

**METLIFE PREFERRED DENTIST PROGRAM**

2024-2025 Procedure Charge Schedule - Illinois

Plan How to use this chart

- 1) If you participate in a MetLife Preferred Dentist Program plan that uses procedure charge schedules to determine your out-of-pocket expense for covered services rendered by a participating dentist, please refer to the chart below to determine which schedule applies to you. Please remember that the schedule you should refer to relates to the area in which you receive services (i.e. the first three digits of your dentist's office zip code). This chart contains some of the most common dental procedures. Please see your benefit booklet or refer to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for services covered under your dental plan.
- 2) When your dentist suggests treatment, refer to the appropriate ADA Procedure Codes beginning on page 6 to find your out-of-pocket expense for those services.
- 3) Please note that procedure charges listed may not represent the full extent of your out-of-pocket expense. Some services may be subject to your dental benefits plan's alternate benefit provisions. It is strongly suggested that you obtain a pretreatment estimate of benefits before the services are rendered in order to better understand what services are covered by your plan and an estimate of what your plan will pay.

State	Zip	Area
Alabama	350	1
Alabama	355	1
Alabama	359	1
Alabama	363	1
Alabama	367	1
Alaska	996	4
Arizona	850	2
Arizona	855	2
Arizona	860	2
Arkansas	716	1
Arkansas	720	1
Arkansas	724	1
Arkansas	728	1
California	902	3
California	906	2
California	911	3
California	915	2
California	919	2
California	923	2
California	927	2
California	932	3
California	936	2
California	940	4
California	944	4
California	948	3
California	952	3
California	956	3
California	960	3
Colorado	802	2
Colorado	806	2
Colorado	810	2
Colorado	814	2
Connecticut	061	3
Connecticut	065	4
Connecticut	069	4
D.C.	204	2
Delaware	199	4
Florida	323	1
Florida	327	1
Florida	331	2

State	Zip	Area
Alabama	351	1
Alabama	356	1
Alabama	360	1
Alabama	364	1
Alabama	368	1
Alaska	997	4
Arizona	851	2
Arizona	856	2
Arizona	863	2
Arkansas	717	1
Arkansas	721	2
Arkansas	725	1
Arkansas	729	1
California	903	3
California	907	2
California	912	2
California	916	2
California	920	2
California	924	2
California	928	2
California	933	3
California	937	3
California	941	4
California	945	3
California	949	4
California	953	2
California	957	3
California	961	3
Colorado	803	3
Colorado	807	2
Colorado	811	2
Colorado	815	2
Connecticut	062	4
Connecticut	066	3
D.C.	200	3
D.C.	205	2
Florida	320	2
Florida	324	1
Florida	328	2
Florida	332	2

State	Zip	Area
Alabama	352	1
Alabama	357	1
Alabama	361	1
Alabama	365	1
Alabama	369	1
Alaska	998	4
Arizona	852	2
Arizona	857	1
Arizona	864	2
Arkansas	718	2
Arkansas	722	2
Arkansas	726	1
California	900	2
California	904	3
California	908	2
California	913	2
California	917	2
California	921	2
California	925	2
California	930	3
California	934	3
California	938	2
California	942	4
California	946	3
California	950	3
California	954	3
California	958	3
Colorado	800	2
Colorado	804	2
Colorado	808	2
Colorado	812	2
Colorado	816	4
Connecticut	063	3
Connecticut	067	3
D.C.	202	2
Delaware	197	4
Florida	321	2
Florida	325	1
Florida	329	2
Florida	333	1

State	Zip	Area
Alabama	354	1
Alabama	358	1
Alabama	362	1
Alabama	366	1
Alaska	995	4
Alaska	999	4
Arizona	853	2
Arizona	859	2
Arizona	865	2
Arkansas	719	1
Arkansas	723	1
Arkansas	727	2
California	901	2
California	905	2
California	910	3
California	914	2
California	918	2
California	922	2
California	926	2
California	931	4
California	935	3
California	939	3
California	943	4
California	947	4
California	951	4
California	955	4
California	959	3
Colorado	801	2
Colorado	805	2
Colorado	809	2
Colorado	813	2
Connecticut	060	3
Connecticut	064	4
Connecticut	068	3
D.C.	203	2
Delaware	198	4
Florida	322	1
Florida	326	2
Florida	330	2
Florida	334	2

Florida	335	1
Florida	339	2
Florida	346	1
Georgia	301	2
Georgia	305	2
Georgia	309	1
Georgia	313	2
Georgia	317	2
Guam	969	4
Idaho	833	2
Idaho	837	2
Illinois	602	2
Illinois	606	2
Illinois	610	1
Illinois	614	1
Illinois	618	1
Illinois	623	2
Illinois	627	1
Indiana	461	1
Indiana	465	1
Indiana	469	1
Indiana	473	1
Indiana	477	1
Iowa	501	1
Iowa	505	2
Iowa	509	1
Iowa	513	1
Iowa	520	1
Iowa	524	1
Iowa	528	1
Kansas	664	2
Kansas	668	1
Kansas	672	2
Kansas	676	1
Kentucky	400	1
Kentucky	404	1
Kentucky	408	1
Kentucky	412	1
Kentucky	416	1
Kentucky	421	1
Kentucky	425	1
Louisiana	701	1
Louisiana	706	1
Louisiana	711	1
Maine	039	4
Maine	043	4
Maine	047	3
Maryland	207	2
Maryland	211	2
Maryland	216	1
Massachusetts	010	2
Massachusetts	014	3
Massachusetts	018	3
Massachusetts	022	3
Massachusetts	026	2

Florida	336	1
Florida	341	2
Florida	347	2
Georgia	302	2
Georgia	306	2
Georgia	310	2
Georgia	314	2
Georgia	318	2
Hawaii	967	2
Idaho	834	2
Idaho	838	2
Illinois	603	2
Illinois	607	2
Illinois	611	1
Illinois	615	1
Illinois	619	1
Illinois	624	1
Illinois	628	1
Indiana	462	1
Indiana	466	2
Indiana	470	2
Indiana	474	1
Indiana	478	1
Iowa	502	2
Iowa	506	1
Iowa	510	3
Iowa	514	1
Iowa	521	1
Iowa	525	1
Kansas	660	2
Kansas	665	2
Kansas	669	1
Kansas	673	1
Kansas	677	1
Kentucky	401	1
Kentucky	405	1
Kentucky	409	1
Kentucky	413	1
Kentucky	417	1
Kentucky	422	1
Kentucky	426	1
Louisiana	703	1
Louisiana	707	1
Louisiana	712	1
Maine	040	4
Maine	044	3
Maine	048	4
Maryland	208	2
Maryland	212	1
Maryland	217	1
Massachusetts	011	3
Massachusetts	015	3
Massachusetts	019	3
Massachusetts	023	3
Massachusetts	027	2

Florida	337	1
Florida	342	2
Florida	349	2
Georgia	303	2
Georgia	307	1
Georgia	311	2
Georgia	315	2
Georgia	319	2
Hawaii	968	2
Idaho	835	2
Illinois	600	2
Illinois	604	2
Illinois	608	2
Illinois	612	1
Illinois	616	1
Illinois	620	1
Illinois	625	1
Illinois	629	1
Indiana	463	1
Indiana	467	2
Indiana	471	1
Indiana	475	1
Indiana	479	2
Iowa	503	2
Iowa	507	1
Iowa	511	3
Iowa	515	1
Iowa	522	2
Iowa	526	1
Kansas	661	1
Kansas	666	2
Kansas	670	2
Kansas	674	1
Kansas	678	2
Kentucky	402	1
Kentucky	406	1
Kentucky	410	1
Kentucky	414	1
Kentucky	418	1
Kentucky	423	1
Kentucky	427	1
Louisiana	704	1
Louisiana	708	1
Louisiana	713	1
Maine	041	4
Maine	045	4
Maine	049	4
Maryland	209	2
Maryland	214	2
Maryland	218	1
Massachusetts	012	2
Massachusetts	016	3
Massachusetts	020	3
Massachusetts	024	3
Michigan	480	2

Florida	338	2
Florida	344	2
Georgia	300	2
Georgia	304	2
Georgia	308	1
Georgia	312	1
Georgia	316	2
Georgia	398	2
Idaho	832	2
Idaho	836	2
Illinois	601	2
Illinois	605	2
Illinois	609	1
Illinois	613	1
Illinois	617	1
Illinois	622	1
Illinois	626	1
Indiana	460	1
Indiana	464	1
Indiana	468	2
Indiana	472	1
Indiana	476	1
Iowa	500	1
Iowa	504	2
Iowa	508	1
Iowa	512	1
Iowa	516	2
Iowa	523	1
Iowa	527	1
Kansas	662	2
Kansas	667	1
Kansas	671	1
Kansas	675	1
Kansas	679	1
Kentucky	403	1
Kentucky	407	1
Kentucky	411	1
Kentucky	415	2
Kentucky	420	2
Kentucky	424	1
Louisiana	700	1
Louisiana	705	1
Louisiana	710	1
Louisiana	714	1
Maine	042	4
Maine	046	3
Maryland	206	1
Maryland	210	2
Maryland	215	1
Maryland	219	2
Massachusetts	013	2
Massachusetts	017	3
Massachusetts	021	3
Massachusetts	025	3
Michigan	481	2

Michigan	482	2
Michigan	486	1
Michigan	490	2
Michigan	494	2
Michigan	498	3
Minnesota	553	3
Minnesota	557	2
Minnesota	561	1
Minnesota	565	2
Mississippi	387	1
Mississippi	391	2
Mississippi	395	1
Missouri	631	2
Missouri	635	1
Missouri	639	1
Missouri	645	1
Missouri	649	1
Missouri	653	1
Missouri	657	1
Montana	592	2
Montana	596	3
Nebraska	680	1
Nebraska	685	1
Nebraska	689	1
Nebraska	693	1
Nevada	893	3
Nevada	898	4
New Hampshire	033	4
New Hampshire	037	4
New Jersey	072	2
New Jersey	076	3
New Jersey	080	2
New Jersey	084	2
New Jersey	088	3
New Mexico	872	2
New Mexico	877	2
New Mexico	881	2
New York	100	3
New York	104	1
New York	108	3
New York	112	2
New York	116	2
New York	120	1
New York	124	1
New York	128	2
New York	132	2
New York	136	2
New York	140	1
New York	144	2
New York	148	1
North Carolina	272	3
North Carolina	276	3
North Carolina	280	3
North Carolina	284	3
North Carolina	288	4

Michigan	483	2
Michigan	487	1
Michigan	491	2
Michigan	495	2
Michigan	499	2
Minnesota	554	3
Minnesota	558	2
Minnesota	562	1
Minnesota	566	1
Mississippi	388	1
Mississippi	392	1
Mississippi	396	2
Missouri	632	1
Missouri	636	1
Missouri	640	1
Missouri	646	1
Missouri	650	1
Missouri	654	1
Missouri	658	2
Montana	593	2
Montana	597	3
Nebraska	681	1
Nebraska	686	1
Nebraska	690	1
Nevada	889	2
Nevada	894	4
New Hampshire	030	4
New Hampshire	034	4
New Hampshire	038	4
New Jersey	073	2
New Jersey	077	2
New Jersey	081	2
New Jersey	085	2
New Jersey	089	3
New Mexico	873	3
New Mexico	878	3
New Mexico	882	2
New York	101	3
New York	105	3
New York	109	2
New York	113	2
New York	117	2
New York	121	1
New York	125	1
New York	129	2
New York	133	2
New York	137	2
New York	141	1
New York	145	2
New York	149	1
North Carolina	273	3
North Carolina	277	3
North Carolina	281	3
North Carolina	285	2
North Carolina	289	4

Michigan	484	2
Michigan	488	2
Michigan	492	2
Michigan	496	2
Minnesota	550	3
Minnesota	555	2
Minnesota	559	2
Minnesota	563	2
Minnesota	567	1
Mississippi	389	1
Mississippi	393	1
Mississippi	397	2
Missouri	633	1
Missouri	637	1
Missouri	641	1
Missouri	647	1
Missouri	651	1
Missouri	655	1
Montana	590	2
Montana	594	2
Montana	598	3
Nebraska	683	1
Nebraska	687	1
Nebraska	691	1
Nevada	890	2
Nevada	895	4
New Hampshire	031	4
New Hampshire	035	4
New Jersey	070	2
New Jersey	074	3
New Jersey	078	3
New Jersey	082	2
New Jersey	086	2
New Mexico	870	3
New Mexico	874	3
New Mexico	879	2
New Mexico	883	2
New York	102	3
New York	106	3
New York	110	2
New York	114	2
New York	118	2
New York	122	1
New York	126	1
New York	130	2
New York	134	2
New York	138	2
New York	142	1
New York	146	2
North Carolina	270	2
North Carolina	274	3
North Carolina	278	3
North Carolina	282	3
North Carolina	286	2
North Dakota	580	3

Michigan	485	2
Michigan	489	2
Michigan	493	2
Michigan	497	2
Minnesota	551	3
Minnesota	556	2
Minnesota	560	2
Minnesota	564	2
Mississippi	386	1
Mississippi	390	1
Mississippi	394	1
Missouri	630	2
Missouri	634	2
Missouri	638	1
Missouri	644	1
Missouri	648	1
Missouri	652	2
Missouri	656	1
Montana	591	2
Montana	595	3
Montana	599	2
Nebraska	684	1
Nebraska	688	1
Nebraska	692	1
Nevada	891	2
Nevada	897	4
New Hampshire	032	4
New Hampshire	036	4
New Jersey	071	2
New Jersey	075	3
New Jersey	079	3
New Jersey	083	2
New Jersey	087	2
New Mexico	871	2
New Mexico	875	2
New Mexico	880	2
New Mexico	884	2
New York	103	2
New York	107	3
New York	111	2
New York	115	2
New York	119	2
New York	123	1
New York	127	2
New York	131	2
New York	135	2
New York	139	2
New York	143	1
New York	147	1
North Carolina	271	3
North Carolina	275	3
North Carolina	279	3
North Carolina	283	2
North Carolina	287	4
North Dakota	581	3

North Dakota	582	2
North Dakota	586	2
Ohio	431	1
Ohio	435	1
Ohio	439	1
Ohio	443	1
Ohio	447	1
Ohio	451	2
Ohio	455	1
Ohio	459	1
Oklahoma	734	1
Oklahoma	738	1
Oklahoma	743	1
Oklahoma	747	1
Oregon	971	3
Oregon	975	3
Oregon	979	3
Pennsylvania	153	1
Pennsylvania	157	1
Pennsylvania	161	1
Pennsylvania	165	1
Pennsylvania	169	2
Pennsylvania	173	1
Pennsylvania	177	2
Pennsylvania	181	2
Pennsylvania	185	1
Pennsylvania	189	2
Pennsylvania	193	2
Puerto Rico	006	1
Rhode Island	029	3
South Carolina	293	2
South Carolina	297	2
South Dakota	571	3
South Dakota	575	2
Tennessee	371	1
Tennessee	375	1
Tennessee	379	1
Tennessee	383	1
Texas	751	1
Texas	755	1
Texas	759	1
Texas	763	1
Texas	767	1
Texas	771	1
Texas	775	1
Texas	779	1
Texas	783	2
Texas	787	1
Texas	791	1
Texas	795	1
Texas	799	1
Utah	842	1
Utah	846	1
Vermont	052	3
Vermont	057	3

North Dakota	583	2
North Dakota	587	2
Ohio	432	1
Ohio	436	1
Ohio	440	1
Ohio	444	1
Ohio	448	1
Ohio	452	1
Ohio	456	1
Oklahoma	730	1
Oklahoma	735	2
Oklahoma	739	1
Oklahoma	744	1
Oklahoma	748	1
Oregon	972	3
Oregon	976	3
Pennsylvania	150	1
Pennsylvania	154	1
Pennsylvania	158	1
Pennsylvania	162	1
Pennsylvania	166	1
Pennsylvania	170	1
Pennsylvania	174	1
Pennsylvania	178	2
Pennsylvania	182	1
Pennsylvania	186	1
Pennsylvania	190	1
Pennsylvania	194	2
Puerto Rico	007	1
South Carolina	290	2
South Carolina	294	2
South Carolina	298	2
South Dakota	572	3
South Dakota	576	2
Tennessee	372	1
Tennessee	376	2
Tennessee	380	1
Tennessee	384	1
Texas	752	1
Texas	756	1
Texas	760	1
Texas	764	1
Texas	768	1
Texas	772	1
Texas	776	1
Texas	780	1
Texas	784	2
Texas	788	1
Texas	792	1
Texas	796	1
Texas	885	2
Utah	843	1
Utah	847	1
Vermont	053	3
Vermont	058	3

North Dakota	584	3
North Dakota	588	2
Ohio	433	1
Ohio	437	1
Ohio	441	1
Ohio	445	1
Ohio	449	1
Ohio	453	1
Ohio	457	2
Oklahoma	731	1
Oklahoma	736	1
Oklahoma	740	1
Oklahoma	745	1
Oklahoma	749	1
Oregon	973	3
Oregon	977	3
Pennsylvania	151	1
Pennsylvania	155	1
Pennsylvania	159	1
Pennsylvania	163	1
Pennsylvania	167	1
Pennsylvania	171	1
Pennsylvania	175	2
Pennsylvania	179	2
Pennsylvania	183	1
Pennsylvania	187	1
Pennsylvania	191	1
Pennsylvania	195	2
Puerto Rico	009	1
South Carolina	291	2
South Carolina	295	2
South Carolina	299	2
South Dakota	573	2
South Dakota	577	2
Tennessee	373	2
Tennessee	377	2
Tennessee	381	1
Tennessee	385	1
Texas	753	1
Texas	757	1
Texas	761	1
Texas	765	1
Texas	769	1
Texas	773	1
Texas	777	1
Texas	781	1
Texas	785	1
Texas	789	1
Texas	793	1
Texas	797	1
Utah	840	1
Utah	844	1
Vermont	050	4
Vermont	054	3
Vermont	059	3

North Dakota	585	2
Ohio	430	1
Ohio	434	1
Ohio	438	1
Ohio	442	1
Ohio	446	1
Ohio	450	1
Ohio	454	1
Ohio	458	2
Oklahoma	733	1
Oklahoma	737	1
Oklahoma	741	1
Oklahoma	746	1
Oregon	970	3
Oregon	974	3
Oregon	978	3
Pennsylvania	152	1
Pennsylvania	156	1
Pennsylvania	160	1
Pennsylvania	164	1
Pennsylvania	168	1
Pennsylvania	172	1
Pennsylvania	176	2
Pennsylvania	180	1
Pennsylvania	184	1
Pennsylvania	188	1
Pennsylvania	192	1
Pennsylvania	196	2
Rhode Island	028	3
South Carolina	292	2
South Carolina	296	2
South Dakota	570	2
South Dakota	574	2
Tennessee	370	1
Tennessee	374	1
Tennessee	378	1
Tennessee	382	1
Texas	750	1
Texas	754	2
Texas	758	1
Texas	762	1
Texas	766	1
Texas	770	1
Texas	774	1
Texas	778	1
Texas	782	1
Texas	786	1
Texas	790	1
Texas	794	1
Texas	798	1
Utah	841	1
Utah	845	1
Vermont	051	4
Vermont	056	3
Virgin Islands	008	2

Virginia	201	2
Virginia	223	2
Virginia	227	1
Virginia	231	1
Virginia	235	2
Virginia	239	1
Virginia	243	1
Washington	980	4
Washington	984	4
Washington	989	3
Washington	993	4
West Virginia	249	2
West Virginia	253	1
West Virginia	257	1
West Virginia	261	2
West Virginia	265	1
Wisconsin	530	2
Wisconsin	535	3
Wisconsin	540	1
Wisconsin	544	2
Wisconsin	548	1
Wyoming	822	1
Wyoming	826	2
Wyoming	830	1

Virginia	220	2
Virginia	224	1
Virginia	228	2
Virginia	232	1
Virginia	236	2
Virginia	240	2
Virginia	244	1
Washington	981	4
Washington	985	3
Washington	990	3
Washington	994	3
West Virginia	250	1
West Virginia	254	3
West Virginia	258	2
West Virginia	262	1
West Virginia	266	1
Wisconsin	531	3
Wisconsin	537	4
Wisconsin	541	2
Wisconsin	545	2
Wisconsin	549	2
Wyoming	823	1
Wyoming	827	1
Wyoming	831	1

Virginia	221	2
Virginia	225	1
Virginia	229	2
Virginia	233	1
Virginia	237	2
Virginia	241	1
Virginia	245	2
Washington	982	4
Washington	986	3
Washington	991	3
West Virginia	247	1
West Virginia	251	1
West Virginia	255	1
West Virginia	259	2
West Virginia	263	1
West Virginia	267	1
Wisconsin	532	3
Wisconsin	538	1
Wisconsin	542	2
Wisconsin	546	2
Wyoming	820	2
Wyoming	824	1
Wyoming	828	1

Virginia	222	2
Virginia	226	2
Virginia	230	1
Virginia	234	2
Virginia	238	1
Virginia	242	1
Virginia	246	1
Washington	983	3
Washington	988	3
Washington	992	3
West Virginia	248	1
West Virginia	252	1
West Virginia	256	1
West Virginia	260	1
West Virginia	264	1
West Virginia	268	1
Wisconsin	534	2
Wisconsin	539	1
Wisconsin	543	4
Wisconsin	547	2
Wyoming	821	1
Wyoming	825	2
Wyoming	829	2

**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
120	PERIODIC ORAL EVALUATION	\$0	\$0	\$0	\$0
140	LIMITED ORAL EVALUATION	\$0	\$0	\$0	\$5
145	ORAL EVALUATION UNDER AGE OF 3	\$0	\$0	\$0	\$0
150	COMPREHENSIVE ORAL EVALUATION	\$0	\$0	\$0	\$0
160	EXTENSIVE ORAL EVALUATION	\$0	\$0	\$0	\$5
170	LIMITED ORAL RE-EVALUATION	\$0	\$0	\$0	\$0
180	COMPREHENSIVE PERIO EVALUATION	\$0	\$0	\$0	\$0
190	SCREENING OF A PATIENT	\$0	\$0	\$0	\$0
191	ASSESSMENT OF A PATIENT	\$0	\$0	\$0	\$0
210	COMPLETE SET RADIOGRAPHIC IMAGES	\$5	\$5	\$5	\$5
220	PERIAPICAL RADIOGRAPHIC IMAGE	\$5	\$5	\$5	\$5
230	ADD'L PERIAPICAL IMAGES	\$0	\$0	\$0	\$0
240	OCCLUSAL RADIOGRAPHIC IMAGE	\$5	\$5	\$5	\$10
250	EXTRAORAL 2D RADIOGRAPHIC IMAGE	\$10	\$5	\$10	\$10
251	EXTRAORAL POSTERIOR IMAGE	\$10	\$5	\$10	\$10
270	BITEWING - SINGLE IMAGE	\$0	\$0	\$0	\$0
272	BITEWINGS - TWO IMAGES	\$0	\$0	\$0	\$0
273	BITEWINGS - THREE IMAGES	\$0	\$0	\$0	\$0
274	BITEWINGS - FOUR IMAGES	\$0	\$0	\$0	\$0
277	VERTICAL BITEWINGS 7-8 IMAGES	\$0	\$0	\$0	\$0
290	SKULL/FACIAL BONE IMAGE	\$0	\$0	\$0	\$0
330	PANORAMIC RADIOGRAPHIC IMAGE	\$5	\$5	\$5	\$5
340	2D CEPHALOMETRIC IMAGE	\$15	\$15	\$15	\$20
364	CONE BEAM LESS THAN WHOLE JAW	\$135	\$140	\$165	\$180
365	CONE BEAM FULL ARCH MANDIBLE	\$135	\$140	\$165	\$180
366	CONE BEAM FULL ARCH MAXILLA	\$135	\$140	\$165	\$180
367	CONE BEAM BOTH JAWS	\$135	\$140	\$165	\$180
368	CONE BEAM - TMJ	\$135	\$140	\$165	\$180
372	INTRAORAL TOMOSYN - COMPREHEN	\$5	\$5	\$5	\$5
373	INTRAORAL TOMOSYN - BITWING	\$0	\$0	\$0	\$0
374	INTRAORAL TOMOSYN - PERIAPICAL	\$5	\$5	\$5	\$5
380	CONE BEAM CAPT LESS THAN ONE JAW	\$135	\$140	\$165	\$180
381	CONE BEAM CAPTURE - MANDIBLE	\$135	\$140	\$165	\$180
382	CONE BEAM CAPTURE - MAXILLA	\$135	\$140	\$165	\$180
383	CONE BEAM CAPTURE - BOTH JAWS	\$135	\$140	\$165	\$180
384	CONE BEAM CAPTURE - TMJ SERIES	\$135	\$140	\$165	\$180
391	INTERPRETATION - DIAGNOSTIC IMAGE	\$5	\$10	\$10	\$10
415	LAB TEST	\$5	\$10	\$10	\$10
417	SALIVA SAMPLE COLLECTION	\$5	\$5	\$5	\$10
422	COLLECT & PREP GENETIC SAMPL	\$5	\$5	\$5	\$5
460	PULP VITALITY TEST	\$5	\$5	\$5	\$10
470	DIAGNOSTIC CASTS	\$15	\$10	\$15	\$15
1110	CLEANING - ADULT	\$0	\$5	\$5	\$5
1120	CLEANING - CHILD	\$0	\$0	\$0	\$0
1206	TOPICAL FLUORIDE - VARNISH	\$0	\$0	\$0	\$0
1208	TOPICAL APPLICATION - FLUORIDE	\$0	\$0	\$0	\$0
1351	SEALANT - PER TOOTH	\$5	\$5	\$10	\$10
1352	PREVENTIVE RESIN RESTORATION	\$5	\$5	\$10	\$10
1353	SEALANT REPAIR - PER TOOTH	\$0	\$0	\$0	\$0
1354	INTERIM CARIES MEDICAMENT	\$5	\$5	\$5	\$5
1355	CARIES PREV MEDIC APPL PER TOOTH	\$5	\$5	\$5	\$5
1510	SPACE MAINTAINER FIXED - UNILATERAL	\$50	\$45	\$50	\$55
1516	SPACE MAINTAINER FIXED - MAXILLARY	\$65	\$70	\$65	\$85
1517	SPACE MAINTAINER FIXED - MANDIBULAR	\$65	\$70	\$65	\$85
1520	SPACE MAINTAINER REMOVABLE - UNILATERAL	\$45	\$50	\$60	\$70
1526	SPACE MAINTAINER REMOVABLE - MAXILLARY	\$85	\$90	\$55	\$105
1527	SPACE MAINTAINER REMOVABLE - MANDIBULAR	\$85	\$90	\$55	\$105
1551	RECEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	\$5	\$10	\$10	\$10
1552	RECEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	\$5	\$10	\$10	\$10
1553	RECEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER PER QUADRANT	\$5	\$10	\$10	\$10
1575	DISTAL SPACE MAINTAINER FIXED	\$50	\$45	\$50	\$55
2140	ONE SURFACE AMALGAM	\$15	\$15	\$20	\$25
2150	TWO SURFACE AMALGAM	\$15	\$20	\$25	\$30
2160	THREE SURFACE AMALGAM	\$20	\$25	\$30	\$35
2161	FOUR OR MORE SURFACE AMALGAM	\$25	\$30	\$35	\$40
2330	ONE SURFACE COMPOSITE - ANTERIOR	\$15	\$20	\$25	\$25
2331	TWO SURFACE COMPOSITE - ANTERIOR	\$20	\$25	\$30	\$30
2332	THREE SURFACE COMPOSITE - ANTERIOR	\$25	\$30	\$35	\$40
2335	4 OR MORE SURFACE COMPOSITE - ANTERIOR	\$30	\$35	\$40	\$45
2390	RESIN CROWN	\$60	\$65	\$70	\$90

**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
2391	ONE SURFACE COMPOSITE - POSTERIOR	\$15	\$20	\$25	\$30
2392	TWO SURFACE COMPOSITE - POSTERIOR	\$20	\$20	\$30	\$35
2393	THREE SURFACE COMPOSITE - POSTERIOR	\$25	\$30	\$35	\$45
2394	4 OR MORE SURF COMPOSITE - POSTERIOR	\$30	\$30	\$45	\$50
2410	1 SURFACE GOLD FOIL	\$75	\$80	\$95	\$100
2420	2 SURFACE GOLD FOIL	\$105	\$115	\$135	\$150
2430	3 SURFACE GOLD FOIL	\$125	\$140	\$160	\$180
2510	ONE SURFACE METALLIC INLAY	\$160	\$165	\$155	\$215
2520	TWO SURFACE METALLIC INLAY	\$190	\$205	\$205	\$265
2530	THREE SURFACE METALLIC INLAY	\$205	\$220	\$215	\$275
2542	TWO SURFACE METALLIC ONLAY	\$230	\$280	\$305	\$320
2543	THREE SURFACE METALLIC ONLAY	\$235	\$290	\$320	\$320
2544	4 OR MORE SURF. METALLIC ONLAY	\$250	\$310	\$340	\$345
2610	ONE SURFACE PORCELAIN INLAY	\$180	\$160	\$165	\$270
2620	2 SURFACE PORCELAIN INLAY	\$195	\$205	\$195	\$295
2630	3 OR MORE SURF. PORCELAIN INLAY	\$235	\$265	\$220	\$350
2642	2 SURFACES - PORCELAIN ONLAY	\$280	\$340	\$360	\$415
2643	3 SURFACES - PORCELAIN ONLAY	\$285	\$345	\$370	\$425
2644	4 OR MORE SURF. PORCELAIN ONLAY	\$295	\$355	\$380	\$435
2650	1 SURFACE COMPOSITE/RESIN INLAY	\$135	\$140	\$155	\$205
2651	2 SURFACE COMPOSITE/RESIN INLAY	\$160	\$165	\$190	\$240
2652	3 OR MORE SURF COMP/RESIN INLAY	\$180	\$185	\$215	\$260
2662	2 SURFACE COMPOSITE/RESIN ONLAY	\$220	\$225	\$260	\$290
2663	3 SURFACE COMPOSITE/RESIN ONLAY	\$215	\$225	\$260	\$320
2664	4 OR MORE SURF COMP/RESIN ONLAY	\$225	\$255	\$280	\$320
2710	RESIN CROWN (INDIRECT)	\$95	\$110	\$125	\$145
2712	CROWN 3/4 RESIN BASED INDIRECT	\$95	\$105	\$120	\$145
2720	CROWN RESIN W/HIGH NOBLE METAL	\$260	\$280	\$300	\$380
2721	CROWN RESIN W/BASE METAL	\$195	\$205	\$250	\$290
2722	CROWN RESIN W/NOBLE METAL	\$225	\$230	\$275	\$320
2740	CROWN PORCELAIN/CERAMIC	\$275	\$325	\$370	\$425
2750	CROWN PORCELAIN - HIGH NOBLE METAL	\$275	\$325	\$350	\$405
2751	CROWN PORCELAIN - BASE METAL	\$245	\$265	\$305	\$375
2752	CROWN PORCELAIN - NOBLE METAL	\$260	\$320	\$350	\$375
2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOY	\$275	\$325	\$350	\$405
2780	CROWN 3/4 HIGH NOBLE	\$270	\$290	\$310	\$365
2781	CROWN 3/4 BASE METAL	\$240	\$260	\$300	\$345
2782	CROWN 3/4 CAST NOBLE METAL	\$250	\$260	\$290	\$340
2783	CROWN 3/4 PORCELAIN/CERAMIC	\$280	\$290	\$345	\$380
2790	CROWN HIGH NOBLE	\$255	\$320	\$345	\$385
2791	CROWN FULL CAST/BASE METAL	\$225	\$235	\$300	\$315
2792	CROWN FULL CAST NOBLE METAL	\$230	\$285	\$305	\$325
2794	TITANIUM CROWN	\$245	\$265	\$305	\$175
2910	RECEMENT INLAY; ONLAY	\$15	\$20	\$25	\$30
2915	RECEMENT CAST - POST CORE	\$15	\$20	\$20	\$25
2920	RECEMENT CROWN	\$15	\$20	\$25	\$30
2928	PREFAB PORC CERAM CRN - PERM TOOTH	\$140	\$165	\$185	\$215
2929	PREFAB POR/CER CROWN - PRIMARY	\$55	\$65	\$75	\$90
2930	STAINLESS STEEL CROWN - CHILD	\$50	\$55	\$70	\$80
2931	STAINLESS STEEL CROWN - ADULT	\$50	\$55	\$75	\$80
2932	RESIN CROWN	\$55	\$60	\$70	\$85
2933	STAINLESS STEEL CROWN/RESIN	\$75	\$80	\$85	\$110
2934	SS CROWN PRIMARY TOOTH	\$50	\$60	\$65	\$80
2940	SEDATIVE FILLING	\$5	\$5	\$10	\$15
2950	CORE BUILDUP	\$45	\$55	\$60	\$70
2951	PIN RETENTION PER TOOTH	\$10	\$10	\$10	\$15
2952	POST AND CORE	\$95	\$100	\$110	\$120
2953	CAST POST - EACH ADDL SAME TOOTH	\$10	\$10	\$15	\$15
2954	PREFAB POST AND CORE	\$65	\$70	\$95	\$105
2957	STEEL POST - EACH ADDL SAME TH	\$5	\$5	\$10	\$10
2960	RESIN LABIAL VENEER - CHAIRSIDE	\$105	\$110	\$135	\$170
2961	RESIN LABIAL VENEER - LABORATORY	\$170	\$175	\$225	\$250
2962	PORCELAIN LABIAL VENEER	\$220	\$220	\$290	\$255
2971	ADDLT CROWN PROCEDURE	\$45	\$50	\$55	\$60
2980	CROWN REPAIR	\$45	\$50	\$55	\$70
2981	INLAY REPAIR	\$45	\$50	\$55	\$70
2982	ONLAY REPAIR	\$45	\$50	\$55	\$70
2983	VENEER REPAIR	\$45	\$50	\$55	\$70
2990	RESIN INFILTRATION/SMOOTH SURF	\$5	\$5	\$10	\$10
3110	PULP CAP - DIRECT	\$5	\$10	\$10	\$10

**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
3120	PULP CAP - INDIRECT	\$5	\$10	\$10	\$10
3220	THERAPEUTIC PULPOTOMY	\$15	\$15	\$20	\$25
3221	PULPAL DEBRIDEMENT	\$10	\$10	\$15	\$15
3222	PARTIAL PULPOTOMY - APEXOGENESIS	\$15	\$15	\$20	\$25
3230	PULPAL THERAPY ANT/PRIMARY TOOTH	\$70	\$70	\$65	\$55
3240	PULPAL THERAPY POST/PRIMARY TOOTH	\$85	\$95	\$60	\$60
3310	ENDODONTIC THERAPY - ANTERIOR	\$160	\$190	\$205	\$260
3320	ENDODONTIC THERAPY BICUSPID	\$190	\$220	\$255	\$320
3330	ENDODONTIC THERAPY MOLAR	\$260	\$295	\$320	\$375
3331	TREATMENT OF ROOT CANAL OBSTRUCT	\$45	\$50	\$60	\$70
3332	INCOMPLETE ROOT CANAL THERAPY	\$75	\$80	\$85	\$100
3333	ROOT PERFORATION REPAIR	\$40	\$40	\$55	\$60
3346	ROOT CANAL RETREAT/ANTERIOR	\$200	\$225	\$230	\$285
3347	ROOT CANAL RETREAT/BICUSPID	\$230	\$260	\$265	\$335
3348	ROOT CANAL RETREATMENT - MOLAR	\$295	\$330	\$370	\$420
3351	APEXIFICATION - INITIAL VISIT	\$70	\$75	\$80	\$75
3352	APEXIFICATION/RECALCIFICATION	\$35	\$35	\$30	\$55
3353	APEXIFICATION - FINAL VISIT	\$105	\$105	\$45	\$140
3355	PULPAL REGENERATION - INITIAL VISIT	\$35	\$35	\$30	\$55
3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	\$20	\$20	\$15	\$30
3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$35	\$40	\$30	\$60
3410	APICOECTOMY - ANTERIOR	\$140	\$145	\$190	\$230
3421	APICOECTOMY - BICUSPID	\$165	\$185	\$220	\$255
3425	APICOECTOMY - MOLAR	\$190	\$215	\$235	\$275
3426	APICOECTOMY - ADDITIONAL ROOT	\$70	\$75	\$90	\$70
3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$80	\$80	\$95	\$100
3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$40	\$50	\$55	\$55
3430	RETROGRADE FILLING - PER ROOT	\$45	\$45	\$60	\$70
3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$60	\$70	\$80	\$20
3432	GUIDED TISSUE REGENERATION; RESORBABLE BARRIER	\$100	\$110	\$120	\$140
3450	ROOT AMPUTATION - PER ROOT	\$105	\$120	\$140	\$135
3471	SURG REPAIR OF ROOT RESORP - ANTERIOR	\$105	\$110	\$140	\$175
3472	SURG RPR OF ROOT RESORP - PREMOLAR	\$125	\$140	\$165	\$190
3473	SURG RPR OF ROOT RESORP - MOLAR	\$140	\$160	\$175	\$205
3501	SURG EXP OF ROOT - ANTERIOR	\$105	\$120	\$130	\$155
3502	SURG EXP OF ROOT - PREMOLAR	\$105	\$120	\$130	\$155
3503	SURG EXP OF ROOT - MOLAR	\$105	\$120	\$130	\$155
3920	HEMISECTION	\$90	\$95	\$110	\$115
3921	DECORONATION SUBM ERUP TOOTH	\$80	\$90	\$100	\$115
4210	GINGIVECTOMY/PLASTY FULL QUAD	\$125	\$135	\$145	\$85
4211	GINGIVECTOMY/PLASTY - 1-3 TEETH	\$60	\$70	\$85	\$100
4212	GINGIVECTOMY/PLASTY W/REST - TOOTH	\$20	\$20	\$25	\$30
4240	GINGIVAL FLAP PROC FULL QUAD	\$125	\$145	\$170	\$190
4241	GINGIVAL FLAP 1-3 TEETH	\$80	\$85	\$100	\$120
4245	APICALLY POSITIONED FLAP	\$65	\$70	\$90	\$100
4249	CROWN LENGTHENING	\$205	\$210	\$255	\$135
4260	OSSEOUS SURGERY - 4 OR MORE TEETH	\$285	\$295	\$180	\$380
4261	OSSEOUS SURGERY 1-3 TEETH	\$175	\$180	\$210	\$205
4263	BONE GRAFT - FIRST SITE	\$80	\$80	\$95	\$100
4264	BONE GRAFT - ADDITIONAL SITE	\$40	\$50	\$55	\$55
4265	BIOLOGIC MATERIALS	\$60	\$70	\$80	\$20
4266	GTR - RESORBABLE BARRIER	\$100	\$110	\$120	\$145
4267	GTR - NONRESORBABLE BARRIER	\$125	\$135	\$150	\$170
4268	SURGICAL REVISION PROCEDURE	\$30	\$30	\$40	\$45
4270	PEDICLE SOFT TISSUE GRAFT	\$140	\$160	\$190	\$225
4273	AUTOGENOUS TISSUE GRAFT	\$250	\$260	\$285	\$310
4274	DISTAL/PROXIML WEDGE	\$80	\$95	\$110	\$120
4275	NON AUTOGENOUS TISSUE GRAFT	\$235	\$255	\$275	\$300
4276	COMBINED TISSUE GRAFTING/TOOTH	\$245	\$275	\$300	\$330
4277	FREE SOFT TISSUE GRAFT - 1ST TOOTH	\$200	\$220	\$250	\$250
4278	FREE SOFT TISSUE GRAFT - ADDL TOOTH	\$100	\$110	\$125	\$125
4283	SUBEPITHELIAL TISSUE GRAFT/ADD'L	\$125	\$130	\$145	\$155
4285	SOFT TISSUE ALLOGRAFT ADDITIONAL	\$120	\$125	\$140	\$150
4341	SCALING/ROOT PLANING - PER QUAD.	\$45	\$60	\$70	\$80
4342	SCALING & ROOT PLANING 1-3 TEETH	\$30	\$30	\$45	\$45
4346	SCALING GINGIVAL INFLAMMATION	\$0	\$5	\$5	\$5
4355	FULL MOUTH DEBRIDEMENT	\$25	\$30	\$35	\$40
4381	DELIVERY OF ANTIMICROBIAL AGENTS	\$25	\$25	\$30	\$30
4910	PERIODONTAL MAINTENANCE	\$15	\$15	\$20	\$25
4920	DRESSING CHANGE	\$15	\$15	\$15	\$20



**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
5110	COMPLETE UPPER DENTURE	\$330	\$370	\$425	\$490
5120	COMPLETE LOWER DENTURE	\$330	\$370	\$425	\$490
5130	IMMEDIATE DENTURE MAXILLARY	\$365	\$385	\$445	\$435
5140	IMMEDIATE DENTURE MANDIBULAR	\$365	\$385	\$445	\$435
5211	UPPER PARTIAL DENTURE - RESIN	\$250	\$265	\$310	\$300
5212	LOWER PARTIAL DENTURE - RESIN	\$250	\$265	\$310	\$300
5213	UPPER PARTIAL DENTURE - CAST	\$385	\$435	\$510	\$610
5214	LOWER PARTIAL DENTURE - CAST	\$385	\$435	\$510	\$610
5221	IMMEDIATE MAX PARTIAL RESIN	\$250	\$265	\$310	\$300
5222	IMMEDIATE MAND PARTIAL RESIN	\$250	\$265	\$310	\$300
5223	IMMEDIATE MAX PARTIAL METAL	\$385	\$435	\$510	\$610
5224	IMMEDIATE MAND PARTIAL METAL	\$385	\$435	\$510	\$610
5225	UPPER PARTIAL DENTURE - FLEXIBLE	\$305	\$325	\$310	\$365
5226	LOWER PARTIAL DENTURE - FLEXIBLE	\$305	\$325	\$310	\$365
5227	IMMEDIATE MAXILLARY PART DENT	\$250	\$265	\$310	\$300
5228	IMMEDIATE MANDIBULAR PART DENT	\$250	\$265	\$310	\$300
5282	REMOV UNILATERAL PART DENT MAXILLARY	\$145	\$160	\$205	\$210
5283	REMOV UNILATERAL PART DENT MANDIBULAR	\$145	\$160	\$205	\$210
5284	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE, PER QUADRANT	\$70	\$80	\$105	\$105
5286	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE RESIN, PER QUADRANT	\$70	\$80	\$105	\$105
5410	ADJUST UPPER COMPLETE DENTURE	\$15	\$15	\$20	\$25
5411	ADJUST LOWER COMPLETE DENTURE	\$15	\$15	\$20	\$25
5421	ADJUST UPPER PARTIAL DENTURE	\$15	\$15	\$20	\$20
5422	ADJUST LOWER PARTIAL DENTURE	\$15	\$15	\$20	\$20
5511	REPAIR DENTURE BASE MANDIBULAR	\$50	\$50	\$55	\$70
5512	REPAIR DENTURE BASE MAXILLARY	\$50	\$50	\$55	\$70
5520	REPLACE TH ON DENTURE - PER TOOTH	\$40	\$35	\$45	\$55
5611	REPAIR RESIN - PARTIAL MANDIBULAR	\$35	\$40	\$40	\$50
5612	REPAIR RESIN - PARTIAL MAXILLARY	\$35	\$40	\$40	\$50
5621	REPAIR CAST - PARTIAL MANDIBULAR	\$40	\$45	\$55	\$65
5622	REPAIR CAST - PARTIAL MAXILLARY	\$40	\$45	\$55	\$65
5630	REPAIR/REPLACE BROKEN CLASP	\$35	\$40	\$45	\$60
5640	REPLACE TOOTH ON DENTURE	\$40	\$15	\$45	\$50
5650	ADD TOOTH TO DENTURE	\$45	\$30	\$65	\$60
5660	ADD CLASP PARTIAL DENTURE	\$55	\$60	\$65	\$65
5670	REPLACE MAX TEETH & FRAMEWORK	\$110	\$115	\$125	\$150
5671	REPLACE MAND. TEETH & FRAMEWORK	\$110	\$115	\$130	\$150
5710	REBASE COMPLETE UPPER DENTURE	\$125	\$130	\$145	\$170
5711	REBASE COMPLETE LOWER DENTURE	\$120	\$125	\$140	\$165
5720	REBASE UPPER PARTIAL DENTURE	\$110	\$115	\$130	\$160
5721	REBASE LOWER PARTIAL DENTURE	\$110	\$115	\$135	\$160
5725	REBASE HYBRID PROSTHESIS	\$125	\$130	\$145	\$170
5730	RELINER UPPER DENTURE - CHAIRSIDE	\$70	\$75	\$85	\$100
5731	RELINER LOWER DENTURE - CHAIRSIDE	\$70	\$75	\$80	\$100
5740	RELINER UPPER DENTURE - CHAIRSIDE	\$55	\$60	\$70	\$85
5741	RELINER LOWER DENTURE - CHAIRSIDE	\$55	\$60	\$70	\$65
5750	RELINER UPPER DENTURE - LAB	\$105	\$110	\$140	\$145
5751	RELINER LOWER DENTURE - LAB	\$105	\$110	\$130	\$145
5760	RELINER UPPER DENTURE - LAB	\$90	\$100	\$105	\$130
5761	RELINER LOWER DENTURE - LAB	\$90	\$100	\$110	\$125
5765	SFT LINER COMPL/PART REMOV DENT	\$105	\$110	\$140	\$145
5850	TISSUE CONDITIONING - UPPER	\$35	\$35	\$40	\$50
5851	TISSUE CONDITIONING - LOWER	\$35	\$35	\$40	\$45
5863	OVERDENTURE - COMPLETE MAXILLARY	\$425	\$440	\$520	\$625
5864	OVERDENTURE - PARTIAL MAXILLARY	\$395	\$430	\$475	\$550
5865	OVERDENTURE - COMPLETE MANDIBULAR	\$425	\$440	\$520	\$625
5866	OVERDENTURE - PARTIAL MANDIBULAR	\$395	\$430	\$475	\$550
5876	METL SUBSC TO ACR DENT PER ARCH	\$85	\$95	\$105	\$120
6010	ENDOSTEAL IMPLANT	\$525	\$575	\$605	\$720
6012	PLACEMENT OF INTERIM IMPLANT	\$510	\$560	\$600	\$700
6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$520	\$570	\$600	\$715
6040	EPOSTEAL IMPLANT	\$955	\$1,050	\$1,190	\$1,350
6050	TRANSOSTEAL IMPLANT	\$1,170	\$1,285	\$1,455	\$1,650
6055	IMPLANT CONNECTING BAR	\$230	\$240	\$270	\$305
6056	PREFAB IMPLANT ABUTMENT	\$180	\$105	\$175	\$190
6057	CUSTOM IMPLANT ABUTMENT	\$235	\$145	\$235	\$250
6058	IMPLANT CROWN - PORCELAIN	\$350	\$275	\$405	\$425
6059	IMPLANT CROWN - PORCEL-HIGH NOBLE	\$330	\$310	\$395	\$420
6060	IMPLANT CROWN - PORCEL BASE METAL	\$295	\$300	\$350	\$365
6061	IMPLANT CROWN - PORCEL NOBLE METAL	\$315	\$310	\$375	\$385

**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
6062	IMPLANT CROWN - CAST HIGH NOBLE	\$315	\$325	\$365	\$395
6063	IMPLANT CROWN - CAST BASE METAL	\$270	\$210	\$315	\$345
6064	IMPLANT CROWN - CAST NOBLE METAL	\$295	\$275	\$340	\$375
6065	IMPLANT CROWN - PORCELAIN	\$335	\$265	\$390	\$445
6066	IMPLANT CROWN - PORCELAIN-METAL	\$325	\$310	\$400	\$415
6067	IMPLANT CROWN - METAL	\$320	\$330	\$365	\$395
6068	IMPLANT RETAINER - PORCELAIN	\$335	\$265	\$390	\$410
6069	IMPLANT RETAINER - PORCEL-METAL	\$325	\$305	\$375	\$410
6070	IMPLANT RETAINER - BASE METAL	\$290	\$305	\$345	\$345
6071	IMPLANT RETAINER - NOBLE METAL	\$315	\$305	\$360	\$375
6072	IMPLANT RETAINER - HIGH NOBLE	\$305	\$320	\$355	\$385
6073	IMPLANT RETAINER - BASE METAL	\$255	\$200	\$310	\$320
6074	IMPLANT RETAINER - NOBLE METAL	\$280	\$260	\$320	\$360
6075	IMPLANT RETAINER - CERAMIC	\$320	\$250	\$380	\$390
6076	IMPLANT RETAINER - HIGH NOBLE	\$320	\$305	\$370	\$370
6077	IMPLANT RETAINER - CAST-HIGH NOBLE	\$300	\$310	\$355	\$375
6080	IMPLANT MAINTENANCE PROCEDURES	\$25	\$25	\$25	\$30
6081	SCALING AND DEBRIDEMENT IMPLANT	\$10	\$15	\$15	\$20
6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO BASE ALLOYS	\$295	\$300	\$350	\$365
6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	\$315	\$310	\$375	\$385
6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM	\$300	\$310	\$350	\$375
6086	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS	\$270	\$210	\$315	\$345
6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	\$295	\$275	\$340	\$375
6088	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	\$300	\$310	\$350	\$375
6090	REPAIR IMPLANT PROSTHESIS	\$60	\$65	\$70	\$80
6091	PRECISION ATTACHMENT REPLACEMENT	\$105	\$110	\$125	\$140
6092	RECEMENT IMPLANT CROWN	\$15	\$20	\$20	\$30
6093	RECEMENT IMPLANT FIXED DENTURE	\$30	\$35	\$35	\$45
6094	IMPLANT CROWN - TITANIUM	\$300	\$310	\$350	\$375
6095	REPAIR IMPLANT ABUTMENT;REPORT	\$65	\$65	\$75	\$95
6096	REMOVE BROKEN IMPLANT SCREW	\$10	\$5	\$10	\$10
6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$325	\$310	\$400	\$415
6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO BASE ALLOYS	\$290	\$305	\$345	\$345
6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO NOBLE ALLOYS	\$315	\$305	\$360	\$375
6100	IMPLANT REMOVAL; BY REPORT	\$80	\$70	\$95	\$115
6101	DEBRIDEMENT PERIIMPLANT DEFECT	\$25	\$25	\$30	\$35
6102	DEBRIDE/OSS PERIIMPLANT DEFECT	\$50	\$55	\$65	\$60
6103	BONE GRAFT/PERIIMPLANT DEFECT	\$75	\$100	\$145	\$85
6104	BONE GRAFT IMPLANT PLACEMENT	\$75	\$100	\$145	\$85
6105	REMOV IMPLT BODY W/O BONE/FLAP	\$80	\$70	\$95	\$115
6106	GTR RESORB PER IMPLANT	\$100	\$110	\$120	\$145
6107	GTR NON-RESORB PER IMPLANT	\$125	\$130	\$150	\$170
6110	IMPLANT OVERDENTURE - MAXILLARY	\$635	\$830	\$930	\$1,020
6111	IMPLANT OVERDENTURE - MANDIBULAR	\$635	\$830	\$930	\$1,020
6112	IMPLANT OVERDENTURE PARTIAL - MAXILLARY	\$590	\$735	\$815	\$955
6113	IMPLANT OVERDENTURE PARTIAL - MANDIBULAR	\$590	\$735	\$815	\$955
6114	IMPLANT SUPP FIXED DENTURE - MAXILLARY	\$1,055	\$1,075	\$1,220	\$950
6115	IMPLANT SUPP FIXED DENTURE - MANDIBULAR	\$1,055	\$1,075	\$1,220	\$950
6116	IMPLANT SUPP FIXED PARTIAL - MAXILLARY	\$1,110	\$1,040	\$1,310	\$1,350
6117	IMPLANT SUPP FIXED PARTIAL - MANDIBULAR	\$1,110	\$1,040	\$1,310	\$1,350
6120	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO TITANIUM AND TITANIUM ALLOYS	\$290	\$295	\$340	\$360
6121	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO BASE ALLOYS	\$255	\$200	\$310	\$320
6122	IMPLANT SUPPORTED RETAINER FOR FPD - NOBLE ALLOYS	\$280	\$260	\$320	\$360
6123	IMPLANT SUPPORTED RETAINER FOR FPD - TITANIUM AND TITANIUM ALLOYS	\$290	\$295	\$340	\$360
6190	IMPLANT INDEX	\$55	\$60	\$60	\$80
6191	SEMI-PRECISION ABUT - PLACEMENT	\$235	\$145	\$235	\$250
6192	SEMI-PRECISION ATTACH - PLACEMENT	\$175	\$110	\$175	\$185
6194	IMPLANT RETAINER - TITANIUM	\$290	\$295	\$340	\$360
6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$300	\$310	\$355	\$375
6197	REPLACE RESTOR MAT IMPL ACCESS	\$15	\$20	\$25	\$30
6205	PONTIC - INDIRECT COMPOSITE	\$185	\$210	\$235	\$270
6210	PONTIC - CAST HIGH NOBLE	\$250	\$285	\$300	\$360
6211	PONTIC - CAST BASE METAL	\$220	\$230	\$265	\$305
6212	PONTIC - CAST NOBLE METAL	\$230	\$250	\$285	\$315
6214	PONTIC - TITANIUM	\$230	\$255	\$275	\$345
6240	PONTIC - PORCELAIN - HIGH NOBLE	\$260	\$300	\$320	\$375
6241	PONTIC - PORCELAIN - BASE METAL	\$245	\$265	\$285	\$330
6242	PONTIC - PORCELAIN NOBLE METAL	\$255	\$290	\$305	\$345
6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$255	\$290	\$305	\$345
6245	PONTIC - PORCELAIN	\$275	\$260	\$325	\$375

**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
6250	PONTIC - RESIN W/HIGH NOBLE METAL	\$255	\$275	\$300	\$375
6251	PONTIC - RESIN W/BASE METAL	\$195	\$220	\$240	\$280
6252	PONTIC - RESIN W/NOBLE METAL	\$215	\$230	\$250	\$290
6545	CAST METAL RETAINER	\$105	\$115	\$120	\$145
6548	RETAINER - PORCELAIN/CERAMIC	\$120	\$125	\$135	\$160
6549	RESIN RETAINER-FIXED PROSTHESIS	\$90	\$95	\$100	\$120
6600	RETAINER INLAY CERAMIC - 2 SURFACE	\$250	\$200	\$200	\$330
6601	RETAINER INLAY CERAMIC - 3 OR MORE	\$255	\$205	\$210	\$340
6602	RETAINER INLAY HIGH NOBLE - 2 SURF	\$185	\$190	\$190	\$245
6603	RETAINER INLAY HIGH NOBLE - 3 OR MORE	\$200	\$210	\$215	\$270
6604	RETAINER INLAY METAL - 2 SURFACE	\$175	\$180	\$185	\$230
6605	RETAINER INLAY METAL - 3 OR MORE	\$185	\$195	\$200	\$250
6606	RETAINER INLAY CAST METAL - 2 SURFACE	\$175	\$185	\$185	\$235
6607	RETAINER INLAY CAST METAL - 3 OR MORE	\$195	\$200	\$210	\$250
6608	RETAINER ONLAY CERAMIC - 2 SURFACE	\$255	\$205	\$290	\$300
6609	RETAINER ONLAY CERAMIC - 3 OR MORE	\$260	\$210	\$250	\$320
6610	RETAINER ONLAY HIGH NOBLE - 2 SURFACE	\$200	\$215	\$260	\$275
6611	RETAINER ONLAY HIGH NOBLE - 3 OR MORE	\$235	\$245	\$245	\$305
6612	RETAINER ONLAY BASE METAL - 2 SURFACE	\$190	\$205	\$245	\$245
6613	RETAINER ONLAY BASE METAL - 3 OR MORE	\$230	\$240	\$240	\$295
6614	RETAINER ONLAY CAST NOBLE - 2 SURFACE	\$195	\$210	\$255	\$255
6615	RETAINER ONLAY CAST NOBLE - 3 OR MORE	\$230	\$240	\$240	\$260
6624	RETAINER INLAY - TITANIUM	\$170	\$180	\$180	\$230
6634	RETAINER ONLAY - TITANIUM	\$195	\$205	\$250	\$275
6710	RETAINER CROWN - INDIRECT RESIN	\$185	\$195	\$240	\$240
6720	RETAINER CROWN - RESIN HIGH NOBLE	\$255	\$275	\$300	\$375
6721	RETAINER CROWN - RESIN BASE METAL	\$200	\$205	\$250	\$290
6722	RETAINER CROWN - RESIN NOBLE METAL	\$220	\$225	\$270	\$310
6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$285	\$275	\$330	\$390
6750	RETAINER CROWN - PORC-HIGH NOBLE	\$275	\$325	\$350	\$405
6751	RETAINER CROWN - PORC-BASE METAL	\$245	\$265	\$305	\$370
6752	RETAINER CROWN - PORC-NOBLE METAL	\$260	\$315	\$350	\$375
6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$260	\$315	\$350	\$375
6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE	\$260	\$280	\$300	\$380
6781	RETAINER CROWN - 3/4 BASE METAL	\$225	\$240	\$280	\$320
6782	RETAINER CROWN - 3/4 NOBLE METAL	\$245	\$250	\$285	\$325
6783	RETAINER CROWN - 3/4 PORCELAIN	\$270	\$280	\$310	\$365
6784	RETAINER CROWN - 3/4 - TITANIUM AND TITANIUM ALLOYS	\$245	\$250	\$285	\$325
6790	RETAINER CROWN - FULL CAST HIGH	\$255	\$270	\$295	\$340
6791	RETAINER CROWN - FULL CAST BASE	\$225	\$235	\$265	\$310
6792	RETAINER CROWN - FULL CAST NOBLE	\$235	\$255	\$285	\$325
6794	RETAINER CROWN - TITANIUM	\$240	\$260	\$285	\$325
6920	CONNECTOR BAR	\$165	\$190	\$215	\$245
6930	RECEMENT BRIDGE	\$30	\$35	\$35	\$45
6980	BRIDGE REPAIR; BY REPORT	\$45	\$45	\$50	\$60
7111	EXTRACT CORONAL REMNANTS	\$25	\$30	\$35	\$40
7140	EXTRACT ERUPT TOOTH/EXPOSED ROOT	\$30	\$35	\$40	\$45
7210	EXTRACT ERUPTED TOOTH - SURGICAL	\$50	\$60	\$75	\$90
7220	EXTRACT IMPACTED TOOTH SOFT TISS	\$65	\$75	\$85	\$110
7230	EXTRACT IMPACTED TOOTH PART BONY	\$80	\$90	\$105	\$130
7240	EXTRACT IMPACTED TOOTH COMP BONY	\$105	\$120	\$140	\$155
7241	EXT IMPACTED TOOTH BONY W/COMPL	\$120	\$135	\$155	\$175
7250	REMOVE RESIDUAL ROOT	\$55	\$60	\$80	\$90
7251	CORONECTOMY	\$105	\$120	\$140	\$155
7260	OROANTRAL FISTULA SURGERY	\$185	\$195	\$220	\$245
7261	PRIM. SINUS PERFORATION CLOSURE	\$190	\$120	\$230	\$255
7270	TOOTH REPLANTATION	\$100	\$100	\$120	\$130
7272	TOOTH TRANSPLANTATION	\$95	\$105	\$115	\$130
7280	UNERUPTED TOOTH ACCESS	\$105	\$120	\$135	\$145
7282	MOBILIZE TO AID ERUPTION	\$95	\$50	\$115	\$130
7287	CYTOLOGY SAMPLE	\$20	\$20	\$25	\$25
7288	BRUSH BIOPSY	\$20	\$20	\$25	\$30
7290	REPOSITION TEETH - SURGICAL	\$105	\$105	\$120	\$135
7291	TRANSEPTAL/SUPRA FIBEROTOMY	\$30	\$30	\$35	\$40
7310	ALVEOPLASTY - WITH EXTRACTIONS	\$50	\$55	\$60	\$45
7311	ALVEOPLASTY W/EXTRACTIONS 1-3	\$30	\$30	\$35	\$25
7320	ALVEOPLASTY W/O EXTRACTION	\$80	\$80	\$75	\$45
7321	ALVEOPLASTY W/O EXTRACTION	\$50	\$50	\$45	\$30
7340	VESTIBULOPLASTY	\$250	\$280	\$310	\$345
7350	VESTIBULOPLASTY	\$675	\$760	\$855	\$905

**Dental Services Covered Under Illinois Copay Plan**

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
7450	REMOVE ODONTOGENIC CYST/TUMOR	\$95	\$95	\$115	\$135
7451	REMOVE ODONTOGENIC CYST/TUMOR	\$230	\$245	\$275	\$145
7471	REMOVAL OF EXOSTOSIS	\$140	\$150	\$170	\$190
7472	REMOVE TORUS PALATINUS	\$135	\$145	\$160	\$185
7473	REMOVE TORUS MANDIBULARIS	\$140	\$150	\$165	\$185
7485	REDUCE OSSEOUS TUBEROSITY	\$75	\$80	\$90	\$60
7510	ABSCESS - INTRAORAL INCISION	\$35	\$35	\$45	\$45
7511	ABSCESS - INTRAORAL INCISION	\$35	\$35	\$45	\$45
7520	ABSCESS - EXTRAORAL INCISION	\$65	\$70	\$75	\$85
7521	ABSCESS - EXTRAORAL INCISION	\$60	\$65	\$75	\$80
7921	COLLECT - APPLY AUTOLOGOUS PRODUCT	\$60	\$65	\$80	\$20
7950	BONE GRAFTS - MANDIBLE OR MAXILLA	\$600	\$600	\$600	\$600
7951	SINUS AUGMENTATION - LATERAL	\$850	\$720	\$850	\$850
7952	SINUS AUGMENTATION - VERTICAL	\$850	\$720	\$850	\$850
7953	BONE GRAFT	\$75	\$100	\$145	\$85
7961	BUCCAL / LABIAL FRENECTOMY	\$75	\$80	\$95	\$115
7962	LINGUAL FRENECTOMY	\$75	\$80	\$95	\$115
7963	FRENULOPLASTY	\$70	\$80	\$90	\$110
7970	EXCISION HYPERPLASTIC TISSUE	\$90	\$95	\$55	\$65
7971	EXCISE PERICORONAL GINGIVA	\$35	\$40	\$45	\$55
7972	REDUCE FIBROUS TUBEROSITY	\$85	\$90	\$50	\$60
8210	REMOVABLE APPLIANCE THERAPY	\$220	\$245	\$280	\$270
8220	FIXED APPLIANCE THERAPY	\$220	\$245	\$280	\$270
9110	EMERGENCY RELIEF OF PAIN	\$10	\$10	\$10	\$15
9120	BRIDGE SECTIONING	\$10	\$15	\$35	\$15
9222	DEEP SEDATION/GEN ANES - 1ST 15	\$45	\$50	\$55	\$60
9223	DEEP SEDATION/GENERAL ANES	\$45	\$50	\$55	\$60
9239	INTRAVENOUS SEDATION - 1ST 15	\$40	\$40	\$50	\$55
9243	INTRAVENOUS SEDATION	\$40	\$40	\$50	\$55
9310	CONSULTATION	\$25	\$30	\$35	\$30
9311	CONSULT W/MEDICAL PROFESSIONAL	\$15	\$15	\$20	\$15
9610	INJECT DRUG - THERAPEUTIC	\$15	\$15	\$15	\$15
9612	MULTIPLE THERAPEUTIC DRUGS	\$25	\$25	\$30	\$25
9613	INFL SUSTAINED THERAPEUTIC DRUG	\$15	\$15	\$15	\$15
9910	APPLY DESENSITIZING MEDICINE	\$10	\$10	\$15	\$15
9911	DESENSITIZING RESIN	\$10	\$10	\$15	\$15
9930	POST-SURGICAL COMPLICATIONS	\$20	\$20	\$25	\$25
9932	CLEAN INSPECT COMPLETE UPPER	\$25	\$25	\$25	\$30
9933	CLEAN INSPECT COMPLETE LOWER	\$25	\$25	\$25	\$30
9934	CLEAN INSPECT PARTIAL UPPER	\$25	\$25	\$25	\$30
9935	CLEAN INSPECT PARTIAL LOWER	\$25	\$25	\$25	\$30
9951	ADJUST OCCLUSION - LIMITED	\$20	\$20	\$25	\$30
9952	ADJUST OCCLUSION - COMPLETE	\$100	\$105	\$75	\$140

**Orthodontics** If your plan covers orthodontics, payments will be based on a percentage of the total benefit available. A lifetime orthodontic benefit maximum applies. Please refer to your plan overview for more details.

Like most group insurance policies, MetLife group dental policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, contact your Human Resources department or MetLife benefits representative.

This schedule is only available to groups with 1,000 or more eligible employees.

MetLife PPO Copay R&C (Reasonable and Customary) plans are not available for insured cases situated in Connecticut, Georgia, Illinois, Louisiana, Mississippi, Montana, or Texas.

Additionally, MetLife PPO Copay MAC (Maximum Allowed Charge) plans are also not available for insured cases situated in Alaska, Massachusetts, New Jersey, or Nevada nor in Connecticut, Georgia, Illinois, Louisiana, Mississippi, Montana, or Texas.

Furthermore, MetLife PPO Copay R&C plans are not available for residents of Louisiana, Mississippi, Montana, or Texas and PPO MAC plans are not available for residents of Alaska, Louisiana, Mississippi, Montana, or Texas.

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

