

## APPENDIX A: ELIGIBLE EXPENSES UNDER THE TRADITIONAL OPTION

Following is a schedule of eligible expenses under the **Traditional option**. For a complete description of terms described in this section, see Appendix E.

ADA Codes	Type A Expense	Traditional Option			
		#1	#2	#3	#4
D0100	Clinical Oral Examination				
D0120	Periodic Oral Examinations	100% of R&C			
D0140	Limited Oral Examination – problem focused	100% of R&C			
D0145	Oral Evaluation- Child under 3	100% of R&C			
D0150	Comprehensive Oral Examination, problem focused, by report	100% of R&C			
D0160	Detailed and extensive	100% of R&C			
D0170	Re-evaluation Limited	100% of R&C			
D0180	Comprehensive periodontal evaluation - new or established patient	100% of R&C			
D0200	Radiograph				
D0210	Intraoral – complete series (including Bitewings)	100% of R&C			
D0220	Intraoral – single, first film	100% of R&C			
D0230	Intraoral – each additional film	100% of R&C			
D0240	Intraoral – occlusal, single first film	100% of R&C			
D0250	Extraoral – single, first film	100% of R&C			
D0260	Extraoral – each additional film	100% of R&C			
D0270	Bitewing – single film	100% of R&C			
D0272	Bitewings – two films	100% of R&C			
D0273	Bitewings – three films	100% of R&C			
D0274	Bitewings – four films	100% of R&C			
D0277	Vertical Bitewing – 7 to 8 films	100% of R&C			
D0290	Posteroanterior and lateral skull and facial bone survey film	100% of R&C			
D0310	Sialography	100% of R&C			
D0320	TMJ Arthrogram, including injection	100% of R&C			
D0321	Temporomandibular joint, single film	100% of R&C			
D0322	Tomographic Survey	100% of R&C			
D0330	Panoramic – maxilla and mandible, single film	100% of R&C			
D0340	Cephalometric film non-ortho	100% of R&C			
D0350	Oral Facial Images	Not Covered			
D0360	Cone Beam CT	Not Covered			
D0362	Cone Beam - 2 Dimensional	Not Covered			
D0363	Cone Beam – 3 Dimensional	Not Covered			
D0400	Tests and Laboratory Examinations				
D0415	Bacteriologic cultures for determination of pathologic agents	100% of R&C			
D0416	Viral Culture	100% of R&C			
D0421	Genetic test- susceptibility to oral disease	100% of R&C			
D0425	Caries susceptibility tests	Not covered			
D0431	Adjunctive pre-diagnostic test, not to include cytology or biopsy procedures	100% of R&C			
D0460	Pulp vitality tests	100% of R&C			
D0470	Diagnostic casts	100% of R&C			
D0472	Accession of Tissue	100% of R&C			
D0473	Accession of Tissue /Micro Exam	100% of R&C			
D0474	Accession of Tissue/Surgical	100% of R&C			
D0475	Decalcification procedure	100% of R&C			
D0476	Special Stains for microorganisms	100% of R&C			
D0477	Special Stains, not for microorganisms	100% of R&C			
D0478	Immunohistochemical Stains	100% of R&C			
D0479	Tissue in-site hybridization, including interpretation	100% of R&C			
D0480	Precession of Cystologic Smears	100% of R&C			
D0481	Electron microscopy	100% of R&C			
D0482	Direct microscopy	100% of R&C			
D0483	Indirect immunofluorescence	100% of R&C			

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ADA Codes	Type A Expense	Traditional Option			
		#1	#2	#3	#4
D0484	Consultation on slides	100% of R&C			
D0485	Consultation including the preparation of slides	100% of R&C			
D0486	Accession of brush sample- report	Not covered			
D0502	Pathology procedure	100% of R&C			
D1100	Dental Prophylaxis				
D1110	Prophylaxis – adult	100% of R&C			
D1120	Prophylaxis – child	100% of R&C			
D1200	Topical Fluoride Treatments (Office Procedures)				
D1203	Topical application of Fluoride, one treatment (excluding Prophylaxis, child)	100% of R&C			
D1204	Topical application of Fluoride, one treatment (excluding prophylaxis, adult)	100% of R&C			
D1206	Topical Fluoride Varnish	100% of R&C			
D1300	Other Preventive Services				
D1310	Dietary planning for the control of dental caries	Not covered			
D1320	Tobacco counseling for control and prevention of oral disease	Not covered			
D1330	Oral hygiene instruction	Not covered			
D1351	Topical application of Sealants – per tooth	Not covered			
D1500	Space Maintainers				
D1510	Fixed-unilateral type	100% of R&C			
D1515	Fixed-bilateral type	100% of R&C			
D1520	Removable unilateral type	100% of R&C			
D1525	Removable bilateral type	100% of R&C			
D1550	Recementation of space maintainer	100% of R&C			
D1555	Removal of Fixed space maintainer	100% of R&C			

ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D2100	Amalgam Restorations (including polishing)				
D2140	Amalgam - one surface, primary or permanent	\$22	\$28	\$30	\$33
D2150	Amalgam - two surfaces, primary or permanent	\$35	\$42	\$48	\$52
D2160	Amalgam – three surfaces, primary or permanent	\$52	\$59	\$65	\$72
D2161	Amalgam - four surfaces, primary or permanent	\$54	\$64	\$72	\$80
D2300	Resin Restorations				
D2330	Resin – one surface (anterior)	\$32	\$35	\$42	\$44
D2331	Resin – two surfaces (anterior)	\$52	\$59	\$65	\$72
D2332	Resin – three surfaces	\$66	\$79	\$88	\$97
D2335	Resin - (Involving incisal angle)	\$63	\$71	\$83	\$91
D2390	Resin based composite crown, anterior	\$59	\$69	\$77	\$86
D2391	Resin based composite – one surface posterior	\$32	\$35	\$42	\$44
D2392	Resin based composite two surfaces, posterior	\$52	\$59	\$65	\$72
D2393	Resin based composite , three surfaces, posterior	\$66	\$79	\$88	\$97
D2394	Resin based composite, four or more surfaces, posterior	\$89	\$102	\$118	\$128
D2400	Gold Foil Restorations				
D2410	Gold foil - one surface	\$66	\$76	\$86	\$95
D2420	Gold foil - two surfaces	\$166	\$192	\$218	\$244
D2430	Gold foil - three surfaces	\$249	\$288	\$327	\$364
D2500	Metallic Restorations				
D2510	Inlay, metallic – one surface	\$132	\$152	\$171	\$191
D2520	Inlay, metallic – two surfaces	\$196	\$225	\$255	\$284
D2530	Inlay, metallic - three surfaces	\$218	\$251	\$282	\$316
D2542	Metallic Onlay – 2 surfaces	\$221	\$257	\$288	\$322
D2543	Onlay, metallic – three surfaces	\$243	\$281	\$316	\$354
D2544	Onlay, metallic – four or more surfaces	\$243	\$281	\$316	\$354
D2600	Porcelain Restorations				
D2610	Inlay, Porcelain/Ceramic – one surface	\$132	\$152	\$171	\$191
D2620	Inlay, Porcelain/Ceramic – two surfaces	\$196	\$225	\$255	\$284
D2630	Inlay, Porcelain/Ceramic – three surfaces	\$218	\$251	\$282	\$316
D2642	Onlay, Porcelain/Ceramic – two surfaces	\$221	\$257	\$288	\$322
D2643	Onlay, Porcelain/Ceramic – three surfaces	\$243	\$281	\$316	\$354
D2644	Onlay, Porcelain/Ceramic – four or more surfaces	\$243	\$281	\$316	\$354
D2650	Inlay-Composite/Resin-one surface (lab processed)	\$51	\$56	\$68	\$72
D2651	Inlay-Composite/Resin-two surface (lab processed)	\$83	\$95	\$106	\$117

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D2652	Inlay-Composite/Resin-three surfaces (lab processed)	\$108	\$128	\$144	\$159
D2662	Onlay-Composite/Resin two surface (lab processed)	\$108	\$125	\$140	\$155
D2663	Onlay-Composite/Resin three surface (lab processed)	\$134	\$158	\$178	\$197
D2664	Onlay-Composite/Resin four or more surfaces (lab processed)	\$134	\$158	\$178	\$197
D2700	Crowns – single Restorations Only				
D2710	Crown Resin Based Composite (Indirect)	\$146	\$170	\$191	\$214
D2712	Crown ¾ Resin Based Composite (Indirect)	\$197	\$228	\$258	\$288
D2720	Plastic with high noble	\$293	\$338	\$383	\$426
D2721	Plastic with predom. base metal	\$227	\$262	\$297	\$330
D2722	Plastic with noble metal	\$245	\$282	\$320	\$357
D2740	Porcelain/Ceramic	\$284	\$327	\$370	\$412
D2750	Porcelain with high noble	\$311	\$358	\$405	\$454
D2751	Porcelain with predom. base metal	\$239	\$275	\$311	\$347
D2752	Porcelain with noble metal	\$257	\$298	\$335	\$374
D2780	¾ Cast High Noble Metal	\$246	\$285	\$322	\$359
D2781	¾ Cast Predom Base Metal	\$246	\$285	\$322	\$359
D2782	¾ Cast Noble	\$246	\$285	\$322	\$359
D2783	¾ Cast Procelain/Ceramic	\$246	\$285	\$322	\$359
D2790	Gold (full cast) high noble	\$252	\$290	\$328	\$365
D2791	Metal (full cast) predom. base metal	\$192	\$224	\$252	\$281
D2792	Noble metal (full cast)	\$210	\$242	\$273	\$304
D2794	Crown Titanium	\$252	\$290	\$328	\$365
D2799	Crown Provisional	\$50	\$56	\$64	\$71
D2900	Other Restorative Services				
D2910	Recement Inlays	\$22	\$24	\$27	\$30
D2915	Recement cast of prefabricated post and core	\$11	\$12	\$14	\$15
D2920	Recement Crowns	\$22	\$24	\$27	\$30
D2930	Stainless Steel "primary"	\$59	\$69	\$77	\$86
D2931	Stainless Steel "permanent"	\$59	\$69	\$77	\$86
D2932	Prefabricated Resin Crown	\$71	\$82	\$94	\$104
D2933	Prefabricated stainless steel Crown with window	\$59	\$69	\$77	\$86
D2934	Prefabricated esthetic coated stainless steel crown- primary tooth	\$59	\$69	\$77	\$86
D2940	Fillings (sedative)	\$22	\$24	\$27	\$30
D2950	Crown buildups-pin-retained	\$59	\$69	\$77	\$86
D2951	Pin retention – per tooth, in addition to Restoration	\$17	\$21	\$22	\$24
D2952	Cast post and core (in addition to Crown)	\$113	\$131	\$149	\$165
D2953	Cast post core each additional tooth	\$57	\$66	\$75	\$83
D2954	Prefabricated post and core (in addition to Crown)	\$64	\$72	\$82	\$92
D2955	Post removal (not in conjunction with Endodontic Therapy)	Not covered			
D2957	Prefabricated post/core each additional	\$32	\$36	\$41	\$46
D2960	Labial veneer (laminare)-chairside	\$146	\$170	\$191	\$214
D2961	Labial veneer (resin laminate)-laboratory	\$51	\$56	\$68	\$72
D2962	Labial veneer (porcelain laminate)-laboratory	\$196	\$225	\$255	\$284
D2970	Temporary (fractured tooth)	\$50	\$56	\$64	\$71
D2971	Additional procedures to construct new crown under existing partial denture framework	\$12	\$14	\$16	\$17
D2975	Coping	Not covered			
D2980	Crown repair, by report	\$25	\$28	\$32	\$36
D3100	Pulp Capping				
D3110	Pulp cap – direct - (excluding final Restorations)	\$18	\$22	\$24	\$27
D3120	Pulp cap - indirect - (excluding final Restorations)	\$15	\$16	\$18	\$21
D3200	Pulpotomy (excluding final Restoration)				
D3220	Therapeutic Pulpotomy	\$40	\$45	\$51	\$56
D3221	Gross pulpal debridement	\$45	\$45	\$51	\$56
D3230	Pulpal Therapy (resorbable filing) anterior, Primary	\$40	\$45	\$51	\$56
D3240	Pulpal Therapy (resorbable filing) posterior, Primary	\$40	\$45	\$51	\$56
D3300	Root Canal therapy (includes treatment plan, Clinical Procedures, and follow-up care)				
D3310	Anterior (excludes final Restoration)	\$186	\$212	\$243	\$270
D3320	Bicuspid (excludes final Restoration)	\$227	\$262	\$297	\$330
D3330	Molar (excludes final Restoration)	\$285	\$329	\$372	\$414
D3331	Treatment of root canal construction	Not Covered			

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D3332	Incomplete root canal therapy	Not Covered			
D3333	Internal root repair	Not Covered			
D3346	Retreatment of previous Root Canal Therapy- anterior	\$186	\$212	\$243	\$270
D3347	Retreatment of previous Root Canal Therapy- bicuspid	\$227	\$262	\$297	\$330
D3348	Retreatment of previous Root Canal Therapy- molar	\$285	\$329	\$372	\$414
D3351	Apexification/Recalcification – initial visit	\$66	\$76	\$86	\$95
D3352	Apexification/Recalcification – Interim medication placem	\$66	\$76	\$86	\$95
D3353	Apexification/Recalcification – final visit	\$66	\$76	\$86	\$95
D3400	Periapical Services				
D3410	Apicoectomy, Periradicular Surgery - anterior	\$135	\$156	\$178	\$197
D3421	Apicoectomy, Periradicular Surgery - bicuspid (first root)	\$135	\$156	\$178	\$197
D3425	Apicoectomy/Periradicular Surgery - molar (first root)	\$135	\$156	\$178	\$197
D3426	Apicoectomy/Periradicular Surgery (each additional root)	\$101	\$118	\$134	\$149
D3430	Retrograde filling (per tooth)	\$161	\$188	\$212	\$238
D3450	Root resection (per tooth)	\$111	\$128	\$144	\$162
D3460	Endodontic implants	Not covered			
D3470	Intentional reimplantation- including splinting	Not covered			
D3900	Other Endodontic Procedures				
D3910	Gingival curettage -necessary for isolation of tooth with rubber dam	\$59	\$69	\$77	\$86
D3920	Hemisection	\$78	\$90	\$101	\$114
D3950	Canal preparation and fitting of preformed dowel or post	Not covered			
D4200	Surgical Services				
D4210	Gingivectomy or gingivoplasty - per quadrant	\$132	\$152	\$171	\$191
D4211	Gingivectomy or gingivoplasty less than a quadrant per tooth	\$33	\$41	\$43	\$49
D4230	Anatomical crown exposure- 4 or more contiguous teeth per quadrant	Not covered			
D4231	Anatomical crown exposure- one to three teeth per quadrant	Not covered			
D4240	Gingival flap procedure per quadrant	\$119	\$137	\$155	\$173
D4241	Gingival flap procedure per quadrant	\$72	\$83	\$93	\$104
D4245	Apically positioned Flap	\$119	\$137	\$155	\$173
D4249	Crown lengthening-hard and soft tissue, by report	\$72	\$82	\$94	\$105
D4260	Osseous surgery (including flap entry and closure) per quadrant	\$284	\$327	\$370	\$412
D4261	Osseous surgery 1-3TTH Quad	\$171	\$197	\$222	\$248
D4263	Bone replacement graft – first site in quadrant	\$132	\$152	\$171	\$191
D4264	Bone replacement graft – each additional site in quadrant	\$66	\$76	\$86	\$96
D4265	Biologic Materials	Not Covered			
D4266	Guided tissue regeneration – resorbable barrier, per site, per tooth	Not covered			
D4267	Guided tissue regeneration – nonresorbable barrier, per site, per tooth	Not covered			
D4268	Surgical revision of tooth	\$72	\$82	\$94	\$105
D4270	Pedicle soft tissue grafts	\$154	\$178	\$200	\$224
D4271	Free soft tissue grafts	\$174	\$201	\$228	\$255
D4273	Subepithelial connective tissue graft procedure (including donor site surgery)	\$218	\$251	\$286	\$318
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$88	\$101	\$114	\$128
D4275	Soft tissue allograft	\$218	\$251	\$286	\$318
D4276	Connective tissue & pedicle graft	\$240	\$277	\$286	\$350
D4300	Adjunctive Periodontal Services				
D4320	Provisional splinting – intracoronal	Not covered			
D4321	Provisional splinting - extracoronal	Not covered			
D4341	Periodontal scaling and root planing per quadrant	\$55	\$64	\$72	\$81
D4342	Periodontal scaling and planning 1-3TTH	\$30	\$35	\$39	\$44
D4355	Full mouth Debridement to enable comprehensive periodontal evaluation and diagnosis	Not covered			
D4381	Localized delivery of chemotherapeutic agents, per tooth, by report	Not covered			
D4900	Other Periodontic Services				
D4910	Preventive periodontal procedures (periodontal Prophylaxis)	\$39	\$44	\$48	\$53
D4920	Unscheduled dressing change (by other than treating Dentist)	\$27	\$33	\$36	\$40
D5100	Complete Dentures – Including six months' post-delivery care				
D5110	Complete upper	\$447	\$515	\$584	\$651
D5120	Complete lower	\$432	\$500	\$566	\$630
D5130	Immediate upper	\$470	\$540	\$612	\$683
D5140	Immediate lower	\$432	\$500	\$566	\$630

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D5200	Partial Dentures - Including six months' post-delivery care				
D5211	Upper – resin base	\$468	\$538	\$608	\$680
D5212	Lower – resin base	\$455	\$525	\$594	\$662
D5213	Upper – metal base with resin saddles	\$432	\$500	\$566	\$630
D5214	Lower – metal base with resin saddles	\$426	\$490	\$566	\$620
D5225	Maxillary partial denture- flexible base	\$555	\$639	\$722	\$806
D5226	Mandibular partial denture- flexible base	\$555	\$639	\$722	\$806
D5281	Removable unilateral partial Denture - one place cast metal (including clasps and Pontics)	\$220	\$254	\$288	\$322
D5400	Adjustments to Dentures (by other than Dentist providing Appliances)				
D5410	Complete Denture (upper)	\$28	\$34	\$39	\$42
D5411	Complete Denture (lower)	\$28	\$34	\$39	\$42
D5421	Partial Denture (upper)	\$22	\$24	\$27	\$30
D5422	Partial Denture (lower)	\$22	\$24	\$27	\$30
D5510	Repair broken complete Denture base	\$45	\$52	\$59	\$66
D5520	Replace missing or broken teeth-complete Denture each tooth	\$35	\$41	\$46	\$51
D5600	Repairs to Dentures				
D5610	Repair broken complete or partial Denture, no teeth damaged resin saddle or base	\$45	\$52	\$59	\$66
D5620	Repair broken complete or partial Denture, and replace one broken tooth (cast framework)	\$50	\$56	\$64	\$71
D5630	Repair or replace broken clasp (each tooth)	\$27	\$33	\$35	\$40
D5640	Replace broken tooth on Denture, no other repairs, (each tooth)	\$35	\$41	\$46	\$51
D5650	Adding tooth to partial Denture to replace extracted tooth, each tooth (not involving clasp or Abutment tooth)	\$54	\$64	\$71	\$80
D5660	Add clasp to existing partial Denture	\$80	\$92	\$105	\$116
D5670	Replace all teeth – upper partial	\$119	\$137	\$155	\$173
D5671	Replace all teeth – lower partial	\$119	\$137	\$155	\$173
D5700	Denture Relining				
D5710	Rebase complete upper Denture	\$128	\$146	\$165	\$186
D5711	Rebase complete lower Denture	\$128	\$146	\$165	\$186
D5720	Rebase upper partial Denture	\$119	\$137	\$155	\$173
D5721	Rebase lower partial Denture	\$119	\$137	\$155	\$173
D5730	Relining upper complete Denture (office reline)	\$94	\$107	\$123	\$135
D5731	Relining lower complete Denture (office reline)	\$94	\$107	\$123	\$135
D5740	Relining upper partial Denture (office reline)	\$81	\$95	\$106	\$117
D5741	Relining lower partial Denture (office reline)	\$81	\$95	\$106	\$117
D5750	Relining upper complete Denture (laboratory)	\$128	\$146	\$165	\$186
D5751	Relining lower complete Denture (laboratory)	\$128	\$146	\$165	\$186
D5760	Relining upper partial Denture (laboratory)	\$119	\$137	\$155	\$173
D5761	Relining lower partial Denture (laboratory)	\$119	\$137	\$155	\$173
D5800	Other Prosthetic Services				
D5810	Denture – Interim (complete) upper	\$192	\$224	\$252	\$281
D5811	Denture – Interim (complete) lower	\$192	\$224	\$252	\$281
D5820	Denture – Interim (partial) upper	50% R&C			
D5821	Denture – Interim (partial) lower	50% R&C			
D5850	Tissue conditioning, upper Denture	\$45	\$52	\$59	\$66
D5851	Tissue conditioning, lower Denture	\$45	\$52	\$59	\$66
D5860	OverDenture complete (by report)	R&C			
D5861	OverDenture partial (by report)	R&C			
D5862	Precision attachment, by report	50% R&C			
D5867	Replace precision attachment	50% R&C			
D5875	MOD of removable prosthesis	Not covered			
D5900	Maxillofacial prosthetics				
D5911	Facial moutage (sectional)	Not covered			
D5912	Facial mouthage (complete)	Not covered			
D5913	Nasal Prosthesis	Not covered			
D5914	Auricular Prosthesis	Not covered			
D5915	Orbital Prosthesis	Not covered			
D5916	Ocular Prosthesis	Not covered			
D5919	Facial Prosthesis	Not covered			
D5922	Nasal septal Prosthesis	Not covered			

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D5923	Ocular Prosthesis, interim	Not covered			
D5924	Cranial Prosthesis	Not covered			
D5925	Facial augmentation implant Prosthesis	Not covered			
D5926	Nasal Prosthesis, replacement	Not covered			
D5927	Auricular Prosthesis, replacement	Not covered			
D5928	Orbital Prosthesis, replacement	Not covered			
D5929	Facial Prosthesis, replacement	Not covered			
D5931	Surgical obturator	\$468	\$538	\$608	\$680
D5932	Post-surgical obturator	\$468	\$538	\$608	\$680
D5933	Refitting of obturator	\$468	\$538	\$608	\$680
D5934	Mandibular resection Prosthesis without guide flange	\$468	\$538	\$608	\$680
D5935	Mandibular resection Prosthesis without guide flange	\$468	\$538	\$608	\$680
D5936	Obturator Prosthesis, interim	\$468	\$538	\$608	\$680
D5937	Trismus Appliance (not for TMD treatment)	Not covered			
D5951	Feeding Aid	Not covered			
D5952	Speech aid Prosthesis, pediatric	\$468	\$538	\$608	\$680
D5953	Speech aid Prosthesis, adult	\$468	\$538	\$608	\$680
D5954	Palatal augmentation Prosthesis	\$468	\$538	\$608	\$680
D5955	Palatal lift Prosthesis, definitive	\$468	\$538	\$608	\$680
D5958	Palatal lift Prosthesis, interim	\$468	\$538	\$608	\$680
D5959	Palatal lift Prosthesis, modification	\$468	\$538	\$608	\$680
D5960	Speech aid Prosthesis, modification	Not covered			
D5982	Surgical Stent	Not covered			
D5983	Radiation carrier	Not covered			
D5984	Radiation shield	Not covered			
D5985	Radiation cone locator	Not covered			
D5986	Fluoride gel carrier	Not covered			
D5987	Commissure splint	Not covered			
D5988	Surgical splint	Not covered			
D6000	Implant Services				
D6010	Surgical placement of implant body: entosteal implant	Not covered			
D6012	Surgical placement of implant body: endosteal implant	Not covered			
D6040	Surgical placement: entosteal implant	Not covered			
D6050	Surgical placement: transosteal implant	Not covered			
D6053	Implant abut sup remov full denture	\$515	\$593	\$672	\$749
D6054	Implant abut sup remov partial denture	\$476	\$550	\$623	\$693
D6055	Dental implant supported by connecting bar	Not covered			
D6056	Prefabricated abutment	Not covered			
D6057	Custom abutment	Not covered			
D6058	Abut supp by porcelin/ceramic crown	\$311	\$358	\$405	\$454
D6059	Abut supp by processed fused metal crown	\$260	\$299	\$338	\$376
D6060	Abut supp fused cast metal high nobel	\$239	\$275	\$311	\$347
D6061	Abut supp fused metal crown nobel	\$260	\$299	\$338	\$376
D6062	Abut supp fused cast metal high nobel	\$311	\$358	\$405	\$454
D6063	Abut sup fused metal crown base nobel	\$201	\$232	\$262	\$293
D6064	Abut supp fused metal crown nobel	\$218	\$251	\$282	\$316
D6065	Implant supp by porcelin/ceramic crown	\$311	\$358	\$405	\$454
D6066	Implant supp fused metal crown high	\$311	\$358	\$405	\$454
D6067	Implant supp fused metal crown high	\$239	\$275	\$311	\$347
D6068	Abut sup by retainer porc/ceram	\$239	\$275	\$311	\$347
D6069	Abut sup ret porcelin fused high	\$239	\$275	\$311	\$347
D6070	Abut supp ret for porc fused metal base	\$239	\$275	\$311	\$347
D6071	Abut supp ret for fused metal nobel	\$239	\$275	\$311	\$347
D6072	Abut supp ret for fused cast metal high	\$239	\$275	\$311	\$347
D6073	Abut supp ret for fused metal base	\$239	\$275	\$311	\$347
D6074	Abut supp ret for fused cast metal nobel	\$239	\$275	\$311	\$347
D6075	Abut supp ret for ceramic	\$239	\$275	\$311	\$347
D6076	Abut supp for metal high	\$239	\$275	\$311	\$347
D6077	Abut supp for cast metal high sup	\$239	\$275	\$311	\$347
D6078	Implant/abut sup for fixed denture – full	R&C	\$275	\$311	\$347
D6079	Implant/abut sup for fixed denture – partial	R&C			

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D6080	Implant maintenance procedures, including: removal of Prosthesis, cleansing of Prosthesis and Abutments, reinsertion of Prosthesis	Not covered			
D6090	Repair implant, by report	Not covered			
D6091	Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Not covered			
D6092	Recement implant/abutment supported crown	Not covered			
D6093	Recement implant/abutment supported fixed partial denture	Not covered			
D6094	Abutment supported crown -titanium	\$311	\$358	\$405	\$454
D6095	Repair implant Abutment, by report	Not covered			
D6100	Implant removal, by report	Not covered			
D6190	Radiographic/surgical implant index, by report	Not covered			
D6194	Abutment supported crown for FDP (titanium)	\$239	\$275	\$311	\$347
D6199	Unspecified Implant procedure	Not covered			
D6200	Bridge Pontics				
D6210	Cast high noble metal	\$260	\$299	\$338	\$376
D6211	Cast predominately base metal	\$201	\$232	\$262	\$293
D6212	Cast noble metal	\$218	\$251	\$282	\$316
D6214	Pontic –titanium	\$260	\$299	\$338	\$376
D6240	Porcelain fused to high noble metal	\$311	\$358	\$405	\$454
D6241	Porcelain fused to predominately base metal	\$239	\$275	\$311	\$347
D6242	Porcelain fused to noble metal	\$260	\$299	\$338	\$376
D6245	Porcelain/ceramic Pontic	\$284	\$327	\$370	\$412
D6250	Resin with high noble metal	\$281	\$326	\$366	\$410
D6251	Resin with predominately base metal	\$218	\$251	\$282	\$316
D6252	Resin with noble metal	\$232	\$267	\$302	\$336
D6253	Provisional pontic	\$50	\$56	\$64	\$71
D6500	Retainers				
D6545	Cast metal retainer	\$123	\$141	\$161	\$186
D6548	Porcelain/ceramic retainer	\$146	\$170	\$191	\$214
D6600	Inlay porc/ceram 2 surfaces	\$196	\$225	\$255	\$284
D6601	Inlay por/ceram 3 or more surfaces	\$218	\$251	\$282	\$316
D6602	Inlay cast high noble metal 2 surfaces	\$226	\$255	\$285	\$314
D6603	Inlay cast high noble 3 or more surfaces	\$248	\$281	\$312	\$346
D6604	Inlay cast pred base metal 2 surfaces	\$196	\$225	\$255	\$284
D6605	Inlay cast pred base metal 3 or more surfaces	\$218	\$251	\$282	\$316
D6606	Inlay cast noble metal 2 surfaces	\$216	\$245	\$275	\$304
D6607	Inlay cast noble metal 3 or more surfaces	\$238	\$271	\$302	\$336
D6608	Onlay porc/ceram 2 surfaces	\$221	\$257	\$288	\$322
D6609	Onlay porc/ceram 3 or more surfaces	\$243	\$281	\$316	\$354
D6610	Onlay cast high noble 2 surfaces	\$251	\$287	\$318	\$352
D6611	Onlay cast high noble 3 or more surfaces	\$273	\$311	\$346	\$384
D6612	Onlay pred base metal 2 surfaces	\$221	\$257	\$288	\$322
D6613	Onlay pred base metal 3 or more surfaces	\$243	\$281	\$316	\$354
D6614	Onlay cast noble base 2 surfaces	\$241	\$277	\$308	\$342
D6615	Onlay cast noble 3 or more surfaces	\$243	\$301	\$336	\$374
D6624	Inlay –titanium	\$226	\$255	\$285	\$314
D6634	Onlay – titanium	\$251	\$287	\$318	\$352
D6700	Crowns				
D6710	Crown- Indirect resin base composite	\$227	\$262	\$297	\$330
D6720	Resin with high noble metal	\$293	\$338	\$383	\$426
D6721	Resin with predominately base metal	\$227	\$262	\$297	\$330
D6722	Resin with noble metal	\$245	\$282	\$320	\$357
D6740	Porcelain/ceramic Abutment	\$284	\$327	\$370	\$412
D6750	Porcelain fused to high noble metal	\$311	\$358	\$405	\$454
D6751	Porcelain fused to predominately metal	\$239	\$275	\$311	\$347
D6752	Porcelain fused to noble metal	\$260	\$299	\$338	\$376
D6780	¾ Cast high noble metal	\$270	\$310	\$352	\$392
D6781	¾ Cast metal Abutment	\$270	\$310	\$352	\$392
D6782	¾ Cast noble Abutment	\$270	\$310	\$352	\$392
D6783	¾ porcelain/ceramic Abutment	\$270	\$310	\$352	\$392
D6790	Full cast high noble metal	\$275	\$317	\$359	\$400

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D6791	Full cast predominately base metal	\$212	\$244	\$275	\$308
D6792	Full cast noble metal	\$228	\$264	\$299	\$334
D6793	Provisional retainer crown	\$50	\$56	\$64	\$71
D6794	Crown – titanium	\$275	\$317	\$359	\$400
D6900	Other Prosthetic Services				
D6920	Connector bar	\$77	\$88	\$100	\$111
D6930	Recement Bridge	\$35	\$41	\$46	\$51
D6940	Stress breaker	\$77	\$88	\$100	\$111
D6950	Precision or semi-precision attachment	50% of R&C			
D6970	Cast post and core in addition to fixed partial Denture retainer	\$41	\$131	\$149	\$165
D6972	Prefabricated post and core in addition to fixed partial Denture retainer	\$59	\$69	\$77	\$86
D6973	Core build up for retainer, including any pins	\$59	\$69	\$77	\$86
D6975	Coping-metal	Not covered			
D6976	Additional cast post	\$64	\$72	\$82	\$92
D6977	Additional prefabricated post	\$59	\$69	\$77	\$86
D6980	Bridge repair, by report	\$59	\$112	\$128	\$142
D6985	Pediatric partial denture	R&C			
D7100	Simple Extractions - Includes local Anesthesia and routine postoperative care				
D7111	Coronal remnants	\$15	\$19	\$20	\$22
D7140	Extraction erupted tooth/root	\$33	\$41	\$43	\$49
D7200	Surgical Extractions - Includes local Anesthesia and routine postoperative care				
D7210	Extraction of tooth, erupted	\$54	\$61	\$69	\$77
D7220	Impaction that requires incision of overlying soft tissue and the removal of the tooth	\$81	\$93	\$105	\$116
D7230	Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and the removal of the tooth	\$115	\$130	\$150	\$164
D7240	Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of the tooth for removal	\$150	\$168	\$193	\$216
D7241	Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of the tooth for removal, and/or presents unusual difficulties and circumstances	50% of R&C			
D7250	Root recovery (surgical removal of residual root)	\$48	\$54	\$62	\$69
D7260	Oral antral fistula closure (and/or antral root recovery)	\$96	\$110	\$125	\$137
D7261	Primary closure of sinus perforation	\$96	\$110	\$125	\$137
	Other Surgical Procedures Applied to Teeth				
D7270	Tooth replantation	\$132	\$152	\$171	\$191
D7272	Tooth transplantation	\$132	\$152	\$171	\$191
D7280	Surgical exposure of impacted or unerupted tooth for Orthodontic reasons- including wire attachment when indicated	\$92	\$106	\$119	\$132
D7282	Mobilization of erupted or malpos tth	\$53	\$62	\$70	\$77
D7283	Placement of device to facilitate eruption of impacted tooth	\$19	\$22	\$24	\$27
D7285	Biopsy of oral tissue (hard)	\$59	\$69	\$77	\$86
D7286	Biopsy of oral tissue (soft)	\$52	\$59	\$68	\$74
D7287	Cystolgy sample	\$26	\$30	\$34	\$37
D7288	Brush biopsy- transpithelial sample collecton	Not covered			
D7290	Surgical repositioning of teeth	50% of R&C			
D7291	Transseptal fiberotomy	Not covered			
D7292	Surgical placement temporary anchorage device requiring surgical flap	Not covered			
D7293	Surgical placement temporary anchorage device requiring surgical flap	Not covered			
D7294	Surgical placement temporary anchorage device without surgical flap	Not covered			
D7300	Alveoloplasty (surgical preparation of ridge of Dentures)				
D7310	Per quadrant, in conjunction with extractions	\$63	\$72	\$81	\$90
D7311	One to three teeth per quadrant with extractions	\$32	\$36	\$41	\$45
D7320	Per quadrant, not in conjunction without extractions	\$70	\$80	\$92	\$101
D7321	One to three teeth per quadrant without extractions	\$35	\$40	\$46	\$51
	Vestibuloplasty - including revision of soft tissue on ridges, muscle reattachment, tongue, palate, and other oral soft tissues				
D7340	Per arch, uncomplicated	\$96	\$110	\$125	\$137
D7350	Per arch, complicated - including ridge extension soft tissue grafts, and management of hypertrophied and hyperplastic tissue	50% of R&C			
D7400	Surgical excision – excision of reactive inflammatory lesion (scar tissue or localized congenital lesions)				
D7410	Radical excision lesion diameter up to 1.25 cm	Not covered (paid under medical)			
D7411	Excision benign tumor more than 1.25cm	Not covered (paid under medical)			

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D7412	Excision benign tumor – complicated	Not covered (paid under medical)			
D7413	Excision malignant tumor up to 1.25 cm	Not covered (paid under medical)			
D7414	Excision malignant tumor more than 1.25 cm	Not covered (paid under medical)			
D7415	Excision malignant tumor – complicated	Not covered (paid under medical)			
	Excision of Tumors				
D7440	Excision of malignant tumor, lesion diameter up to 1.25 cm	Not covered (paid under medical)			
D7441	Excision of malignant tumor, lesion diameter over 1.25 cm	Not covered (paid under medical)			
	Removal of cysts and neoplasms				
D7450	Removal of odontogenic cyst or tumor, up to 1.25 cm in diameter	50% of R&C			
D7451	Removal of odontogenic cyst or tumor, over 1.25 cm in diameter	50% of R&C			
D7460	Removal of nonodontogenic cyst or tumor, up to 1.25 cm in diameter	Not covered (paid under medical)			
D7461	Removal of nonodontogenic cyst or tumor, over 1.25 cm in diameter	Not covered (paid under medical)			
D7465	Destruction of lesions by physical methods: electrosurgery, chemotherapy, cryotherapy	Not covered (paid under medical)			
	Excision of Bone Tissue				
D7471	Removal of lateral exostosis	50% of R&C			
D7472	Removal of torus palatinus	R&C			
D7473	Removal of torus mandibularis	R&C			
D7490	Radical resection of mandible with bone graft	Not covered (paid under medical)			
D7500	Surgical Incision				
D7510	Incision and drainage of abscess, intraoral	\$35	\$41	\$46	\$51
D7511	Incision and drainage of abscess, intraoral- complicated	\$39	\$46	\$51	\$57
D7520	Incision and drainage of abscess, extraoral	50% of R&C			
D7521	Incision and drainage of abscess, extraoral -complicated	50% of R&C			
D7530	Removal of foreign body, skin or subcutaneous areolar tissue	Not covered (paid under medical)			
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	Not covered (paid under medical)			
D7550	Sequestrectomy for osteomyelitis	Not covered (paid under medical)			
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	50% of R&C			
D7600	Treatment of Fractures – simple				
D7610	Maxilla, open reduction, teeth immobilized (if present)	Not covered			
D7620	Maxilla, closed reduction, teeth immobilized (if present)	Not covered			
D7630	Mandible, open reduction, teeth immobilized (if present)	Not covered			
D7640	Mandible, closed reduction, teeth immobilized (if present)	Not covered			
D7650	Malar and/or zygomatic arch, open reduction	Not covered			
D7660	Malar and/or zygomatic arch, closed reduction	Not covered			
D7670	Alveolus - stabilization of teeth, open reduction splinting	Not covered			
D7680	Facial bones, complicated reduction with fixation and multiple surgical approaches	Not covered			
D7700	Treatment of Fractures - compound				
D7710	Maxilla, open reduction	Not covered			
D7720	Maxilla, closed reduction	Not covered			
D7730	Mandible, open reduction	Not covered			
D7740	Mandible, closed reduction	Not covered			
D7750	Malar and/or zygomatic arch, open reduction	Not covered			
D7760	Malar and/or zygomatic arch, closed reduction	Not covered			
D7770	Alveolus - stabilization of teeth, open reduction splinting	Not covered			
D7780	Facial bones, complicated reduction with fixation and multiple surgical approaches	Not covered			
D7800	Surgical Management of Temporomandibular Joint Pathology				
D7810	Open reduction of dislocation	Not covered			
D7820	Closed reduction of dislocation	Not covered			
D7830	Manipulation under Anesthesia	Not covered			
D7840	Condylectomy	Not covered			
D7850	Surgical discectomy	Not covered			
D7852	Disc repair	Not covered			
D7854	Synovectomy	Not covered			
D7856	Myotomy	Not covered			
D7858	Joint reconstruction	Not covered			
D7860	Arthrotomy	Not covered			
D7865	Arthroplasty	Not covered			
D7870	Arthrocentesis	Not covered			

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D7872	Arthroscopy-diagnosis, with or without biopsy	Not covered			
D7873	Arthroscopy-surgical: lavage and lysis of adhesions	Not covered			
D7874	Arthroscopy-surgical: disc repositioning and stabilization	Not covered			
D7875	Arthroscopy-surgical: synovectomy	Not covered			
D7876	Arthroscopy-surgical: discectomy	Not covered			
D7877	Arthroscopy-surgical: debridement	Not covered			
D7880	Occlusal orthotic device, by report	Not covered			
	Adjunctive General Services				
D7899	Treatment of temporomandibular joint dysfunction	See schedule for particular service, if applicable			
D7900	Other Oral Surgery				
D7910	Repair of Traumatic Wounds-simple suture of recent small wounds up to 5 cm	Not covered			
	Complicated suturing (reconstruction requiring delicate handling of tissues, wide undermining for meticulous closure)				
D7911	Diameter up to 5 cm	Not covered			
D7912	Diameter over 5 cm	Not covered			
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not covered			
	Other Repair Procedures				
D7940	Osteoplasty (that is, for prognathism and micrognathism)	Not covered			
D7941	Osteotomy-ramus, closed	Not covered			
D7942	Osteotomy-ramus, open	Not covered			
D7943	Osteotomy-ramus, open with bone graft	Not covered			
D7944	Osteotomy-segmented or subapical-per sextant or quadrant	Not covered			
D7945	Osteotomy-body of mandible	Not covered			
D7946	LeFort 1 (maxilla – total)	Not covered			
D7947	LeFort 1 (maxilla – segmented)	Not covered			
D7948	LeFort 11 or 111 (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Not covered			
D7949	LeFort 11 or 111 – with bone graft	Not covered			
D7950	Osseous, Osteoperiosteal, periosteal or cartilage graft of the mandible – autogenous or nonautogenous, by report	50% R&C			
D7951	Sinus augmentation with bone or bone substitutes	R&C			
D7953	Bone replacement graft for ridge preservation- per site	\$66	\$76	\$86	\$96
D7955	Repair of maxillofacial soft and hard tissue defects	50% R&C			
D7960	Frenulectomy - separate procedure (frenectomy or frenotomy)	\$94	\$107	\$123	\$135
D7963	Frenuloplasty	\$99	\$113	\$130	\$142
D7970	Excision of hyperplastic tissue, per arch	\$104	\$119	\$135	\$152
D7971	Excision of pericoronary gingival	\$27	\$33	\$35	\$40
D7972	Surgical reduction of fibrous tuberosity	\$52	\$60	\$68	\$76
D7980	Sialolithotomy (parotid)	Not covered			
D7981	Excision of salivary gland	Not covered			
D7982	Sialodochoplasty	Not covered			
D7983	Closure of salivary fistula	Not covered			
D7990	Emergency tracheotomy	Not covered			
D7991	Coronoidectomy	Not covered			
D7995	Synthetic graft – mandible or facial bone, by report	Not covered			
D7996	Implant – mandible for augmentation purposes	Not covered			
D7998	Intraoral placement of fixation device not in conjunction with a fracture	Not covered			
	Orthodontics - Preventive treatment procedures – only one such Appliance per individual is considered a Dental Service				
D8010	Limited Orthodontic treatment of the primary dentition	Not covered			
D8020	Limited Orthodontic treatment of the transitional dentition	Not covered			
D8030	Limited Orthodontic treatment of the adolescent dentition	Not covered			
D8040	Limited Orthodontic treatment of the adult dentition	Not covered			
D8050	Interceptive Orthodontic treatment of the primary dentition	\$164	\$189	\$214	\$238
D8060	Interceptive Orthodontic treatment of the transitional dentition	\$164	\$189	\$214	\$238
D8070	Comprehensive Orthodontic treatment of the transitional dentition	\$502	\$578	\$653	\$731
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	\$502	\$578	\$653	\$731
D8090	Comprehensive Orthodontic treatment of the adult dentition	\$502	\$578	\$653	\$731
D8210	Appliance for minor treatment to control harmful habits (removable)	\$164	\$189	\$214	\$238
D8220	Appliance for minor treatment to control harmful habits (fixed or cemented)	\$164	\$189	\$214	\$238
D8660	Pre-Orthodontic treatment visit	\$100	\$114	\$129	\$143
D8670	Periodic Orthodontic treatment visit	\$64	\$72	\$82	\$92

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ADA Codes	Type B Expense	Traditional Option			
		#1	#2	#3	#4
D8680	Orthodontic retention (removal of Appliances, construction and placement of retainers)	\$110	\$126	\$142	\$160
D8690	Orthodontic treatment, alternative billing to a contract fee	\$39	\$44	\$51	\$53
D8691	Repair ortho Appliance	\$82	\$95	\$107	\$119
D8692	Replace lost or broken retainer	\$82	\$95	\$107	\$119
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$82	\$95	\$107	\$119
D8888	Ortho Installment	\$64	\$72	\$82	\$92
	Unclassified Treatment				
D9110	Palliative (emergency) treatment of dental pain, minor procedures	\$22	\$24	\$27	\$30
D9120	Fixed partial denture sectioning	50% R&C			
D9200	Anesthesia				
D9210	Local (not in conjunction with operative or surgical procedures) should be combined	Not covered			
D9211	Regional block Anesthesia	Not covered			
D9212	Trigeminal division block	Not covered			
D9215	Local	Not covered			
D9220	General – first 30 minutes	\$59	\$66	\$76	\$84
D9221	General – each additional 15 minutes	\$16	\$18	\$21	\$23
D9230	Analgesia	Not covered			
D9241	Intravenous sedation – first 30 minutes	\$59	\$66	\$76	\$84
D9242	Intravenous sedation – each additional 15 minutes	\$16	\$18	\$21	\$23
D9300	Professional Consultation - diagnostic service provided by physician or Dentist other than practitioner providing treatment				
D9310	Consultation, per session	\$33	\$36	\$41	\$45
D9400	Professional Visits				
D9410	House calls	\$52	\$59	\$69	\$76
D9420	Hospital calls	\$27	\$33	\$35	\$40
D9430	Office visit, during regularly scheduled office hours (no operative services performed)	Not covered			
D9440	Office visit, after regularly scheduled office hours (no operative services performed)	Not covered			
D9600	Drugs				
D9610	Therapeutic drug injection	Not covered			
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Not covered			
D9630	Other drugs and/or medicaments	Not covered			
D9900	Miscellaneous Services				
D9910	Application of desensitizing medicaments (Fluoride past, silver nitrate and so forth)	\$16	\$18	\$21	\$23
D9920	Behavior management, by report	Not covered			
D9930	Complications (postsurgical-unusual circumstances)	\$12	\$14	\$15	\$16
D9940	Special periodontal Appliances (including occlusal guards by report)	\$164	\$189	\$214	\$238
D9941	Fabrication of athletic mouthguards	Not covered			
D9942	Repair/Relining of an occlusal guard	\$23	\$26	\$30	\$33
D9950	Occlusal analysis (mounted case)	Not covered			
D9951	Occlusal adjustment (limited)	\$39	\$44	\$50	\$54
D9952	Occlusal adjustment (complete)	\$123	\$141	\$160	\$179
D9970	Enamel microabrasion	Not covered			

NOTE: The Maximum Allowance for any eligible dental procedure not listed above or for which "individual consideration" is shown will be determined by the Claims Administrator. Such maximum allowances will be comparable to those of other listed procedures.