

WILLAMETTE DENTAL INSURANCE, INC.

EXHIBIT A SCHEDULE OF COVERED SERVICES AND CO-PAYMENTS

ADA Code	Procedure	Co-payment
1.	Office Visit Charge	\$10
2.	Diagnostic and Preventative Services	
	D0120 Periodic oral evaluation	None
	D0140 Limited oral evaluation-emergency	None
	D0150 Comprehensive oral evaluation	None
	D0160 Detailed & extensive oral evaluation	None
	D0170 Re-evaluation - limited	None
	D0210 Complete series x-rays	None
	D0220 Periapical-first film	None
	D0230 Intraoral - each additional film	None
	D0240 Intraoral - occlusal film	None
	D0250 Extraoral - first film	None
	D0260 Extraoral - each additional	None
	D0270 Bitewings - single film	None
	D0272 Bitewings - two films	None
	D0274 Bitewings-four films	None
	D0330 Panoramic x-rays	None
	D1110 Teeth cleaning (prophylaxis) adult	None
	D1120 Teeth cleaning (prophylaxis) child	None
	D1203 Topical fluoride-child	None
	D1204 Topical fluoride-adult	None
	D1310 Diet modification – nutritional counseling	None
	D1320 Tobacco counseling	None
	D1330 Oral Hygiene Instruction	None
	D0340 Cephalometric film	None
	D0350 Oral / facial images	None
	D1351 Sealant/tooth	None
	D0415 Bacteriologic Studies	None
	D0425 Caries Susceptibility Tests	None
	D0460 Pulp vitality test	None
	D0470 Diagnostic casts	None
3.	Space Maintainers	
	D1510 Space Maintainer – unilateral-fixed	None
	D1515 Space Maintainer – bilateral-fixed	None
	D1520 Space Maintainer – unilateral-removable	None
	D1525 Space Maintainer – bilateral removable	None
	D1550 Space Maintainer – re cement	None
4.	Restorative Dentistry	
	a. Amalgam Restorations – Primary Teeth	

D2110	Fillings – 1 surface	None
D2120	Fillings – 2 surfaces	None
D2130	Fillings – 3 surfaces	None
D2131	Fillings – 4 or more surfaces	None

b. Amalgam Restorations – Permanent Teeth

D2140	Fillings – 1 surface	None
D2150	Fillings – 2 surfaces	None
D2160	Fillings – 3 surfaces	None
D2161	Fillings – 4 or more surfaces	None
D2951	Pin retention – per tooth, in addition to restoration	None
D2940	Sedative filling – temporary	None

c. Resin Restorations

D2330	Resin-1 surface (anterior only)	None
D2331	Resin-2 surfaces (anterior only)	None
D2332	Resin-3 surfaces (anterior only)	None
D2335	Resin-4 surfaces (anterior only)	None
D2336	Crown - resin primary anterior	None
D2337	Crown - resin permanent	None
D2950	Core buildup, including any pins	None
D2380	Resin-one surface (primary posterior only)	None
D2381	Resin-two surfaces (primary posterior only)	None
D2382	Resin-three surfaces (primary posterior only)	None

d. Inlay/Onlay (cast restorations)

D2510	Inlay-gold 1 surface	\$50
D2520	Inlay-gold 2 surfaces	\$50
D2530	Inlay-gold 3 or more surfaces	\$50
D2542	Onlay-gold 2 surfaces	\$50
D2543	Onlay-gold 3 surfaces	\$50
D2544	Onlay-gold 4 or more surfaces	\$50
D2610	Inlay-porcelain/ceramic 1 surface	\$50
D2620	Inlay-porcelain/ceramic 2 surfaces	\$50
D2630	Inlay-porcelain/ceramic 3 surfaces	\$50
D2642	Onlay-porcelain/ceramic 2 surfaces	\$50
D2643	Onlay-porcelain/ceramic 3 surfaces	\$50
D2644	Onlay-porcelain 4 or more surfaces	\$50
D2910	Recement inlay	None

5. Crowns

D2710	Crown-resin laboratory	\$50
D2740	Crown-porcelain/ceramic (anterior only)	\$50
D2750	Crown-porcelain/metal	\$50
D2780	¾ crown – gold	\$50
D2790	Full cast crown – gold	\$50
D2920	Recement crown	None
D2970	Temporary crown for fractured tooth	None
D2930	Stainless Steel crown-primary	None
D2931	Stainless Steel crown-permanent	None
D2932	Crown-prefabricated resin	None

D2933	Crown-prefabricated stainless steel w/resin window	None
D2954	Prefabricated dowel post & core	None
D2955	Post removal (no endo therapy)	None
D2957	Each additional prefabricated post - same tooth	None
D2970	Temporary crown (fractured tooth)	None
D2980	Repair crown	None

6. Endodontics

D3110	Pulp cap-direct excluding final restoration	None
D3120	Pulp cap-indirect	None
D3220	Pulpotomy	None
D3221	Gross pulpal debridement – primary & permanent teeth	None
D3230	Pulpal therapy – primary anterior	None
D3240	Pulpal therapy – primary posterior	None
D3310	Root canal therapy – anterior	\$30
D3320	Root canal therapy – bicuspid	\$60
D3330	Root canal therapy – molar	\$90
D3331	Treatment of root canal obstruction – non-surgical access	None
D3332	Incomplete endodontic therapy – inoperable or fractured tooth	None
D3333	Internal repair of perforation defects	None
D3346	Retreatment – anterior	\$30
D3347	Retreatment – bicuspid	\$60
D3348	Retreatment – molar	\$90
D3351	Apexification – initial visit	\$90
D3352	Apexification – interim visit	None
D3353	Apexification – final visit	None
D3410	Apicoectomy – anterior	\$30
D3421	Apicoectomy – bicuspid 1 st root	\$60
D3425	Apicoectomy – molar 1 st root	\$90
D3426	Apicoectomy – each additional root	None
D3430	Retrograde filling – per root	None
D3450	Root amputation per tooth	\$90
D3920	Hemisection	\$90
D3950	Canal prep-preform dowel/post	None

7. Periodontics

D4210	Gingivectomy or gingivoplasty – per quadrant	\$50
D4211	Gingivectomy – per tooth	\$30
D4220	Gingival curettage – per quadrant	\$30
D4240	Gingival flap inclusion - per quadrant	\$50
D4249	Crown lengthening hard tissue	\$50
D4260	Osseous surgery – per quadrant	\$50
D4263	Bone replacement graft – 1 st site in quadrant	None
D4264	Bone graft – each additional site in quadrant	None
D4270	Pedicle soft tissue graft procedure	\$50
D4271	Free soft tissue graft procedure	\$50
D4273	Subepithelial connective graft	\$50
D4274	Distal wedge procedure	\$50
D4341	Periodontic scale & root plane – per quadrant	\$30

D4355	Preliminary full-mouth debridement	None
D4381	Antimicrobial irrigation	None
D4910	Periodontic maintenance following therapy	None

8. Prosthodontics - Removable

D5110	Complete (upper denture)	\$100
D5120	Complete (lower denture)	\$100
D5130	Immediate (upper denture)	\$100
D5140	Immediate (lower denture)	\$100
D5213	Partial (upper denture)	\$100
D5281	Partial-removable unilateral	\$100
D5410	Adjustment – complete denture, upper	None
D5411	Adjustment – complete denture, lower	None
D5421	Adjustment – partial denture, upper	None
D5422	Adjustment – partial denture, lower	None
D5510	Repair broken denture no teeth damaged	None
D5520	Repair denture replace missing or broken teeth (each tooth)	None
D5620	Repair partial cast framework	None
D5630	Repair or replace partial clasp	None
D5640	Replace teeth – partial per tooth	None
D5650	Add tooth to existing partial	None
D5660	Add clasp to existing partial	None
D5710	Rebase complete upper denture	None
D5711	Rebase complete lower denture	None
D5720	Rebase upper partial	None
D5721	Rebase lower partial	None
D5730	Reline complete upper denture (chairside)	None
D5731	Reline complete lower denture (chairside)	None
D5740	Reline upper partial (chairside)	None
D5741	Reline lower partial (chairside)	None
D5750	Reline upper denture - lab	None
D5751	Reline lower denture – lab	None
D5760	Reline upper partial – lab	None
D5761	Reline lower partial – lab	None
D5810	Interim denture – upper	\$50
D5811	Interim denture – lower	\$50
D5820	Interim partial – upper	\$50
D5821	Interim partial – lower	\$50
D5850	Tissue conditioning – upper	None
D5851	Tissue conditioning – lower	None
D5860	Overdenture – complete	\$100
D5861	Overdenture – partial	\$100
D5986	Fluoride gel custom trays	None

9. Prosthodontics - Fixed

D6210	Pontic, cast (per tooth)	\$50
D6240	Pontic (per tooth); porcelain/metal	\$50
D6241	Pontic (per tooth) maryland bridge	\$50
D6545	Cast metal retainer	\$50
D6720	Crown-resin/metal abutment	\$50
D6750	Crown-porcelain metal abutment	\$50
D6780	Crown $\frac{3}{4}$ cast metal abutment	\$50

D6790	Crown – full gold abutment	\$50
D6930	Recement bridge	None
D6972	Prefabricated post/core in addition to bridge	None
D6973	Core build-up w/wo pins	None
D6975	Coping – metal	None
D6980	Bridge repair	None

10. Oral Surgery

D7110	Routine extraction – single tooth	None
D7120	Each additional tooth – routine extraction	None
D7130	Root removal	None
D7210	Surgical extraction – erupted	\$50
D7220	Removal of impacted tooth – soft tissue	\$50
D7230	Removal of impacted tooth – partial bony	\$50
D7240	Removal of impacted tooth – complete bony	\$50
D7241	Removal of impacted tooth – complete bony with complications	\$50
D7250	Surgical removal residual root	\$50
D7260	Oroantral fistula closure	\$50
D7270	Tooth re-implantation	\$50
D7280	Surgical exposure for orthodontic reasons	\$50
D7291	Transseptal fiberotomy	\$50
D7310	Alveoloplasty w/extractions-per quadrant	None
D7320	Alveoloplasty w/o extractions-per quadrant	None
D7340	Vestibuloplasty	\$50
D7350	Vestibuloplasty – more complex	\$50
D7470	Removal of exostosis – per site	\$50
D7480	Remove non-vital bone segment	\$50
D7960	Frenectomy	\$50
D7281	Surgical exposure to aid eruption	\$50
D7510	I & D intraoral soft tissue	None
D7520	I & D extraoral soft tissue	None
D7530	Remove foreign body – soft tissue	None
D7540	Remove foreign body – hard tissue	None
D7670	Stabilization splint-alveolus	None
D7910	Suture small wound up to 5 cm	None
D7911	Complicated suture up to 5 cm	None
D7940	Osteoplasty	\$50
D7970	Excision hyperplastic tissue	\$50
D7971	Excision of pericoronal flap	\$50
D7980	Sialolithotomy	\$50

11. Anesthesia

D9110	Palliative (emergency) minor	None
D9230	Nitrous Oxide (per visit)	\$10
D9220	General Anesthesia – 1 st 30 minutes	Not covered
D9221	General Anesthesia – Each Additional 15	Not covered

12. Miscellaneous

D9310	Consultation – per session	None
D9911	Application of desensitizing medicaments	None
D9430	Observation visit	None
D9440	Emergency treatment – after office hours	\$20

D9951	Occlusal adjustment - simple	None
D9952	Occlusal adjustment - complete	None
D9970	Enamel microabrasion	None
D9420	Hospital Visit – exam (service co-pays still apply)	\$125
	Cancellation of appointment without 24 hours notice	\$20
	Out of area emergency reimbursement	\$100

13. Exclusions See Exclusions section of your Certificate.