



OPTIMUM MEMBERSHIP

- Vision Program
- NACD Nurse Hotline

OPTIMUM PLUS MEMBERSHIP

- Vision Program
- NACD Nurse Hotline
- Dental Program
- Roadside Assistance

COMPLIMENTARY PROGRAMS

- Discount Prescription Drug
- Discount Medical Lab & Imaging
- Lifestyle Discounts

NACD MEMBERSHIP PLANS

giving consumers a *DIRECT* advantage!



Marketed Exclusively By:



ALL AMERICAN BROKERS

OPTIMUM MEMBERSHIP

VSP VISION PROGRAM

YOUR COVERAGE WITH A VSP DOCTOR

WellVision® Exam focuses on your eye health and overall wellness

- Every 12 months
- \$10.00 copay

Prescription Glasses

- \$25.00 copay

Lenses

- Every 12 months
- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame

- Every 24 months
- \$130.00 allowance for frame of your choice
- 20% off the amount over your allowance

OR

Contact Lens Care

- No copay
- Every 12 months
- \$130.00 allowance for contacts and the contact lens exam (fitting and evaluation) If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained.
- Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.

EXTRA DISCOUNTS AND SAVINGS

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

Contacts

- 15% off cost of contact lens

Laser Vision Correction

- Average 15% off regular price or 5% off promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

YOUR COVERAGE WITH OTHER PROVIDERS

If you see a provider other than a VSP doctor, your coverage is listed below. You have 6 months to submit a claim to VSP for reimbursement.

- Exam - Up to \$45.00
- Single vision lenses - Up to \$45.00
- Lined bifocal lenses - Up to \$65.00
- Lined trifocal lenses - Up to \$85.00
- Frame - Up to \$47.00
- Contacts - Up to \$105.00

The Vision Program is provided by Vision Service Plan. VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and NACD's contract with VSP, the terms of the contract will prevail.

NACD NURSE HOTLINE

Members have access to trained Registered Nurses who will assist them in choosing the most appropriate care, taking every opportunity to educate individuals on how to care for themselves now and in the future. The nurses are available via a toll-free number 24 hours a day, 365 days a year.

Registered Nurses use protocols designed by the nation's leading experts on pediatric and adult medicine, Dr. Barton Schmitt and Dr. David Thompson. Based on the nurse's evaluation, the caller will be directed to the appropriate source of healthcare, be it the Emergency Room or the doctor's office, or the nurse will assist the caller in self-care.

MONTHLY DUES:

Member: \$7.45
Family: \$21.45

Monthly dues excludes a monthly administration fee of \$4.50.

OPTIMUM PLUS MEMBERSHIP

Your Optimum Plus Membership includes the programs listed in the Optimum Membership (Vision Program and Nurse Hotline) plus the following membership programs.

DENTAL PROGRAM

This benefit is available to you (and your spouse and dependent child(ren) under the age of 25 if family membership is selected). When you select a Contracting Provider (who agrees to provide services at a discounted fee to our members), a discounted fee schedule is used which is intended to provide you reduced out-of-pocket costs.

Maximum Covered Expense (MCE)

Provides a simple, easy to understand benefit for members with a very affordable rate. Members know exactly what the plan pays procedure by procedure. The plan's maximum covered expense is the maximum amount considered per procedure. The member is responsible for the difference between the plan's maximum covered expense and the contracted dentist's contracted fee or the non-contracted dentist's normal fee. Members can refer to their certificate of coverage for the maximum covered expense amounts.

Deductible Amounts

Type 1 Procedures - Waived

Type 2 and Type 3 Procedures (Calendar Year - Per Person) - \$50

Maximum

Type 1, Type 2 and Type 3 Procedures (Calendar Year - Per Person) - \$1,000

You and/or your dependents must be insured under the dental plan for 12 months to be eligible for Type 3 Procedures.

Sample Procedure Categories

The following is a sample list of dental procedures payable under this plan. Please read the "Limitations" section for additional coverage information. Current Dental Terminology © American Dental Association.

Type 1

D0120 Periodic Oral Evaluation (Twice in a Benefit Period).....	\$16.00
D1110 Prophylaxis - adult (Twice in a Benefit Period).....	\$34.00
D0272 Bitewings - two films (Twice in a Benefit Period).....	\$14.00

Type 2

D0210 Intraoral - complete series (including bitewings).....	\$40.00
D7140 Extraction, erupted tooth or exposed root..... (elevation and/or forceps removal)	\$38.00
D7240 Surgical removal of tooth (completely bony).....	\$142.00
D9220 Deep sedation/general anesthesia.....	\$109.00

Type 3

D3310 Endodontics - root canal, anterior.....	\$124.00
D3410 Apicoectomy/periradicular surgery - anterior.....	\$128.00
D5211 Maxillary partial denture - resin base.....	\$159.00
D2792 Crown - full cast noble metal.....	\$180.00
D2980 Crown repair.....	\$35.00

Please see the Dental Expense Benefits page for details regarding elimination periods, limitations and exclusions. The Dental Program is provided by Reliance Standard Life Insurance Company utilizing the Ameritas Dental Network. This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the dental benefits available through Reliance Standard Life, and does not include exclusions and limitations.

ROADSIDE ASSISTANCE PROGRAM

Your Sign & Drive Roadside Assistance Coverage Includes (Up to \$100 per occurrence):

- Five covered occurrences per year
- Battery Jump Starts
- Vehicle Extrication
- Towing – up to 5 miles to nearest facility
- Fuel Delivery – Cost of fuel not included
- Vehicle Lock-Out
- Tire Change – with your spare
- 24x7 live agent service
- Full coverage in Canada and U.S.

Roadside Assistance Service Includes:

Full road and towing services for all self-propelled, four-wheeled vehicles, trucks and RV's with a carrying capacity of up to one ton (2000 pounds) designed, licensed, and used for private, on-road transportation up to five miles from hook up to nearest service facility.

Partial road services for recreational vehicles and trucks with more than four wheels and/or a carrying of more than one ton consisting of starting and gasoline/diesel fuel delivery service only.

Motorcycles are provided service.

MONTHLY DUES:

Member:	\$29.95
Family:	\$54.95

Monthly dues excludes a monthly administration fee of \$4.50.

COMPLIMENTARY MEMBERSHIP PROGRAMS

The following complimentary membership programs are included in every level of NACD membership. Should you ever choose to cancel your Protection, Secure, or Optimum Membership, please feel free to continue to use your Complimentary NACD Membership!

COMPLIMENTARY DISCOUNT PRESCRIPTION DRUG, LAB & IMAGING

Discount Prescription Drug Program

Prescription drug discount programs provide members significant savings through the use of their provided prescription drug discount card. At the point of sale, members simply present their card at a participating pharmacy and their discount is instantly applied. It's that easy!

Any individual with limited or no prescription drug coverage can benefit from the prescription drug discount card. Instead of paying full price for medication, card members can save money whenever they purchase prescription drugs. People who already have insurance coverage may still find the card useful, as it can discount medications that are not covered by their health plan.



Discount Lab & Imaging Program

The Discount Lab & Imaging Program offers direct-to-consumer medical lab tests and diagnostic imaging services. Our program provides a convenient, confidential, and affordable way for consumers to take control of their health care costs. Some medical conditions can go years without being detected, and blood tests are a simple way to detect potential health problems before any symptoms occur. We strive to give everyone access to affordable medical lab testing and diagnostic imaging services.

Your NACD Membership includes access to discounts on prescription drugs, medical lab tests and diagnostic imaging tests. Please see the brochure included in your membership packet for more details. Should you ever cancel your NACD Membership, please feel free to continue to use this complimentary program.

Disclosures for the Discount Prescription Drug Program: This complimentary discount plan is NOT insurance or a Medicare prescription drug plan - discounts only at participating pharmacies. Discounts are not available where prohibited by law.

The Discount Lab benefit is not available to residents of NY, NJ, or RI.

COMPLIMENTARY NACD LIFESTYLE DISCOUNTS

NACD is proud to offer you several lifestyle discounts on products and services that our members frequently use. From restaurants to car rentals, NACD has negotiated preferred pricing for our members. New discounts to national vendors are added periodically.

- Restaurant.com
- Choice Hotels
- Hertz Car Rental
- 1800Flowers.com
- Avis Car Rental
- Working Advantage

**SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE**

The Insurance for each Insured and each Insured Dependent will be based on the Insured's class shown in this Schedule of Benefits.

Benefit Class

Class Description

Class 2

Eligible Employee Electing The High Plan

DENTAL EXPENSE BENEFITS

When you select a Contracting Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

Deductible Amount:

Type 1 Type 2 Type 3 Procedures - Each Benefit Period \$50

Coinsurance Percentage:

Type 1 Procedures 100% of Schedule

Type 2 Procedures 100% of Schedule

Type 3 Procedures 100% of Schedule

Maximum Amount - Each Benefit Period \$1,000

You and/or your dependents must be insured under the dental plan for 12 months to be eligible for Type 3 Procedures. Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.

DENTAL EXPENSE BENEFITS

We will determine dental expense benefits according to the terms of the group policy for dental expenses incurred by an Insured. An Insured person has the freedom of choice to receive treatment from any Provider.

CONTRACTING AND NON-CONTRACTING PROVIDERS. The Insured person may select a Contracting Provider or a Non-Contracting Provider. A Contracting Provider agrees to provide services at a discounted fee to our Insureds. A Non-Contracting Provider is any other Provider.

DETERMINING BENEFITS. The benefits payable will be determined by totaling all of the Covered Expenses submitted into each benefit type as shown in the Table of Dental Procedures. This amount is reduced by the Deductible, if any. The result is then multiplied by the Coinsurance Percentage(s) shown in the Schedule of Benefits. Benefits are subject to the Maximum Amount, if any, shown in the Schedule of Benefits.

BENEFIT PERIOD. Benefit Period refers to the period shown in the Table of Dental Procedures.

DEDUCTIBLE. The Deductible is shown on the Schedule of Benefits and is a specified amount of Covered Expenses that must be incurred and paid by each Insured person prior to any benefits being paid.

MAXIMUM AMOUNT. The Maximum Amount shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured.

COVERED EXPENSES. Covered Expenses include:

1. only those expenses for dental procedures performed by a Provider; and
2. only those expenses for dental procedures listed and outlined on the Table of Dental Procedures.

Covered Expenses are subject to "Limitations." See Limitations and Table of Dental Procedures.

Benefits payable for Covered Expenses also will be limited to the lesser of:

1. the actual charge of the Provider.
2. the Maximum Allowable Charge ("MAC") as determined by us.
3. the Maximum Covered Expense as determined by us, if services are provided by a Non Contracting Provider.

MAC - The Maximum Allowable Charge is derived from the array of provider charges within a particular ZIP code area. These allowances are the charges accepted by general dentists who are Contracting Providers. The MAC is reviewed and updated periodically to reflect increasing provider fees within the ZIP code area.

The Maximum Covered Expense is actually a scheduled dollar amount per procedure. The dollar amount for each procedure is listed within the Table of Dental Procedures. This dollar amount will not vary unless the policy is amended. At the time of amendment, a new Table of Dental Procedures will be provided to you for inclusion in your certificate of coverage.

ALTERNATIVE PROCEDURES. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, you may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

**Dental Program - continued
(Included in Optimum Plus Membership)**

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We may request existing pre-operative dental x-ray films, periodontal charting and/or additional diagnostic data to determine the plan allowance for the procedures submitted. We strongly encourage pre-treatment estimates so you understand your benefits before any treatment begins. Ask your provider to submit a claim form for this purpose.

EXPENSES INCURRED. An expense is incurred at the time the impression is made for an appliance or change to an appliance. An expense is incurred at the time the tooth or teeth are prepared for a prosthetic crown, appliance, or fixed partial denture. For root canal therapy, an expense is incurred at the time the pulp chamber is opened. All other expenses are incurred at the time the service is rendered or a supply furnished.

LIMITATIONS. Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for Type 3 Procedures in the first 12 months the person is covered under this contract.
2. in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application.
3. for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
4. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
5. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
6. to replace lost or stolen appliances.
7. for any treatment which is for cosmetic purposes.
8. for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)
9. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this policy, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260).
10. for which the Insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
11. for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
12. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
13. because of war or any act of war, declared or not.

TABLE OF DENTAL PROCEDURES

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE
FREQUENCIES AND PROVISIONS.**

The attached is a list of dental procedures for which benefits are payable under this section; and is based upon the Current Dental Terminology © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement prosthetic crown, appliance, or fixed partial denture will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- B/R means By Report.
- X-ray films, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.

TYPE 1 PROCEDURES
 PAYMENT BASIS - Maximum Covered Expense
 BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
ROUTINE ORAL EVALUATION	
D0120 Periodic oral evaluation - established patient.	\$16.00
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$12.00
D0150 Comprehensive oral evaluation - new or established patient.	\$25.00
D0180 Comprehensive periodontal evaluation - new or established patient.	\$25.00
COMPREHENSIVE EVALUATION: D0150, D0180	
<ul style="list-style-type: none"> • Coverage is limited to 1 of each of these procedures per 1 provider. • In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per 1 benefit period. • D0120, D0145, also contribute(s) to this limitation. • If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency. 	
ROUTINE EVALUATION: D0120, D0145	
<ul style="list-style-type: none"> • Coverage is limited to 2 of any of these procedures per 1 benefit period. • D0150, D0180, also contribute(s) to this limitation. • Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under. 	
BITEWING FILMS	
D0270 Bitewing - single film.	\$8.00
D0272 Bitewings - two films.	\$14.00
D0273 Bitewings - three films.	\$17.00
D0274 Bitewings - four films.	\$22.00
D0277 Vertical bitewings - 7 to 8 films.	\$34.00
BITEWING FILMS: D0270, D0272, D0273, D0274	
<ul style="list-style-type: none"> • Coverage is limited to 2 of any of these procedures per 1 benefit period. • D0277, also contribute(s) to this limitation. • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210. 	
VERTICAL BITEWING FILM: D0277	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 3 year(s). • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210. 	
PROPHYLAXIS (CLEANING) AND FLUORIDE	
D1110 Prophylaxis - adult.	\$34.00
D1120 Prophylaxis - child.	\$24.00
D1203 Topical application of fluoride - child.	\$13.00
D1204 Topical application of fluoride - adult.	\$13.00
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.	\$13.00
FLUORIDE: D1203, D1204, D1206	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 1 benefit period. • Benefits are considered for persons age 18 and under. • An adult fluoride is considered for individuals age 14 and over when eligible. A child fluoride is considered for individuals age 13 and under. 	
PROPHYLAXIS: D1110, D1120	
<ul style="list-style-type: none"> • Coverage is limited to 2 of any of these procedures per 1 benefit period. • D4910, also contribute(s) to this limitation. • An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures. 	

**Dental Program - continued
(Included in Optimum Plus Membership)**

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TYPE 1 PROCEDURES

	Maximum Covered Expense
SPACE MAINTAINERS	
D1510 Space maintainer - fixed - unilateral.	\$120.00
D1515 Space maintainer - fixed - bilateral.	\$197.00
D1520 Space maintainer - removable - unilateral.	\$188.00
D1525 Space maintainer - removable - bilateral.	\$229.00
D1550 Re-cementation of space maintainer.	\$25.00
D1555 Removal of fixed space maintainer.	\$34.00
SPACE MAINTAINER: D1510, D1515, D1520, D1525	
<ul style="list-style-type: none">• Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.	
APPLIANCE THERAPY	
D8210 Removable appliance therapy.	\$181.00
D8220 Fixed appliance therapy.	\$181.00
APPLIANCE THERAPY: D8210, D8220	
<ul style="list-style-type: none">• Coverage is limited to the correction of thumb-sucking.	

TYPE 2 PROCEDURES
PAYMENT BASIS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
LIMITED ORAL EVALUATION	
D0140 Limited oral evaluation - problem focused.	\$20.00
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$20.00
LIMITED ORAL EVALUATION: D0140, D0170	
<ul style="list-style-type: none"> • Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency. 	
COMPLETE SERIES OR PANORAMIC FILM	
D0210 Intraoral - complete series (including bitewings).	\$40.00
D0330 Panoramic film.	\$32.00
COMPLETE SERIES/PANORAMIC FILMS: D0210, D0330	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 3 year(s). 	
OTHER XRAYS	
D0220 Intraoral - periapical first film.	\$7.00
D0230 Intraoral - periapical each additional film.	\$6.00
D0240 Intraoral - occlusal film.	\$10.00
D0250 Extraoral - first film.	\$13.00
D0260 Extraoral - each additional film.	\$10.00
PERIAPICAL FILMS: D0220, D0230	
<ul style="list-style-type: none"> • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210. 	
ORAL PATHOLOGY/LABORATORY	
D0472 Accession of tissue, gross examination, preparation and transmission of written report.	\$24.00
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$47.00
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$47.00
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 12 month(s). • Coverage is limited to 1 examination per biopsy/excision. 	
SEALANT	
D1351 Sealant - per tooth.	\$15.00
SEALANT: D1351	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 3 year(s). • Benefits are considered for persons age 16 and under. • Benefits are considered on permanent molars only. • Coverage is allowed on the occlusal surface only. 	
AMALGAM RESTORATIONS (FILLINGS)	
D2140 Amalgam - one surface, primary or permanent.	\$34.00
D2150 Amalgam - two surfaces, primary or permanent.	\$43.00
D2160 Amalgam - three surfaces, primary or permanent.	\$52.00
D2161 Amalgam - four or more surfaces, primary or permanent.	\$62.00
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 6 month(s). • D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D9911, also contribute(s) to this limitation. 	
RESIN RESTORATIONS (FILLINGS)	

**Dental Program - continued
(Included in Optimum Plus Membership)**

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TYPE 2 PROCEDURES

	Maximum Covered Expense
D2330 Resin-based composite - one surface, anterior.	\$41.00
D2331 Resin-based composite - two surfaces, anterior.	\$52.00
D2332 Resin-based composite - three surfaces, anterior.	\$65.00
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$72.00
D2391 Resin-based composite - one surface, posterior.	\$45.00
D2392 Resin-based composite - two surfaces, posterior.	\$57.00
D2393 Resin-based composite - three surfaces, posterior.	\$72.00
D2394 Resin-based composite - four or more surfaces, posterior.	\$79.00
D2410 Gold foil - one surface.	\$34.00
D2420 Gold foil - two surfaces.	\$43.00
D2430 Gold foil - three surfaces.	\$52.00
COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 6 month(s). • D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation. • Porcelain and resin benefits are considered for anterior and bicuspid teeth only. • Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations. 	
GOLD FOIL RESTORATIONS: D2410, D2420, D2430	
<ul style="list-style-type: none"> • Gold foils are considered at an alternate benefit of an amalgam/composite restoration. 	
STAINLESS STEEL CROWN (PREFABRICATED CROWN)	
D2390 Resin-based composite crown, anterior.	\$88.00
D2930 Prefabricated stainless steel crown - primary tooth.	\$74.00
D2931 Prefabricated stainless steel crown - permanent tooth.	\$78.00
D2932 Prefabricated resin crown.	\$88.00
D2933 Prefabricated stainless steel crown with resin window.	\$88.00
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.	\$88.00
STAINLESS STEEL CROWN: D2390, D2930, D2931, D2932, D2933, D2934	
<ul style="list-style-type: none"> • Replacement is limited to 1 of any of these procedures per 12 month(s). • Porcelain and resin benefits are considered for anterior and bicuspid teeth only. 	
RECEMENT	
D2910 Recement inlay, onlay, or partial coverage restoration.	\$27.00
D2915 Recement cast or prefabricated post and core.	\$14.00
D2920 Recement crown.	\$27.00
D6092 Recement implant/abutment supported crown.	\$27.00
D6093 Recement implant/abutment supported fixed partial denture.	\$27.00
D6930 Recement fixed partial denture.	\$37.00
SEDATIVE FILLING	
D2940 Sedative filling.	\$25.00
FULL MOUTH DEBRIDEMENT	
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.	\$42.00
FULL MOUTH DEBRIDEMENT: D4355	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 5 year(s). 	
PERIODONTAL MAINTENANCE	
D4910 Periodontal maintenance.	\$43.00
PERIODONTAL MAINTENANCE: D4910	
<ul style="list-style-type: none"> • Coverage is limited to 2 of any of these procedures per 1 benefit period. • D1110, D1120, also contribute(s) to this limitation. • Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure. 	
DENTURE REPAIR	
D5510 Repair broken complete denture base.	\$43.00
D5520 Replace missing or broken teeth - complete denture (each tooth).	\$36.00

**Dental Program - continued
(Included in Optimum Plus Membership)**

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TYPE 2 PROCEDURES

	Maximum Covered Expense
D5610 Repair resin denture base.	\$43.00
D5620 Repair cast framework.	\$50.00
D5630 Repair or replace broken clasp.	\$53.00
D5640 Replace broken teeth - per tooth.	\$38.00
DENTURE RELINES	
D5730 Reline complete maxillary denture (chairside).	\$79.00
D5731 Reline complete mandibular denture (chairside).	\$79.00
D5740 Reline maxillary partial denture (chairside).	\$71.00
D5741 Reline mandibular partial denture (chairside).	\$71.00
D5750 Reline complete maxillary denture (laboratory).	\$118.00
D5751 Reline complete mandibular denture (laboratory).	\$116.00
D5760 Reline maxillary partial denture (laboratory).	\$118.00
D5761 Reline mandibular partial denture (laboratory).	\$118.00
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761	
<ul style="list-style-type: none"> • Coverage is limited to service dates more than 6 months after placement date. 	
NON-SURGICAL EXTRACTIONS	
D7111 Extraction, coronal remnants - deciduous tooth.	\$38.00
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$38.00
SURGICAL EXTRACTIONS	
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.	\$73.00
D7220 Removal of impacted tooth - soft tissue.	\$91.00
D7230 Removal of impacted tooth - partially bony.	\$121.00
D7240 Removal of impacted tooth - completely bony.	\$142.00
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.	\$162.00
D7250 Surgical removal of residual tooth roots (cutting procedure).	\$76.00
OTHER ORAL SURGERY	
D7260 Oroantral fistula closure.	\$179.00
D7261 Primary closure of a sinus perforation.	\$179.00
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$108.00
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$108.00
D7280 Surgical access of an unerupted tooth.	\$168.00
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.	\$121.00
D7283 Placement of device to facilitate eruption of impacted tooth.	\$50.00
D7310 Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$63.00
D7311 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$32.00
D7320 Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$80.00
D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$40.00
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).	\$116.00
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$287.00
D7410 Excision of benign lesion up to 1.25 cm.	\$114.00
D7411 Excision of benign lesion greater than 1.25 cm.	\$147.00
D7412 Excision of benign lesion, complicated.	\$162.00
D7413 Excision of malignant lesion up to 1.25 cm.	\$155.00
D7414 Excision of malignant lesion greater than 1.25 cm.	\$113.00
D7415 Excision of malignant lesion, complicated.	\$125.00
D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$155.00
D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$113.00
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$114.00
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$147.00
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$114.00

**Dental Program - continued
(Included in Optimum Plus Membership)**

PRESENTED BY:
ALL ABOARD BENEFITS
(800) 462-2322

TYPE 2 PROCEDURES

Maximum Covered
Expense

D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$147.00
D7465	Destruction of lesion(s) by physical or chemical method, by report.	\$35.00
D7471	Removal of lateral exostosis (maxilla or mandible).	\$102.00
D7472	Removal of torus palatinus.	\$102.00
D7473	Removal of torus mandibularis.	\$102.00
D7485	Surgical reduction of osseous tuberosity.	\$166.00
D7490	Radical resection of maxilla or mandible.	\$155.00
D7510	Incision and drainage of abscess - intraoral soft tissue.	\$51.00
D7520	Incision and drainage of abscess - extraoral soft tissue.	\$59.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$47.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.	\$129.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$129.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$170.00
D7910	Suture of recent small wounds up to 5 cm.	\$23.00
D7911	Complicated suture - up to 5 cm.	\$26.00
D7912	Complicated suture - greater than 5 cm.	\$37.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.	\$123.00
D7963	Frenuloplasty.	\$154.00
D7970	Excision of hyperplastic tissue - per arch.	\$95.00
D7972	Surgical reduction of fibrous tuberosity.	\$151.00
D7980	Sialolithotomy.	\$142.00
D7983	Closure of salivary fistula.	\$45.00

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per 1 lifetime.

BIOPSY OF ORAL TISSUE

D7285	Biopsy of oral tissue - hard (bone, tooth).	\$154.00
D7286	Biopsy of oral tissue - soft.	\$83.00
D7287	Exfoliative cytological sample collection.	\$41.00
D7288	Brush biopsy - transepithelial sample collection.	\$41.00

PALLIATIVE

D9110	Palliative (emergency) treatment of dental pain - minor procedure.	\$28.00
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PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray films.

ANESTHESIA-GENERAL/IV

D9220	Deep sedation/general anesthesia - first 30 minutes.	\$109.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes.	\$36.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.	\$72.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes.	\$18.00

GENERAL ANESTHESIA: D9220, D9221, D9241, D9242

- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will be considered.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$29.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.	\$20.00
D9440	Office visit - after regularly scheduled hours.	\$35.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.	\$22.00

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per 1 provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

OCCLUSAL ADJUSTMENT

**Dental Program - continued
(Included in Optimum Plus Membership)**

**PRESENTED BY:
ALL ABOARD BENEFITS
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TYPE 2 PROCEDURES

	Maximum Covered Expense
D9951 Occlusal adjustment - limited.	\$27.00
D9952 Occlusal adjustment - complete.	\$137.00
OCCLUSAL ADJUSTMENT: D9951, D9952	
<ul style="list-style-type: none">• Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.	
MISCELLANEOUS	
D0486 Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.	\$24.00
D2951 Pin retention - per tooth, in addition to restoration.	\$13.00
D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.	\$41.00
DESENSITIZATION: D9911	
<ul style="list-style-type: none">• Coverage is limited to 1 of any of these procedures per 6 month(s).• D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, also contribute(s) to this limitation.• Porcelain and resin benefits are considered for anterior and bicuspid teeth only.• Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.	

TYPE 3 PROCEDURES
PAYMENT BASIS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
INLAY RESTORATIONS	
D2510 Inlay - metallic - one surface.	\$137.00
D2520 Inlay - metallic - two surfaces.	\$163.00
D2530 Inlay - metallic - three or more surfaces.	\$176.00
D2610 Inlay - porcelain/ceramic - one surface.	\$151.00
D2620 Inlay - porcelain/ceramic - two surfaces.	\$164.00
D2630 Inlay - porcelain/ceramic - three or more surfaces.	\$180.00
D2650 Inlay - resin-based composite - one surface.	\$157.00
D2651 Inlay - resin-based composite - two surfaces.	\$155.00
D2652 Inlay - resin-based composite - three or more surfaces.	\$160.00
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
<ul style="list-style-type: none"> • Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury. 	
ONLAY RESTORATIONS	
D2542 Onlay - metallic - two surfaces.	\$178.00
D2543 Onlay - metallic - three surfaces.	\$198.00
D2544 Onlay - metallic - four or more surfaces.	\$207.00
D2642 Onlay - porcelain/ceramic - two surfaces.	\$178.00
D2643 Onlay - porcelain/ceramic - three surfaces.	\$199.00
D2644 Onlay - porcelain/ceramic - four or more surfaces.	\$205.00
D2662 Onlay - resin-based composite - two surfaces.	\$167.00
D2663 Onlay - resin-based composite - three surfaces.	\$172.00
D2664 Onlay - resin-based composite - four or more surfaces.	\$183.00
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
<ul style="list-style-type: none"> • Replacement is limited to 1 of any of these procedures per 5 year(s). • D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation. • Frequency is waived for accidental injury. • Porcelain and resin benefits are considered for anterior and bicuspid teeth only. • Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury. • Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. 	
CROWNS SINGLE RESTORATIONS	
D2710 Crown - resin-based composite (indirect).	\$78.00
D2712 Crown - 3/4 resin-based composite (indirect).	\$193.00
D2720 Crown - resin with high noble metal.	\$198.00
D2721 Crown - resin with predominantly base metal.	\$151.00
D2722 Crown - resin with noble metal.	\$186.00
D2740 Crown - porcelain/ceramic substrate.	\$214.00
D2750 Crown - porcelain fused to high noble metal.	\$208.00
D2751 Crown - porcelain fused to predominantly base metal.	\$179.00
D2752 Crown - porcelain fused to noble metal.	\$191.00
D2780 Crown - 3/4 cast high noble metal.	\$198.00
D2781 Crown - 3/4 cast predominantly base metal.	\$172.00
D2782 Crown - 3/4 cast noble metal.	\$180.00

**Dental Program - continued
(Included in Optimum Plus Membership)**

TYPE 3 PROCEDURES

PRESENTED BY:
ALL ABOARD BENEFITS
(800) 462-2322

Maximum Covered
Expense

D2783	Crown - 3/4 porcelain/ceramic.	\$214.00
D2790	Crown - full cast high noble metal.	\$198.00
D2791	Crown - full cast predominantly base metal.	\$172.00
D2792	Crown - full cast noble metal.	\$180.00
D2794	Crown - titanium.	\$198.00

CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CORE BUILD-UP

D2950	Core buildup, including any pins.	\$43.00
D6973	Core build up for retainer, including any pins.	\$43.00

CORE BUILDUP: D2950, D6973

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

POST AND CORE

D2952	Post and core in addition to crown, indirectly fabricated.	\$69.00
D2954	Prefabricated post and core in addition to crown.	\$57.00

FIXED CROWN AND PARTIAL DENTURE REPAIR

D2980	Crown repair, by report.	\$35.00
D6980	Fixed partial denture repair, by report.	\$39.00
D9120	Fixed partial denture sectioning.	\$39.00

ENDODONTICS MISCELLANEOUS

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$27.00
D3221	Pulpal debridement, primary and permanent teeth.	\$27.00
D3222	Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$41.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$36.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$32.00
D3333	Internal root repair of perforation defects.	\$45.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).	\$30.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).	\$88.00
D3430	Retrograde filling - per root.	\$35.00
D3450	Root amputation - per root.	\$83.00
D3920	Hemisection (including any root removal), not including root canal therapy.	\$70.00

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920

- Procedure D3333 is limited to permanent teeth only.

ENDODONTIC THERAPY (ROOT CANALS)

D3310	Endodontic therapy, anterior tooth.	\$124.00
D3320	Endodontic therapy, bicuspid tooth.	\$147.00

**Dental Program - continued
(Included in Optimum Plus Membership)**

PRESENTED BY:
ALL ABOARD BENEFITS
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TYPE 3 PROCEDURES

Maximum Covered
Expense

D3330	Endodontic therapy, molar.	\$192.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$73.00
D3346	Retreatment of previous root canal therapy - anterior.	\$155.00
D3347	Retreatment of previous root canal therapy - bicuspid.	\$179.00
D3348	Retreatment of previous root canal therapy - molar.	\$222.00

ROOT CANALS: D3310, D3320, D3330, D3332

- Benefits are considered on permanent teeth only.
- Allowances include intraoperative films and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330, also contribute(s) to this limitation.
- Benefits are considered on permanent teeth only.
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative films and cultures but exclude final restoration.

SURGICAL ENDODONTICS

D3410	Apicoectomy/periradicular surgery - anterior.	\$128.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).	\$148.00
D3425	Apicoectomy/periradicular surgery - molar (first root).	\$160.00
D3426	Apicoectomy/periradicular surgery (each additional root).	\$57.00

SURGICAL PERIODONTICS

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$81.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$41.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$111.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$56.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$204.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$102.00
D4263	Bone replacement graft - first site in quadrant.	\$67.00
D4264	Bone replacement graft - each additional site in quadrant.	\$50.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration.	\$33.00
D4270	Pedicle soft tissue graft procedure.	\$150.00
D4271	Free soft tissue graft procedure (including donor site surgery).	\$159.00
D4273	Subepithelial connective tissue graft procedures, per tooth.	\$186.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).	\$89.00
D4275	Soft tissue allograft.	\$159.00
D4276	Combined connective tissue and double pedicle graft, per tooth.	\$186.00

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4271, D4273, D4275, D4276

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

CROWN LENGTHENING

**Dental Program - continued
(Included in Optimum Plus Membership)**

PRESENTED BY:
ALL ABOARD BENEFITS
(800) 462-2322

TYPE 3 PROCEDURES

Maximum Covered
Expense

D4249 Clinical crown lengthening - hard tissue. \$123.00

NON-SURGICAL PERIODONTICS

D4341 Periodontal scaling and root planing - four or more teeth per quadrant. \$42.00

D4342 Periodontal scaling and root planing - one to three teeth, per quadrant. \$21.00

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report. \$31.00

CHEMOTHERAPEUTIC AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)

D5110 Complete denture - maxillary. \$222.00

D5120 Complete denture - mandibular. \$215.00

D5130 Immediate denture - maxillary. \$240.00

D5140 Immediate denture - mandibular. \$232.00

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth). \$159.00

D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth). \$185.00

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). \$257.00

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). \$257.00

D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth). \$159.00

D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth). \$185.00

D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth). \$138.00

D5670 Replace all teeth and acrylic on cast metal framework (maxillary). \$159.00

D5671 Replace all teeth and acrylic on cast metal framework (mandibular). \$185.00

D5810 Interim complete denture (maxillary). \$98.00

D5811 Interim complete denture (mandibular). \$103.00

D5820 Interim partial denture (maxillary). \$86.00

D5821 Interim partial denture (mandibular). \$90.00

D5860 Overdenture - complete, by report. \$222.00

D5861 Overdenture - partial, by report. \$257.00

D6053 Implant/abutment supported removable denture for completely edentulous arch. \$222.00

D6054 Implant/abutment supported removable denture for partially edentulous arch. \$257.00

D6078 Implant/abutment supported fixed denture for completely edentulous arch. \$222.00

D6079 Implant/abutment supported fixed denture for partially edentulous arch. \$257.00

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5860, D6053, D6078

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months after placement date. Procedures D5860, D6053, and D6078 are considered at an alternate benefit of a D5110/D5120.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5670, D5671, D5861, D6054, D6079

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months of placement date. Procedures D5861, D6054, and D6079 are considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS

D5410 Adjust complete denture - maxillary. \$12.00

D5411 Adjust complete denture - mandibular. \$12.00

D5421 Adjust partial denture - maxillary. \$13.00

D5422 Adjust partial denture - mandibular. \$12.00

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

ADD TOOTH/CLASP TO EXISTING PARTIAL

Dental Program - continued
(Included in Optimum Plus Membership)

PRESENTED BY:
 ALL ABOARD BENEFITS
 (800) 462-2322

TYPE 3 PROCEDURES

	Maximum Covered Expense
D5650 Add tooth to existing partial denture.	\$29.00
D5660 Add clasp to existing partial denture.	\$33.00
DENTURE REBASES	
D5710 Rebase complete maxillary denture.	\$81.00
D5711 Rebase complete mandibular denture.	\$85.00
D5720 Rebase maxillary partial denture.	\$77.00
D5721 Rebase mandibular partial denture.	\$81.00
TISSUE CONDITIONING	
D5850 Tissue conditioning, maxillary.	\$23.00
D5851 Tissue conditioning, mandibular.	\$24.00
PROSTHODONTICS - FIXED	
D6058 Abutment supported porcelain/ceramic crown.	\$185.00
D6059 Abutment supported porcelain fused to metal crown (high noble metal).	\$202.00
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).	\$202.00
D6061 Abutment supported porcelain fused to metal crown (noble metal).	\$185.00
D6062 Abutment supported cast metal crown (high noble metal).	\$202.00
D6063 Abutment supported cast metal crown (predominantly base metal).	\$202.00
D6064 Abutment supported cast metal crown (noble metal).	\$219.00
D6065 Implant supported porcelain/ceramic crown.	\$185.00
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).	\$202.00
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal).	\$202.00
D6068 Abutment supported retainer for porcelain/ceramic FPD.	\$185.00
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$202.00
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$202.00
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$185.00
D6072 Abutment supported retainer for cast metal FPD (high noble metal).	\$202.00
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).	\$202.00
D6074 Abutment supported retainer for cast metal FPD (noble metal).	\$219.00
D6075 Implant supported retainer for ceramic FPD.	\$185.00
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).	\$202.00
D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).	\$202.00
D6094 Abutment supported crown - (titanium).	\$202.00
D6194 Abutment supported retainer crown for FPD - (titanium).	\$202.00
D6205 Pontic - indirect resin based composite.	\$167.00
D6210 Pontic - cast high noble metal.	\$202.00
D6211 Pontic - cast predominantly base metal.	\$202.00
D6212 Pontic - cast noble metal.	\$219.00
D6214 Pontic - titanium.	\$202.00
D6240 Pontic - porcelain fused to high noble metal.	\$202.00
D6241 Pontic - porcelain fused to predominantly base metal.	\$202.00
D6242 Pontic - porcelain fused to noble metal.	\$185.00
D6245 Pontic - porcelain/ceramic.	\$185.00
D6250 Pontic - resin with high noble metal.	\$202.00
D6251 Pontic - resin with predominantly base metal.	\$185.00
D6252 Pontic - resin with noble metal.	\$219.00
D6545 Retainer - cast metal for resin bonded fixed prosthesis.	\$67.00
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$67.00
D6600 Inlay - porcelain/ceramic, two surfaces.	\$164.00
D6601 Inlay - porcelain/ceramic, three or more surfaces.	\$181.00
D6602 Inlay - cast high noble metal, two surfaces.	\$148.00
D6603 Inlay - cast high noble metal, three or more surfaces.	\$163.00
D6604 Inlay - cast predominantly base metal, two surfaces.	\$128.00
D6605 Inlay - cast predominantly base metal, three or more surfaces.	\$141.00
D6606 Inlay - cast noble metal, two surfaces.	\$135.00
D6607 Inlay - cast noble metal, three or more surfaces.	\$148.00

TYPE 3 PROCEDURES

	Maximum Covered Expense	
D6608	Onlay - porcelain/ceramic, two surfaces.	\$178.00
D6609	Onlay - porcelain/ceramic, three or more surfaces.	\$196.00
D6610	Onlay - cast high noble metal, two surfaces.	\$163.00
D6611	Onlay - cast high noble metal, three or more surfaces.	\$179.00
D6612	Onlay - cast predominantly base metal, two surfaces.	\$141.00
D6613	Onlay - cast predominantly base metal, three or more surfaces.	\$155.00
D6614	Onlay - cast noble metal, two surfaces.	\$148.00
D6615	Onlay - cast noble metal, three or more surfaces.	\$163.00
D6624	Inlay - titanium.	\$163.00
D6634	Onlay - titanium.	\$179.00
D6710	Crown - indirect resin based composite.	\$167.00
D6720	Crown - resin with high noble metal.	\$202.00
D6721	Crown - resin with predominantly base metal.	\$105.00
D6722	Crown - resin with noble metal.	\$168.00
D6740	Crown - porcelain/ceramic.	\$185.00
D6750	Crown - porcelain fused to high noble metal.	\$219.00
D6751	Crown - porcelain fused to predominantly base metal.	\$202.00
D6752	Crown - porcelain fused to noble metal.	\$185.00
D6780	Crown - 3/4 cast high noble metal.	\$219.00
D6781	Crown - 3/4 cast predominantly base metal.	\$202.00
D6782	Crown - 3/4 cast noble metal.	\$185.00
D6783	Crown - 3/4 porcelain/ceramic.	\$185.00
D6790	Crown - full cast high noble metal.	\$202.00
D6791	Crown - full cast predominantly base metal.	\$202.00
D6792	Crown - full cast noble metal.	\$185.00
D6794	Crown - titanium.	\$202.00
D6940	Stress breaker.	\$56.00

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

TYPE 3 PROCEDURES

Maximum Covered
Expense

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

CAST POST AND CORE FOR PARTIALS

D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated.	\$61.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer.	\$61.00

Roadside Assistance (Included in Optimum and Optimum Plus Membership)

**PRESENTED BY:
ALL ABOARD BENEFITS
(800) 462-2322**

Roadside Assistance Service Excludes:

- Service if member is not with the disabled vehicle.
- Transportation for the member to the vehicle for service or from the vehicle to another destination after service has been rendered
- Service will not be rendered in areas not regularly traveled, such as vacant lots, beaches, open fields or other places which would be hazardous for service vehicles to reach.
- Towing of a vehicle off a boat dock or marina.
- Delivery or Repair of tires.
- Installation or Removal of snow tires and chains nor dismounting, repairing or rotating tires.
- Vehicle's storage charges.
- Cost of Parts, installation, products, materials, impounding and additional labor relating to towing.
- Service of any kind on vehicles used for commercial purposes or using dealer tags. (Note: All trucks in New York have commercial license plates whether they are used for business or private use. If the truck is used for private use, we will dispatch.)
- Service for taxicabs, tractors, boats, trailers, dune buggies, or vehicles used for competition, or stolen vehicles.
- Service for unlicensed vehicles
- Service for vehicles with expired safety inspection sticker, license plate sticker, and/or emission sticker(s) where required by law.
- Service for vehicles illegally parked or impounded.
- Repeated service calls for a car in need of routine maintenance
- Service when a vehicle is snowbound. We do not hoist, winch or shovel vehicles from unplowed areas, snow banks, snowbound driveways or curbside parking.

For more information about the NACD Membership programs and for a link to the enrollment website, please contact your agent at the information provided below.

ALL ABOARD BENEFITS

Contact: MIKE CROWSTON

**6162 E MOCKINGBIRD LN SUITE 104
DALLAS, TX 75214**

Phone: (800) 462-2322

Email: mike@allamericanbrokers.com

Fax: (214) 821-6676

The membership benefits and services illustrated are in summary form only and are only a brief description of the benefits and services available. It is not a contract of membership. Policies for any benefits included in a NACD membership may contain reductions, limitations, exclusions and termination provisions. Please contact your agent for additional information concerning the terms and conditions of the benefits, exclusions and limitations of these membership programs. Membership rates provided are a sample only and are subject to change. Membership programs are not available to residents of all states.