

Diagnostic		Member Pays
D0120	Periodic oral evaluation	\$0
D0140	Limited oral evaluation – problem focused	\$0
D0150	Comprehensive oral evaluation.....	\$0
D0160	Detailed oral evaluation – problem focused.....	\$0

X-Rays		Member Pays
D0210	Intraoral complete series, once per 3 years	\$0
D0220	Periapical first film	\$0
D0230	Periapical each additional film.....	\$0
D0270	Bitewing – single film, once per year	\$0
D0272	Bitewings - two films, once per year	\$0
D0274	Bitewings - four films, once per year	\$0
D0330	Panoramic film, once per 3 years.....	\$0
D0460	Pulp vitality tests.....	\$0
D0470	Diagnostic casts	\$0

Preventive		Member Pays
D1110	Routine adult prophylaxis, once per 6 months	\$0
D1120	Routine child prophylaxis, once per 6 months	\$0
D1110	Additional adult prophylaxis	\$35
D1203	Topical application of fluoride, child	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$20
D1510	Space maintainer - fixed unilateral	\$85
D1515	Space maintainer - fixed bilateral	\$85
D1520	Space maintainer - removable unilateral	\$150
D1525	Space maintainer - removable bilateral	\$150
D1550	Re-cementation of space maintainer.....	\$30

Restorative (Fillings)		Member Pays
D2140	Amalgam - 1 surface	\$20
D2150	Amalgam - 2 surfaces	\$25
D2160	Amalgam - 3 surfaces.....	\$30
D2161	Amalgam - 4 or more surfaces.....	\$40
D2330	Resin - 1 surface, anterior	\$50
D2331	Resin - 2 surfaces, anterior	\$55
D2332	Resin - 3 surfaces, anterior	\$65
D2391	Resin - 1 surface, posterior	\$80
D2392	Resin - 2 surfaces, posterior	\$95
D2393	Resin - 3 surfaces, posterior	\$115
D2394	Resin - 4 or more surfaces, posterior	\$135

Fixed Crown and Bridge		Member Pays
D2510	Inlay – metallic - one surface	\$360
D2520	Inlay – metallic - two surfaces	\$360
D2530	Inlay - metallic – three or more surfaces	\$360
D2740	Crown - porcelain/ceramic substrate ..	\$450
D2750	Crown - porcelain fused to high noble metal	\$465
D2751	Crown - porcelain fused to predominantly base metal.....	\$375
D2752	Crown - porcelain fused to noble metal.....	\$395
D2790	Crown - full cast high noble metal	\$425
D2791	Crown - full cast predominantly base metal	\$375
D2792	Crown – full cast noble metal.....	\$395
D2910	Recement inlay/onlay	\$35
D2920	Recement crown	\$35
D6930	Recement fixed partial denture	\$50
D2930	Prefabricated stainless steel crown - primary tooth	\$95
D2950	Core buildup, including any pins	\$120
D2951	Pin retention, per tooth, in addition to restoration.....	\$30
D2952	Post and core, in addition to crown	\$150
D2954	Prefabricated post and core in addition to crown	\$120
D6210	Pontic – cast high noble metal	\$405

Fixed Crown and Bridge		Member Pays
D6211	Pontic, cast predominantly base metal.....	\$360
D6212	Pontic, cast noble metal	\$385
D6240	Pontic, porcelain fused to high noble metal	\$405
D6241	Pontic, porcelain fused to Predominantly base metal.....	\$360
D6242	Pontic, porcelain fused to noble metal.....	\$385
D6251	Pontic, resin with predominantly base metal	\$400
D6750	Crown - porcelain fused to high noble metal	\$405
D6751	Crown - porcelain fused to Predominantly base metal.....	\$360
D6752	Crown - porcelain fused to noble metal.....	\$385
D6790	Crown - full cast high noble metal.....	\$405
D6791	Crown - full cast predominantly base metal	\$360
D6792	Crown - full cast noble metal	\$385

Endodontics (Root Canals)		Member Pays
D3220	Pulpotomy (excluding final restoration ..	\$50
D3221	Pulpal debridement, primary and permanent teeth.....	\$125
D3310	Root canal, anterior tooth	\$160
D3320	Root canal, bicuspid tooth	\$275
D3330	Root canal, molar tooth	\$450
D3346	Retreatment of previous root canal therapy - anterior	\$310
D3347	Retreatment of previous root canal therapy - bicuspid.....	\$410
D3348	Retreatment of previous root canal therapy - molar.....	\$510
D3410	Apicoectomy/periradicular surgery anterior	\$190
D3421	Apicoectomy/periradicular surgery bicuspid	\$190
D3425	Apicoectomy/periradicular surgery molar	\$190

Periodontics (Gum Treatment)		Member Pays
D4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant.....	\$175
D4211	Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth per quadrant.....	\$60
D4240	Gingival flap procedure, including root planing, or more contiguous teeth per quadrant	\$155
D4249	Clinical crown lengthening hard tissue	\$170
D4260	Osseous surgery, 4 or more contiguous teeth per quadrant.....	\$475
D4261	Osseous surgery, 1 to 3 contiguous teeth per quadrant.....	\$475
D4266	Guided tissue regeneration – resorbable barrier, per site.....	\$295
D4271	Free soft tissue graft procedure.....	\$275
D4341	Periodontal scaling and root planing 4 or more teeth per quadrant.....	\$60
D4342	Periodontal scaling and root planing 1 - 3 teeth per quadrant.....	\$65
D4355	Full mouth debridement.....	\$65
D4910	Periodontal maintenance.....	\$65

Removable Prosthodontics (Dentures and Partials)		Member Pays
D5110	Complete denture – maxillary	\$485
D5120	Complete denture – mandibular.....	\$485
D5130	Immediate denture – maxillary.....	\$485
D5140	Immediate denture – mandibular	\$485
D5211	Maxillary partial denture - resin base ..	\$430
D5212	Mandibular partial denture – resin base	\$430
D5213	Maxillary partial denture - cast metal framework with resin denture bases.....	\$560
D5214	Mandibular partial denture - cast metal framework with resin denture bases.....	\$560

Repairs to Prosthodontics (Dentures and Partials)		Member Pays
D5410	Adjust complete denture – maxillary....	\$30
D5411	Adjust complete denture – mandibular....	\$30
D5421	Adjust partial denture – maxillary.....	\$30
D5422	Adjust partial denture – mandibular	\$30
D5510	Repair broken complete denture base ..	\$65
D5520	Replace missing or broken teeth complete denture (each tooth)	\$65
D5610	Repair resin denture base	\$65
D5630	Repair or replace broken clasp.....	\$75
D5640	Replace broken teeth – per tooth	\$65
D5650	Add tooth to existing partial denture	\$65
D5660	Add clasp to existing partial denture	\$75
D5710	Rebase complete maxillary denture.....	\$175
D5711	Rebase complete mandibular denture	\$175
D5720	Rebase maxillary partial denture	\$175
D5721	Rebase mandibular partial denture.....	\$175
D5730	Reline complete maxillary denture - chairside.....	\$100
D5731	Reline complete mandibular denture - chairside.....	\$100
D5740	Reline maxillary partial denture - chairside.....	\$100
D5741	Reline mandibular partial denture - chairside.....	\$100
D5750	Reline complete maxillary denture - laboratory	\$150
D7551	Reline complete mandibular denture - laboratory	\$150
D5760	Reline maxillary partial denture - laboratory	\$150
D5761	Reline mandibular partial denture - laboratory	\$150
D5810	Interim complete denture (maxillary)....	\$255
D5811	Interim complete denture (mandibular)	\$255
D5820	Interim partial denture (maxillary)	\$210
D5821	Interim partial denture (mandibular)....	\$210
D5850	Tissue conditioning (maxillary)	\$50
D5851	Tissue conditioning (mandibular).....	\$50

Oral Surgery (Extractions)		Member Pays
D7111	Extraction coronal remnants deciduous tooth	\$35
D7140	Extraction erupted tooth or exposed root.....	\$30
D7210	Surgical removal of erupted tooth.....	\$55
D7220	Removal of impacted tooth, soft tissue ..	\$70
D7230	Removal of impacted tooth, partially bony	\$90
D7240	Removal of impacted tooth, completely bony.....	\$110
D7250	Surgical removal of residual roots	\$45
D7310	Alveoloplasty in conjunction with extractions 4 or more teeth per quadrant	\$55
D7320	Alveoloplasty not in conjunction with extractions, 4 or more teeth, per quadrant	\$90
D7510	Incision and drainage of abscess, intraoral soft tissue.....	\$40

Orthodontics		Member Pays
D8070	Comprehensive orthodontic treatment of the transitional dentition to age 19	\$3200
D8080	Comprehensive orthodontic treatment of the adolescent dentition to age 19	\$3200
D8090	Comprehensive orthodontic treatment of the adult dentition – adult dentition.....	\$3400
	Consultation.....	\$0
	Evaluation.....	\$50
	Records and treatment planning.....	\$275
D8680	Orthodontic retention.....	\$375
D9430	Orthodontic office visit	\$5

Adjunctive General Services		Member Pays
D9215	Local anesthesia	\$0
D9220	General anesthesia - first 30 minutes	\$150
D9221	General anesthesia - each additional 15 minutes	\$25
D9230	Analgesia, nitrous oxide per 15 minutes	\$15
D9241	Intravenous conscious sedation/analgesia first 30 minutes.....	\$150
D9242	Intravenous conscious sedation/analgesia each additional 15 minutes.....	\$55
D9940	Occlusal guard	\$250
D9951	Occlusal adjustment - limited	\$35
D9952	Occlusal adjustment - complete	\$225

NOTES:

- Not all participating dentist perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Procedures not listed will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Copayments do not include the additional cost of noble, high noble, titanium. An additional charge, not to exceed \$75 per unit, will be applied for precious metals.
- Copayments do not include the additional cost of laboratory fees. An additional charge, not to exceed \$150 per unit will be applied for lab fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to copayment.

WELCOME

Our plans focus on oral health prevention, maintenance and providing accessibility to all members. There are no annual maximums, deductibles to meet and no waiting periods. This plan covers pre-existing conditions, subject to the exclusions and limitations section. You may visit your participating primary dentist as often as necessary. Your plan benefit schedule includes all covered procedures as well as the cost (if any). Members are responsible for paying the cost for any procedure performed directly to the dental office at the time the services are rendered.

OBTAINING DENTAL SERVICES

You may schedule an appointment with your participating primary care dentist at any time by contacting the office directly after your effective date of coverage.



Phone number: (305) 456-9818

SPECIALIST SERVICES

We contract with dentists and dental specialists in all fields: oral surgery for extractions, endodontists for root canals, periodontists for the treatment of gums, pedodontists for children and orthodontists for braces. If the member requires the services of a dental specialist, the member may visit a participating dental specialist (where available). Participating dental specialists will provide services to Century members at the dental specialist's usual and customary fees less a 25 percent discount. A list of participating dental specialists may be requested by calling the Customer Care Department.

INDEPENDENT DENTAL FACILITIES

All participating dentists agree to provide services in accordance with the prevailing professional standards of the dental profession, to maintain malpractice insurance and to maintain general and premises liability insurance in reasonable amounts to cover damage to person or property of members. Century is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentists or auxiliary providing service to a Century Member. Century is not liable for any damage or injury to person or property resulting from or arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a member. Century will not be liable or responsible for any financial agreements made between a participating dentist and a Century member.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Century Dental Plan:

- Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health.
- Oral Surgery requiring the setting of fractures or dislocations.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating dentist or dental specialist or the Dental Consultant.
- Any dental procedure considered experimental by a participating dentist or dental specialist or the Dental Consultant.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility), including dentist and/or physician charges, medications and pharmaceuticals.
- Procedures performed before a person becomes a Subscriber or Member or after termination from the plan.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Any dental treatment started prior to the Member's effective date for eligibility of benefits including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.
- Any procedure that in the professional opinion of the participating dentist or dental specialist or the Dental Consultant:

- has poor probability for success based on the condition of the tooth or teeth or surrounding structures.
- is inconsistent with generally accepted standards for dentistry.
- Consultations for non-covered benefits.
- Implant placement or removal, appliances placed on or services associated with implants.
- Restorations placed solely for cosmetic reasons.
- Extraction of teeth, when teeth are asymptomatic, show no signs of infection, including but not limited to the removal of third molars.
- Treatment or extraction of non-infected primary teeth when normal loss is imminent.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

Limitations

- All bitewing X-rays are limited to one set in any 12 consecutive month period.
- Full mouth or panoramic x-rays once every 3 years.
- A dental prophylaxis (routine cleaning) is limited to one in any 6 consecutive month period. Any additional procedures will follow member co-payments as listed in the Benefit Schedule.
- A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
- Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
- Complete and partial dentures once every 5 years.
- Crowns once every 5 years.
- Fixed bridges every 5 years.
- Sealants are only covered on permanent posterior teeth, one per tooth every 3 years, limit 8 teeth per year. Sealants are covered only for unrestored permanent molar teeth for children under the age of 16.
- Endodontic treatment is not covered on permanent teeth that have had a pulpotomy performed in the previous 6 months.
- Full mouth debridement once per year.
- General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary and pre-approved by Florida Dental Benefits.
- Surgical removal of impacted tooth covered when disease exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at the general dentist's/specialist's usual and customary fees less 25%. Orthodontic related surgeries needed to relieve crowding or to facilitate eruption are available at a 25% reduction from the participating general dentist's/specialist's usual and customary fee.