL EXTRACTIONS ONLY	11.40