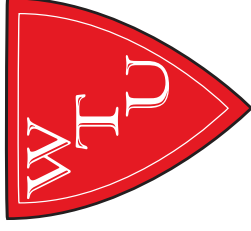


**WASHINGTON TEACHERS'
UNION DENTAL PLAN**

George Parker
President

Nathan Saunders
General Vice President



WASHINGTON TEACHERS' UNION
490 L'ENFANT PLAZA SW
SUITE 7200
WASHINGTON, DC 20024



Dear Colleague,

The Washington Teachers' Union is pleased to offer a **new** dental option for the 2007-2008 school year. We understand how important it is to have choices. With the new PPO Dental Plan Option offered through Dental Benefit Providers you have the option of selecting the dentist of your choice - both in and out of the network. The **new** PPO Dental Plan offers access to more than 1500 dentists. In order to take advantage of the **new** PPO Dental Plan offering, please review the information concerning how to enroll and the associated cost. It is important to remember that the new PPO Dental Plan Option does not replace the current dental plan but provides our members an additional option for expanded choices in dental care.

If you wish to remain in your current dental plan (DHMO/Indemnity), you do not have to complete an enrollment form; however, if you wish to enroll in the **new** PPO Dental Plan Option, you must complete and submit an enrollment form. Please follow the instructions on page 1 carefully and complete the enrollment form on page 2.

The Washington Teachers' Union looks forward to supporting your efforts in providing quality instruction and intervention service to all students in the District of Columbia Public Schools.

In Solidarity,

A handwritten signature in cursive script, appearing to read "George Parker", written over a horizontal line.

George Parker
President
Washington Teachers' Union

WASHINGTON TEACHERS' UNION
DENTAL PLAN COVERAGE
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ENROLLMENT FORM INSTRUCTIONS

ENROLLMENT IS MANDATORY FOR ALL NEW HIRES AND RETIREES. IF YOU ARE AN ACTIVE EMPLOYEE AND YOU DO NOT WISH TO CHANGE YOUR PLAN OPTION OR DENTIST FROM LAST YEAR, DO NOT COMPLETE THE ENROLLMENT FORM.

It is only necessary to complete the Enrollment Form if you are:

- An Existing Member who wishes to change your current plan or dentist selection;
- A New Hires; or
- A Retiree

Determine your category and then complete the Enrollment Form according to the given category directions. The effective date of this enrollment period is January 1, 2008 for Retirees, and January 1, 2008 for Active Employees.

Category I: Persons Wishing to select the PPO Buy Up Option

Please note your selection of the PPO Buy Up Option on the enrollment form. You do not have to select a provider from this option.

Category II: Persons Wishing to Select the Panel Option (Dental HMO)

Persons wishing to select the Panel Option must return the Enrollment Form with the provider's name and provider number. You will receive an ID card in the mail including your selected provider's information. (If you do not select a provider, you will NOT receive an ID card) **You must be assigned to a provider prior to seeking services.**

Category III: Persons Wishing to Select the Open Option (Indemnity)

Please note your selection of the Open Option on the enrollment form. You do not have to select a provider for this option, nor will you receive an ID card.

Category IV: New Hires

1. Select category and follow stated directions.
2. Services will commence only after an Enrollment Form is submitted and approved.

Current student verification must accompany an enrollment form for college-age dependents (for example, a transcript or class schedule indicating full-time student status for the current term).



WTU DENTAL PLAN ENROLLMENT FORM

(Please Print)

Retiree?

- Yes
 No

Name Social Security Number Sex

Street Address Apartment No.

City State ZIP

Date of Birth Work Phone Home Phone

Email Address

Dependent Information: (Attach a separate sheet to list additional dependents)

Full Name Date of Birth Relation Sex

Full Name Date of Birth Relation Sex

Full Name Date of Birth Relation Sex

This Enrollment Form must be mailed to WTU so that it is received by **November 30, 2007**. You must select one of the options below for your coverage to be effective.

Dental Plan Options: (Check One)

___ PPO Buy-Up Option- Please mark Bi-weekly premium amount

- | | |
|--|---|
| <input type="checkbox"/> Single \$5.18 | <input type="checkbox"/> Family \$19.79 |
| <input type="checkbox"/> Single Retiree \$289.92 | <input type="checkbox"/> Family Retiree \$ 881.76 |

___ Panel Option (Dental HMO)

(You must enter dentist name and number below)

Dentist Name: _____

Provider Number: _____

___ Open Option (Indemnity)

Employee Signature Date

WASHINGTON TEACHERS' UNION
490 L'enfant Plaza East, SW
Suite 7200
Washington, DC 20024

Fold Here

Fold Here

DEADLINE:

NOVEMBER 30, 2007

SEAL WITH TAPE

**Washington Teachers' Union
Frequently Asked Questions (FAQs)**

FAQ	Panel Option	Open Option	PPO Option
<i>How do I locate a dentist?</i>	<p>A Participating Dentist Directory is included in your Plan brochure. It includes participating dentists who are conveniently located in your area. You may also search our Dentist Directory on our website at www.dbp.com. You are required to select a primary care dentist before receiving care. You must include the dentist's information in the space provided on the enrollment form. If you have not done this already, call our toll-free number, 1.800.445.9090, to inform us of your choice.</p> <p>Our Participating Dentist Directory changes from time to time due to additions and/or terminations to the network. Please verify that the dentist you have selected still participates in the Plan prior to receiving services.</p>	<p>You may receive care from any dentist of your choice. It is not necessary for the dentist to participate in DBP's network.</p>	<p>You may receive care from any dentist of your choice. It is not necessary for the dentist to participate in DBP's network. However, by using a network provider you will have lower out of pocket costs and the provider will submit the claim form. You can find a PPO network provider by logging onto the website www.dbp.com and search under Dental Options PPO or call our toll-free number, 1.800.445.9090</p>
<i>Can I change my primary care dentist selection?</i>	<p>Yes. At any time you may call our Member Services Department at the toll-free number, 1.800.445.9090, to make your change. When you call this number, you may either speak with a Customer Service Representative or you may access our Integrated Voice Response (IVR) System to make your change. The IVR System is available 24 hours a day, seven days a week by using a Touch-Tone phone.</p>	<p>This does not apply under the Open Option Plan. You are not required to select a primary care dentist. You can visit any dentist you choose.</p>	<p>This does not apply under the PPO Option Plan. You are not required to select a primary care dentist. You have a choice of seeing any in-network or out-of-network dentist for your dental needs.</p>
<i>How do I make an appointment with my dentist?</i>	<p>You must first select a primary care dentist. Then you may call and schedule an appointment. Remember to show your DBP identification card the day of your appointment.</p> <p>Our Participating Dentist Directory changes from time to time due to additions and/or terminations to the network. Please verify that the dentist you have selected still participates in the Plan prior to receiving services.</p>	<p>Simply call and schedule an appointment. You should bring your ID card with you the day of your appointment.</p>	<p>Simply call and schedule an appointment. You should bring your ID card with you the day of your appointment.</p>

**Washington Teachers' Union
Frequently Asked Questions (FAQs)**

FAQ	Panel Option	Open Option	PPO Option
<i>Do I need to submit claims?</i>	There is no need to submit claims. Your copayment should be paid at the time of service, unless you have made arrangements with your dentist. For a detailed list of copayments, please refer to your fee schedule provided in your Plan brochure. You can also access this information on our web site at www.dbp.com	You will be expected to pay a portion, or perhaps the full billed amount at the time of service. For payment, claims should be sent to: DBP - Claim Division P.O. Box 30566 Salt Lake City, UT 84130-0566 DBP will reimburse you based on a maximum plan allowance. This means, you will be responsible for the difference between the benefit allowance covered under the Plan and the amount billed by the dentist. Please refer to your plan materials for a list of covered services and maximum plan allowances, or you may contact Member Services at 1-800-445-9090.	When you seek care from dentists who participate in the network, you will not need to file any claims. If you use an out-of-network dentist, you may be expected to pay the dentist in full at the time of your visit and submit a completed claim form for reimbursement. For payment, claims should be sent to: DBP - Claim Division P.O. Box 30566 Salt Lake City, UT 84130-0566
<i>Can I make an appointment with a specialist?</i>	Your primary care dentist will refer you to a participating specialist who will perform the necessary procedures. Care provided by a participating specialist will not be covered without a referral from your primary care dentist. Care rendered by a non-participating specialist is not covered unless previously authorized by DBP. Services of Pediatric dentists are not covered.	You can visit any specialist of your choice at any time without a referral from a general dentist.	You can visit any specialist of your choice at any time without a referral from a general dentist. However, if you choose a provider that is In-Network you will have lower out of pocket costs and no claim forms to file
<i>How are dental emergencies handled?</i>	Contact your primary care dentist and let him/her know you have a dental emergency. Most emergency patients are accommodated on the day of the emergency.	Contact your dentist and let him/her know you have a dental emergency. Most emergency patients are accommodated on the day of the emergency.	Contact your dentist and let him/her know you have a dental emergency. Most emergency patients are accommodated on the day of the emergency.
<i>What happens if I have a dental emergency away from home?</i>	In most circumstances, DBP will reimburse you up to \$50 for emergency treatment for relief of pain until which time you are back in the service area.	You can go to the nearest dentist to undergo treatment. Reimbursement will be based on the benefit allowance payable under your plan.	You are covered for dental emergencies and may contact any dentist to let them know you have a dental emergency.

SUMMARY OF COVERAGE

The Dental Plan selected by the Washington Teachers' Union for the teachers of the D.C. Public Schools System is administered by Dental Benefit Providers (DBP), a UnitedHealthcare company. The Dental Plan offers three coverage options as follows:

1. PPO Buy-Up Option
2. Panel Option (Dental HMO)
3. Open Option (Indemnity)

If you are a new employee or if you wish to change your Dental Option, you must complete the enrollment form. You must submit the enrollment form by November 30, 2007.

- **The effective date of coverage for Retirees is January 1, 2008.**
- **The effective date of coverage for Active Employees is January 1, 2008.**

Plan options can be changed only during open enrollment.

A comparison of benefit percentages for the three plan options is listed below:

Comparative Benefit Percentages

	DHMO	Indemnity	PPO	
	Panel	Open**	In Network****	Out of Network*****
Diagnostic (Exam, X-Rays)	100%	80%	100%	80%
Preventative (Cleanings)	100%	80%	100%	80%
Filings	100%	80%	80%	60%
Crowns	65%	50%	50%	40%
Bridges	65%	50%	50%	40%
Dentures	70%	50%	50%	40%
Oral Surgery	80%	50%	50%	40%
Root Canals	60%	50%	50%	40%
Gum Surgery	70%	50%	50%	40%
Orthodontics	\$1850.00	NB***	50%	50%

NOTE: The panel option benefit is a defined patient payment schedule. Actual benefit percentages may vary.

*This dollar amount represents your actual co-payment for a two-year standard case and covers children age 19 and under.

**Based and paid on area's pre-defined usual and customary rates. Balance billing may occur based on dentists' actual charges.

*** NB – No benefit

**** In Network percentage of benefits is based on the discounted fee negotiated with the provider.

*****The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.

WHO IS ELIGIBLE?

- A. To be eligible to enroll as a Subscriber, a person must be a full-time employee of the District of Columbia Board of Education and a member of the bargaining unit represented by the WTU.

- B. To be eligible to enroll as a dependent of a Subscriber, a person must be:
1. The spouse of the Subscriber; or Domestic Partner; or
 2. A dependent unmarried child of the Subscriber or the Subscriber's spouse who is under nineteen (19) years of age.

Coverage of a dependent, unmarried child shall terminate upon attainment of his or her 19th birthday, except as provided in paragraph 3 below, provided, however, that attainment of such age shall not terminate the coverage of dependent unmarried child during the term of this Plan if he or she is:

1. Incapable of self-sustaining employment by reason of mental incapacity or physical handicap, which incapacity or handicap commenced and manifested itself prior to age 19; and
2. Is chiefly dependent upon Subscriber for support and maintenance, provided further, that proof of such incapacity and dependency is furnished to the WTU by Subscriber within 31 days of the dependent's attainment of his or her 19th birthday and each birthday thereafter.

The premium rate for continuation of coverage of such child shall be at the two party or family rate, as appropriate, until such time as the coverage of the Subscriber upon whom the child is dependent terminates.

3. Or, a dependent, unmarried child of Subscriber over the age of nineteen (19) years but under the age of twenty-three (23) years who is attending a recognized college or university, trade or secondary school on a full-time basis. **Proof of attendance must be submitted to WTU offices before dependent can receive services.**

Coverage of such child will terminate on the subscription payment date following the date on which such child attains the age of 23, marries, or ceases to attend a recognized college or university, trade or secondary school on a full-time basis, whichever occurs first; provided, however, that coverage will continue beyond the age of 23 for any student who becomes physically or mentally incapacitated between the ages of 19 and 23 while he or she is covered by the Dental Plan and provided that proof of such incapacity is furnished to the WTU by Subscriber within 31 days of the dependent's attainment of his or her 23rd birthday and each birthday thereafter.

"Children" includes foster children, step-children, and legally adopted children with whom the Subscriber maintains a parent-child relationship.

C. Other Rules of Eligibility

1. No person will be refused enrollment or re-enrollment because of his or her health status, requirements for health services, the existence of a pre-existing physical or mental condition, or any unfair, arbitrary, capricious or unfairly discriminatory reason.
2. Any person who becomes newly eligible after the effective date of this Dental Plan or after the close of any subsequent open enrollment period, must enroll within thirty (30) days of becoming eligible. Those failing to enroll within such specified period shall be eligible for benefits under the Open Option only. Such open enrollment periods will occur once per year, during the thirty-day period prior to the anniversary date of each year.

3. Any Subscriber who is in any non-pay status for a period of 30 days or more will be classified as ineligible to receive benefits. Eligibility will resume when the person returns to a pay status. Any bills incurred during a non-pay status will be the responsibility of the Subscriber. This shall also apply to any dependents of the Subscriber.

4. Domestic partner – A person with whom an employee maintains a committed relationship and who has registered the domestic partnership with the District of Columbia Department of Health (DOH).

Committed relationship – A familial relationship between two (2) individuals characterized by mutual caring and the sharing of a mutual residence.

Dependent child of a domestic partner – An unmarried person under 22 years of age who is a full-time student, or an unmarried person regardless of age who is incapable of self-support because of a mental or physical disability that existed before age 22. Includes a natural child, adopted child, stepchild, foster child, or child in the legal custody of a domestic partner.

WHEN CAN I BEGIN USING THE DENTAL SERVICES?

Coverage begins January 1, 2008 for Retirees, and January 1, 2008 for Active Employees.

In the event there is an error in your single/family coverage or there is a need for change in your coverage, the WTU will complete a D.C.-275 (Authorization for Miscellaneous Changes). Once your change form is received, it may take up to 60 days to process the change.

THE PPO BUY UP OPTION

WHAT IS THE PPO BUY UP OPTION?

This option allows for you to have a broader access to Dental Benefit Provider PPO network dentists and specialists. You may go to any Dentist and have coverage but if you choose a network PPO provider you will have lower out of pocket costs as well as no claim forms to file. If you choose a Non Network dentist, plan payments are based on a schedule of maximum allowable charges. If your dentist charges more than the amount allowed, you will pay the difference in addition to your coinsurance amount. You may be required to pay either a portion of or the total fees up front. You may also be required to submit a claim form, they should be submitted to: Dental Benefit Providers, Claim Department, P.O. Box 30566, Salt Lake City, UT 84130-0566.

In order to assist the Washington Teacher's Union in keeping dental costs to a minimum and to assist the member in planning expenses, treatment plans

exceeding \$300 must be submitted to Dental Benefit Providers, Inc. for a pre-treatment review. Pre-treatment estimates should be sent to: Dental Benefit Providers, Claim Department, P.O. Box 30566, Salt Lake City, UT 84130-0566. The proposed services will be reviewed and a predetermination of benefits statement will be issued detailing the benefits payable under the dental plan, including expenses which may be subject to an "alternative course of treatment."

An "alternative course of treatment" is defined in the following manner:

Dental Benefit Providers reviews alternative courses of treatment based on accepted dental standards established by the ADA. If DBP determines that a condition can be treated effectively by a less costly alternative to that proposed by the attending dentist, the dental plan will pay benefits based upon the less costly service. The type of treatment you proceed with, however, is always your decision.

HOW DOES THE PPO BUY UP OPTION WORK?

The PPO Buy Up Option includes services for Preventive, Diagnostic, Basic, Major and Orthodontic procedures. The Plan will pay a certain percentage of the eligible charge and if there is any remaining charge, you are responsible for paying the dentist. This is called coinsurance and the amount you pay varies based on the procedures performed and whether the dentist is participating in the Network.

There is an Annual Deductible for Basic and Major services which you will need to pay before the plan will pay benefits on your behalf. The Annual Deductible for an Individual is \$50 and the Family Deductible is \$150

There is also an Annual Plan Maximum of \$1000 per person per calendar year. This applies to Preventive, Diagnostic, Basic and Major services. The Annual Maximum is calculated based on covered services paid by Dental Benefit Providers. All covered services reimbursed by DBP will count toward the benefit maximum. Deductibles and out of pocket expenses paid by the Enrollee do not count toward the benefit maximum. Once the benefit maximum is reached, no additional benefits will be covered during the calendar year.

There is a separate Lifetime Maximum for Orthodontic services. Not more than \$1000 will be paid per lifetime for children up to the age of 19.

As a part of the Buy Up Option you will be required to contribute on a bi-weekly basis the following amounts:

Single: \$5.18

Single Retiree: \$289.92

Family: \$19.79

Family Retiree: \$881.76

For a list of PPO Providers, contact DBP at 1-800-445-9090, or log onto the DBP website (www.dbp.com) or the WTU website (www.wtulocal6.org).

CONSUMER MAXMULTIPLIER

This benefit under the PPO Buy Up Plan awards you for getting preventive and diagnostic dental care. Your awards are funds for your dental care that accumulate, can be carried over each year and are there when you need them. You can use your awards for both network or out of network claims. However, you cannot use your awards for Orthodontic services.

How the program works:

Use your dental benefit at least once during the covered benefit year. Each family member you include on your plan is eligible to earn his or her own awards. If the total of a member's claims paid by Dental Benefit Providers is less than \$500 DBP sets up an award balance for you the following plan year in the amount of \$250. You can receive an additional \$100 if DBP pays all claims during the benefit period to a Network provider. The total MaxMultiplier account limit is \$1000.

If you become a member during the last 3 months of the benefit period, you will have to wait until the end of the first full month of the next benefit period to participate in the Consumer MaxMultiplier program. If you end your benefit coverage, but return within six months to the WTU, you can rejoin the program without any loss of a previously unused award balance (if WTU still offers a dental plan with the Consumer MaxMultiplier feature from DBP). But if six months or more passes, or your employer is different, your award balance is no longer available.

PRENATAL DENTAL CARE PROGRAM:

This benefit under the PPO Buy Up Option provides additional network preventive dental care coverage for expectant mothers. Disease related to the gums and tooth-support structures (periodontal disease) during pregnancy could lead to an increased risk of pre-term and very pre-term delivery. If you are in your second or third trimester of pregnancy, you are eligible for this program's benefits as part of your plan.

How the program works: Visit any dentist. Inform the dentist you are pregnant and provide the stage of your pregnancy.

If you are in the second or third trimester all fees for cleanings, deep scaling debridement and periodontal maintenance will be waived, if your dentist requires these services. However, you must remind the dentist to include on the claim form, your due date and your attending physician or obstetrician's name. No deductibles are applied and fees are not applied to your benefit maximum.

PPO BUY UP OPTION COVERED SERVICES

	Non-Orthodontics		Orthodontics	
	Network	Non-Network	Network	Non-Network
Individual Annual Deductible	\$50.00	\$50.00	\$0.00	\$0.00
Family Annual Deductible	\$150.00	\$150.00	\$0.00	\$0.00
Maximum (the sum of all Network and Non-Network benefits will not exceed annual maximum)	\$1000 per person per Calendar year	\$1000 per person per Calendar year	\$1000 per person per Lifetime	\$1000 per person per Lifetime
New enrollee's waiting period:				No
Annual deductible applies to preventative and diagnostic services				No
Annual deductible applies to orthodontic services				No
Orthodontic eligibility requirement				child (up to 19)

Covered Service	Network Plan Pays	Non-Network Plan Pays**	Benefit Guidelines
-----------------	-------------------	-------------------------	--------------------

Preventative & Diagnostic

Oral Evaluation (Diagnostic)	100%	80%	Covered as a separate benefit only if no other service was done during the visit other than X-rays. Limited to 2 times per consecutive 12 months.
X-Rays (Diagnostic)	100%	80%	Bite-wing: Limited to 1 series of film per calendar year. complete/Panorex: Limited to one time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	80%	
Prophylaxis (Preventative)	100%	80%	Limited to 2 times per consecutive 12 months.
Fluoride Treatment (Preventative)	100%	80%	Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months. Treatment should be done in conjunction with dental prophylaxis.

Sealants	100%	80%	Limited to covered persons under the age of 16 and once per first or second permanent molar every consecutive 36 months.
Basic Services			
Restorations (Amalgams and Resin Based Only)	80%	60%	Multiple restorations on one surface will be treated as a single filling. Composite: for anterior teeth only.
General services (incl. emergency treatment)	80%	60%	Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary.
Space Maintainers	80%	60%	Limited to covered persons under the age of 16 and once per lifetime. Benefit includes all adjustments within 6 months of installation.
Simple extraction	80%	60%	
Oral Surgery (includes surgical extraction)	50%	40%	
Periodontics	50%	40%	Perio Surgery: Limited to once every consecutive 36 months per surgical area. Root Planning: Limited to one time per quadrant per consecutive 24 months. Perio Maintenance: Limited to 2 times per consecutive 12 months period following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Endodontics	50%	40%	
Major Services			
Inlays/Onlays/Crowns	50%	40%	Limited to one time per tooth per consecutive 60 months. Covered only when silver fillings cannot restore the tooth.
Dentures and other Removable Prosthetics	50%	40%	Once every 60 months. No additional allowance for over-dentures or customized dentures.

Prosthetics	50%	40%	Limited to one time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth. (alternative benefits for a partial denture may be applied)
Orthodontic Services			
Orthodontia	50%	50%	Preauthorization required

**The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred. Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for the treatment upon which the plan benefit is based, plus the full difference in cost between the fee for the service actually rendered and the fee for the service upon which the plan benefit is based..

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

100-3301 12/04 ©2004 United HealthCare Services, Inc

Dental Exclusions and Limitations- PPO Buy Up Option

General Limitations

ORAL EXAMINATIONS Covered as a separate benefit only if no other service was done during the visit other than X-rays. Limited to 2 times per consecutive 12 months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to one time per consecutive 36 months.

BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.

EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.

DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.

DIAGNOSTIC CASTS Limited to one time per consecutive 24 months.

FLUORIDE TREATMENTS Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months. Treatment should be done in conjunction with dental prophylaxis.

General Exclusions

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, Unproven in the treatment of that particular condition.

General Limitations

SEALANTS Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.

SPACE MAINTAINERS Limited to Covered Persons under the age of 16 years, once per lifetime. Benefit includes all adjustment within 6 months of installation.

AMALGAM RESTORATIONS Multiple restorations on one surface will be treated as a single filling.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to Cast Restoration.

GOLD INLAYS AND ONLAYS Limited to one time per tooth per consecutive 60 months. Covered only when silver fillings cannot restore the tooth.

CROWNS Limited to one time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

POST AND CORES Covered only for teeth that have had root canal therapy.

SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than X-rays and exam, were done during the visit.

SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.

PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months period following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.

FULL DENTURES Once every 60 months. No additional allowances for over-dentures or customized dentures.

PARTIAL DENTURES No additional allowances for precision or semi precision attachments.

RELINING DENTURES Limited to relining done more than 6 months after the initial insertions. Limited to 1 time per consecutive 12 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES,

BRIDGES Limited to repairs or adjustments done more than 12 months after the initial insertion.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit.

General Exclusions

8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipal, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the Covered Person's eligibility with the Plan.
10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
12. Dental Services provided in a foreign country, unless required as an Emergency.
13. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been eligible for 12 continuous months.
15. Services of a participating provider than can be effectively treated by a less costly, clinically acceptable alternative procedure in accordance with the "Standards of Care" established by DBP with its participating providers. These services, if appropriate, will be covered under the less costly clinically acceptable alternative procedure.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Placement of dental implants, implant-supported abutments and prostheses (D6053-D6199). This includes pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.

General Limitations

OCCLUSAL GUARDS Limited to one guard per consecutive 36 months. Only covered for habitual grinding.

General Exclusions

20. Placement of fixed partial dentures (D6210- D6793, D6920) solely for the purpose of achieving periodontal stability.
21. Billing for incision and drainage (ADA Code D7510, D7520) if the involved abscessed tooth is removed on the same date of service.
22. Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal. Treatment of congenital malformations of hard or soft tissue, including excision. (D7413-D7415, D7440-D7441, D7485-D7490).
23. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue (D7610-D7780).
24. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral (D7810-D7899). Upper and lower jawbone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery (D7920-D7949), jaw alignment or treatment for the temporomandibular joint.
25. Acupuncture; acupressure and other forms of alternative treatment.
26. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
27. Occlusal guard used as safety items or to affect performance primarily in sports-related activities (D9941).
28. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
29. Services of a participating provider than can be effectively treated by a less costly, clinically acceptable alternative procedure in accordance with the "Standards of Care" established by DBP with its participating providers. These services, if appropriate, will be covered under the less costly clinically acceptable alternative procedure.

DHMO PANEL OPTION

WHAT IS THE DHMO PANEL OPTION?

The Panel Option offers a very comprehensive dental benefit with care provided and coordinated through a General Dentist of your choice selected from our list of participating dentists. You must choose a General Dentist from the enclosed list of participating dental offices. Your selected dental office will become your Primary Dentist and will provide dental services to both you and your dependents. Any copayments are to be made directly by you to your Primary Dentist for covered services rendered. You pay only the fees listed in the Description of Services and Fees below. After enrollment and selection of a Primary Dentist, you will receive an ID card listing your selected Dentist's information.

HOW DO I GET INFORMATION ABOUT PARTICIPATING PROVIDERS?

Please be aware that the list of participating providers changes from time to time. To verify if the provider of your choice is participating, or to get information on other participating providers, you may:

- Visit the WTU website at www.wtulocal6.org; or
- Visit Dental Benefit Providers' website at www.dbp.com; or
- Call Member Services at 1-800-445-9090; or
- Call the Provider's office prior to receiving services and confirm that the dentist you have selected still participates in the Plan

HOW DO I CHANGE MY ASSIGNED GENERAL DENTIST?

Call Dental Benefit Providers' Member Services at 1-800-445-9090.

HOW DOES THE DHMO PANEL OPTION WORK?

With the Panel Option you can identify your dental expenses for specific procedures by referring to the Schedule of Dental Services and Fees. Under these options there are:

- No claim forms
- No deductibles
- No maximum benefits

You are entitled to receive all of the dental services specified in the Panel Option Schedule of Dental Services and Fees. You must receive dental services from your Primary Dentist, or a participating specialist if referred by your Primary Dentist. If you use a non-participating dentist or nonparticipating dental specialist, you will not be covered for any service rendered. When an appointment is made with a Participating Dentist, you are expected to honor that appointment. If you fail to honor the appointment and do not cancel it at least 24 hours in advance, you may be charged a \$15.00 per 1/2 hour missed appointment fee by the Participating Dentist.

SPECIALIST REFERRALS UNDER THE DHMO PANEL OPTION

The program is very easy to use. Your Primary General Dentist is responsible for all of your general dental needs. If, in the judgment of your Primary Dentist, you require the services of a Dental Specialist, you will be referred to a Participating Dental Specialist by your Primary Dentist. Care rendered by non-participating specialists is not covered unless previously authorized by Dental Benefit Providers. Care by a Dental Specialist will not be covered without a referral from your Participating Primary Dentist.

Services of Pediatric Dentists are excluded from coverage.

EMERGENCY TREATMENT AND PAYMENT OF CLAIMS

You will be reimbursed for services received from non-participating plan dentists only in the case of an emergency and only as specified herein.

For emergencies occurring 50 miles outside the area, you will be reimbursed up to \$50.00 per occurrence less any patient copayment(s) as outlined in the Schedule of Dental Services and Fees for dental expenses related to minor procedures for the palliative relief of pain. Written proof of such claims must be furnished to Dental Benefit Providers within thirty (30) days following treatment.

DHMO Panel Option

Description of Dental Services and Fees

ADA <u>CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D0999	unspecified adjunctive procedure, by report (sterilization surcharge)	\$10	n/a
<u>Diagnostic:</u>			
D0120	periodic oral evaluation	\$0	\$50
D0140	limited oral evaluation - problem focused	\$0	\$85
D0150	comprehensive oral evaluation - new or established patient	\$0	\$88
D0180	comprehensive periodontal evaluation	\$0	\$135
D0210	intraoral - complete series (including bitewings)	\$0	\$153
D0220	intraoral - periapical - first film	\$0	\$30
D0230	intraoral - periapical - each additional film	\$0	\$25
D0240	intraoral - occlusal film	\$0	\$41
D0270	bitewing - single film	\$0	\$29
D0272	bitewings - two films	\$0	\$49
D0274	bitewings - four films	\$0	\$68
D0277	vertical bitewings, 7-8 films	\$0	\$98
D0321	other temporomandibular joint films	\$0	n/a
D0330	panoramic film	\$0	\$141
D0460	pulp vitality tests	\$0	\$50
D0470	diagnostic casts	\$0	\$150
<u>Preventive</u>			
D1110	prophylaxis - adult	\$0	\$98
D1120	prophylaxis - child	\$0	\$74
D1201	topical application of fluoride (including prophylaxis) - child	\$0	\$86
D1203	topical application of fluoride (prophylaxis not included) - child	\$0	\$36
D1204	topical application of fluoride (prophylaxis not included) - adult	\$0	\$31
D1205	topical application of fluoride (including prophylaxis) - adult	\$0	\$100
D1330	oral hygiene instruction	\$0	\$51
D1351	sealant - per tooth	\$0	\$63
D1510	space maintainer - fixed - unilateral	\$38	\$375
D1515	space maintainer - fixed - bilateral	\$38	\$695
D1520	space maintainer - removable - unilateral	\$38	\$410
D1525	space maintainer - removable - bilateral	\$63	\$581

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D1550	recementation of space maintainer	\$0	\$74
<u>Restorative</u>			
D2140	amalgam - one surface, primary or permanent	\$0	\$181
D2150	amalgam - two surfaces, primary or permanent	\$0	\$225
D2160	amalgam - three surfaces, primary or permanent	\$0	\$275
D2161	amalgam - four or more surfaces, primary or permanent	\$0	\$310
D2330	resin-based composite - one surface, anterior	\$0	\$182
D2331	resin-based composite - two surfaces, anterior	\$0	\$220
D2332	resin-based composite - three surfaces, anterior	\$0	\$265
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0	\$319
D2391	resin-based composite - one surface post	\$0	\$188
D2392	resin-based composite - two surface post	\$0	\$245
D2393	resin-based composite - three surface post	\$0	\$294
D2394	resin based composite - four or more surfaces, posterior	\$0	\$325
D2410	gold foil - one surface	\$44	\$357
D2420	gold foil - two surfaces	\$100	\$595
D2430	gold foil - three surfaces	\$106	\$1030
D2510	inlay - metallic - one surface	\$155	\$943
D2520	inlay - metallic - two surfaces	\$190	\$1070
D2530	inlay - metallic - three or more surfaces	\$200	\$1300
D2542	onlay metallic, two surfaces	\$200	\$1210
D2543	onlay-metallic-three surfaces	\$200	\$1195
D2544	onlay-metallic-four or more surfaces	\$200	\$1300
D2610	inlay - porcelain/ceramic - one surface	\$231	\$1100
D2620	inlay - porcelain/ceramic - two surfaces	\$231	\$1045
D2630	inlay - porcelain/ceramic - three or more	\$231	\$929
D2642	onlay - porcelain/ceramic - two surfaces	\$231	\$1298
D2643	onlay - porcelain/ceramic - three surfaces	\$231	\$1430
D2644	onlay - porcelain/ceramic - four or more	\$231	\$1200
D2650	inlay - composite/resin - one surface	\$231	\$729
D2651	inlay - composite/resin - two surfaces	\$231	\$869
D2652	inlay - composite/resin - three or more	\$231	\$913
D2710	crown - resin-based composite (indirect)	\$125	\$238
D2712	crown - 3/4 resin-based composite (indirect)	\$125	\$563

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D2720	crown - resin with high noble metal	\$350	\$1387
D2721	crown - resin with predominantly base	\$350	\$1300
D2722	crown - resin with noble metal	\$350	\$1329
D2740	crown - porcelain/ceramic substrate	\$350	\$1500
D2750	crown - porcelain fused to high noble metal	\$350	\$1395
D2751	crown - porcelain fused to predominantly base metal	\$350	\$1250
D2752	crown - porcelain fused to noble metal	\$350	\$1268
D2780	crown, 3/4 cast high noble metal	\$350	\$1605
D2781	crown, 3/4 cast predominately base metal	\$350	\$1268
D2782	crown, 3/4 cast noble metal	\$350	\$1310
D2790	crown - full cast high noble metal	\$350	\$1468
D2791	crown - full cast predominantly base metal	\$350	\$1325
D2792	crown - full cast noble metal	\$350	\$1280
D2794	crown - titanium	\$350	\$1387
D2799	provisional crown	\$80	\$485
D2910	recement inlay, onlay or partial coverage restoration	\$0	\$123
D2915	recement cast or prefabricated post and core	\$0	\$114
D2920	recement crown	\$0	\$116
D2930	prefabricated stainless steel crown - primary tooth	\$0	\$284
D2931	prefabricated stainless steel crown - permanent tooth	\$0	\$357
D2932	prefabricated resin crown	\$38	\$300
D2934	prefabricated esthetic coated stainless steel crown - primary	\$80	\$436
D2940	sedative filling	\$80	\$115
D2950	core buildup, including any pins	\$80	\$314
D2951	pin retention - per tooth, in addition to restoration	\$6	\$68
D2952	cast post and core in addition to crown	\$80	\$426
D2954	prefabricated post and core in addition to crown	\$80	\$360
D2980	crown repair, by report	\$0	\$298
<u>Endodontics</u>			
D3110	pulp cap - direct (excluding final restoration)	\$18	\$80
D3120	pulp cap - indirect (excluding final restoration)	\$15	\$75
D3220	therapeutic pulpotomy (excluding final restoration)	\$46	\$250
D3310	root canal therapy - anterior (excluding final restoration)	\$203	\$1040

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D3320	root canal therapy - bicuspid (excluding final restoration)	\$240	\$1100
D3330	root canal therapy - molar (excluding final restoration)	\$369	\$1435
D3331	treatment of root canal obstruction, non-surgical access	\$213	\$535
D3333	internal root repair of perforation defects	\$0	\$282
D3346	retreatment of previous root canal therapy - anterior	\$265	\$1170
D3347	retreatment of previous root canal therapy - bicuspid	\$334	\$1555
D3348	retreatment of previous root canal therapy - molar	\$494	\$1685
D3410	apicoectomy/periradicular surgery - anterior	\$261	\$1525
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$285	\$1300
D3425	apicoectomy/periradicular surgery - molar (first root)	\$320	\$1550
D3426	apicoectomy/periradicular surgery (each additional root)	\$101	\$500
D3430	retrograde filling - per root	\$84	\$425
D3450	root amputation - per root	\$163	\$643
D3920	hemisection (including any root removal)	\$150	\$502
<u>Periodontics</u>			
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150	\$800
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$50	\$275
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150	\$800
D4241	gingival flap procedure - one to three contiguous teeth or bounded teeth spaces per quadrant	\$63	\$700
D4245	apically positioned flap	\$250	\$598
D4249	clinical crown lengthening - hard tissue	\$188	\$950
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$300	\$1180
D4261	osseous surgery (inc. flap entry and closure) - 1 to 3 contiguous or bounded teeth spaces per quadrant	\$150	\$925
D4263	bone replacement graft - first site in quadrant	\$300	\$550
D4265	biologic materials to aid in soft and osseous tissue regeneration	\$125	\$600
D4270	pedicle soft tissue graft procedure	\$250	\$996
D4271	free soft tissue graft procedure (including donor site surgery)	\$250	\$950
D4273	subepithelial connective tissue graft procedures, per tooth	\$250	\$1100
D4275	soft tissue allograft	\$250	\$640

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D4276	combined connective tissue and double pedicle graft, per tooth	\$250	\$655
D4320	provisional splinting - intracoronal	\$100	\$325
D4321	provisional splinting - extracoronal	\$125	\$414
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$75	\$288
D4342	periodontal scaling and root planing - 1-3 teeth, per quadrant	\$50	\$221
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$75	\$185
D4381	localized deliv. of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$0	\$85
D4910	periodontal maintenance	\$38	\$145
<u>Prosthodontics, Removable</u>			
D5110	complete denture - maxillary	\$300	\$1628
D5120	complete denture - mandibular	\$300	\$1515
D5130	immediate denture - maxillary	\$300	\$1500
D5140	immediate denture - mandibular	\$300	\$1400
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$250	\$1250
D5212	mandibular partial denture - resin base (including any conventional clasps,rests and teeth)	\$250	\$1150
D5213	maxillary partial denture - cast metal framework with resin denture bases (inc. any conventional clasps, rests and teeth)	\$350	\$1500
D5214	mandibular partial denture - cast metal framework with resin denture bases (inc. any conventional clasps, rests and teeth)	\$350	\$1585
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$350	\$1445
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$350	\$1518
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$169	\$550
D5410	adjust complete denture - maxillary	\$0	\$85
D5411	adjust complete denture - mandibular	\$0	\$85
D5421	adjust partial denture – maxillary	\$0	\$85
D5422	adjust partial denture - mandibular	\$0	\$75
D5510	repair broken complete denture base	\$31	\$208
D5520	replace missing or broken teeth - complete denture (each tooth)	\$31	\$190
D5610	repair resin denture base	\$31	\$250
D5620	repair cast framework	\$31	\$198

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D5630	repair or replace broken clasp	\$31	\$227
D5640	replace broken teeth - per tooth	\$31	\$182
D5650	add tooth to existing partial denture	\$31	\$198
D5660	add clasp to existing partial denture	\$31	\$254
D5670	replace all teeth maxillary	\$135	\$621
D5671	replace all teeth mandibular	\$135	\$621
D5710	rebase complete maxillary denture	\$100	\$628
D5711	rebase complete mandibular denture	\$100	\$600
D5720	rebase maxillary partial denture	\$100	\$593
D5721	rebase mandibular partial denture	\$100	\$593
D5730	reline complete maxillary denture (chairside)	\$80	\$354
D5731	reline complete mandibular denture (chairside)	\$80	\$354
D5740	reline maxillary partial denture (chairside)	\$80	\$339
D5741	reline mandibular partial denture (chairside)	\$80	\$250
D5750	reline complete maxillary denture (laboratory)	\$81	\$450
D5751	reline complete mandibular denture (laboratory)	\$81	\$380
D5760	reline maxillary partial denture (laboratory)	\$81	\$466
D5761	reline mandibular partial denture (laboratory)	\$81	\$466
D5820	interim partial denture (upper)	\$106	\$650
D5821	interim partial denture (lower)	\$106	\$650
D5850	tissue conditioning, maxillary	\$31	\$148
D5851	tissue conditioning, mandibular	\$31	\$148
 <u>Prosthodontics, Fixed</u>			
D6205	pontic - indirect resin based composite	\$63	\$856
D6210	pontic - cast high noble metal	\$313	\$1350
D6211	pontic - cast predominantly base metal	\$313	\$1226
D6212	pontic - cast noble metal	\$313	\$1375
D6214	pontic - titanium	\$313	\$1317
D6240	pontic - porcelain fused to high noble metal	\$313	\$1400
D6241	pontic - porcelain fused to predominantly base metal	\$313	\$1500
D6242	pontic - porcelain fused to noble metal	\$313	\$1055
D6250	pontic - resin with high noble metal	\$313	\$1200
D6251	pontic - resin with predominantly base metal	\$313	\$1177
D6252	pontic - resin with noble metal	\$313	\$1215

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D6253	provisional pontic	\$38	\$550
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$150	\$422
D6602	inlay - cast high noble metal - 2 surfaces	\$344	\$1152
D6603	inlay - cast high noble metal - 3 plus surfaces	\$344	\$1268
D6604	inlay - cast predom. base mtl. - 2 surfaces	\$344	\$1129
D6605	inlay - cast predom base mtl. - 3 plus surfaces	\$298	\$1197
D6606	inlay - cast noble metal, 2 surfaces	\$313	\$1111
D6607	inlay - cast noble metal, 3 or more surfaces	\$313	\$1233
D6610	onlay - cast high noble metal, 2 surfaces	\$335	\$1243
D6611	onlay - cast high noble metal, 3 or more surfaces	\$366	\$1360
D6612	onlay - cast pred base metal, 2 surfaces	\$288	\$1236
D6613	onlay - cast predom base metal, 3 or more surfaces	\$319	\$1292
D6614	onlay - cast noble metal, 2 surfaces	\$304	\$1210
D6615	onlay - cast noble metal, 3 or more surfaces	\$335	\$1258
D6624	inlay - titanium	\$344	\$1152
D6634	onlay - titanium	\$366	\$1210
D6710	crown - indirect resin based composite (not to be used as a temporary or provisional crown)	\$63	\$1235
D6720	crown - resin with high noble metal	\$350	\$920
D6721	crown - resin with predominantly base	\$350	\$1366
D6722	crown - resin with noble metal	\$350	\$1391
D6750	crown - porcelain fused to high noble metal	\$350	\$1425
D6751	crown - porcelain fused to predominantly base metal	\$350	\$1400
D6752	crown - porcelain fused to noble metal	\$350	\$1034
D6780	crown - 3/4 cast high noble metal	\$350	\$1391
D6781	crown - 3/4 cast predom base metal	\$350	\$1391
D6782	crown - 3/4 cast noble metal	\$350	\$1292
D6790	crown - full cast high noble metal	\$350	\$1395
D6791	crown - full cast predominantly base metal	\$350	\$1350
D6792	crown - full cast noble metal	\$350	\$1490
D6793	provisional retainer crown	\$38	\$395
D6794	crown - titanium	\$313	\$1399
D6930	recrement fixed partial denture	\$0	\$165
D6950	precision attachment	\$125	\$757
D6970	cast post and core in addition to fixed partial denture retainer	\$113	\$477
D6980	fixed partial denture repair, by report	\$0	\$726

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
<u>Oral Surgery</u>			
D7111	extraction, coronal remnants - deciduous tooth	\$10	\$150
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$19	\$187
D7210	surg. removal of erupted tooth req. elevation of mucoperio- steal flap and removal of bone and/or section of tooth	\$70	\$345
D7220	removal of impacted tooth - soft tissue	\$75	\$392
D7230	removal of impacted tooth - partially bony	\$80	\$462
D7240	removal of impacted tooth - completely bony	\$100	\$562
D7250	surgical removal of residual tooth roots (cutting procedure)	\$313	\$1395
D7260	oroantral fistula closure	\$113	\$2923
D7261	primary closure of a sinus perforation	\$113	\$946
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$44	\$705
D7280	surgical access of an unerupted tooth	\$100	\$600
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$100	\$282
D7283	placement of device to facilitate eruption of impacted tooth	\$38	\$189
D7285	biopsy of oral tissue - hard (bone, tooth) (See Note A)	\$44	\$1255
D7286	biopsy of oral tissue - soft (See Note A)	\$50	\$350
D7287	exfoliative cytological sample collection	\$25	\$181
D7288	brush biopsy - transepithelial sample collection	\$25	\$150
D7290	surgical repositioning of teeth	\$44	\$636
D7310	alveoplasty in conjunction with extraction - per quadrant	\$38	\$245
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$19	\$301
D7320	alveoplasty not in conjunction with extraction - per quadrant	\$44	\$559
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$23	\$473
D7410	excision of benign lesion up to 1.25 cm	\$44	\$1233
D7411	excision of benign lesion greater than 1.25	\$81	\$2106
D7412	excision of benign lesion, complicated	\$90	\$2342
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$56	\$1233
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$88	\$1936
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$56	\$1233

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$88	\$1986
D7471	removal of exostosis - maxilla or mandible	\$69	\$1278
D7472	removal of torus palatinus	\$69	\$1518
D7473	removal of torus mandibularis	\$69	\$1432
D7485	surgical reduction of osseous tuberosity	\$69	\$1278
D7510	incision and drainage of abscess - intraoral	\$31	\$250
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$39	\$559
D7520	incision and drainage of abscess - extraoral	\$63	\$1761
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$79	\$1935
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$25	\$635
D7910	suture of recent small wounds up to 5 cm	\$19	\$564
D7911	complicated suture - up to 5 cm	\$25	\$1408
D7960	frenulectomy (frenectomy or frenotomy)	\$69	\$525
D7963	frenuloplasty	\$69	\$817
D7970	excision of hyperplastic tissue - per arch	\$56	\$757
D7971	excision of pericoronal gingiva	\$25	\$250
D7972	surgical reduction of fibrous tuberosity	\$56	\$963
<u>Orthodontics</u>			
D8010	limited orthodontic treatment of the primary dentition	\$120	n/a
D8020	limited orthodontic treatment of the transitional dentition	\$120	n/a
D8030	limited orthodontic treatment of the adolescent dentition	\$120	n/a
D8050	interceptive orthodontic treatment of the primary dentition	\$608	n/a
D8060	interceptive orthodontic treatment of the transitional dentition	\$608	n/a
D8070	comprehensive orthodontic treatment of the transitional dentition	\$2,313	n/a
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$2,313	n/a
D8210	removable appliance therapy	\$150	n/a
D8220	fixed appliance therapy	\$240	n/a
D8660	pre-orthodontic treatment visit	\$53	n/a
D8665	orthodontic records	\$135	n/a
D8670	periodic orthodontic treatment visit (as part of contract)	\$0	n/a
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0	n/a

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>PATIENT PAYS</u>	<u>AVERAGE REGIONAL COST</u>
D8665	orthodontic records	\$135	n/a
D8670	periodic orthodontic treatment visit (as part of contract)	\$0	n/a
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0	n/a
<u>Additional Procedures</u>			
D9110	palliative (emergency) treatment of dental	\$25	\$126
D9210	local anesthesia not in conjunction with operative or procedures	\$0	\$25
D9220	general anesthesia - first 30 minutes	\$50	\$403
D9221	general anesthesia - each additional 15 minutes	\$20	\$285
D9230	analgesia anxiolysis, inhalation of nitrous	\$0	\$95
D9241	intravenous sedation/analgesia, first 30 minutes	\$50	\$403
D9242	intravenous sedation/analgesia, each add'l. 30 minutes	\$20	\$184
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0	\$125
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$25	\$75
D9440	office visit - after regularly scheduled hours	\$50	\$173
D9450	case presentations	\$0	\$150
D9910	application of desensitizing medicament	\$0	\$70
D9940	occlusal guard, by report	\$125	\$600
D9942	repair and/or reline of occlusal guards	\$38	\$175
D9951	occlusal adjustment - limited	\$63	\$175
D9952	occlusal adjustment - complete	\$125	\$957
D9999	unspecified adjunctive procedure, by report (See Note B)	\$25	n/a

Note A: (D7286) Lab fees for biopsies and exclusions are to be paid by the dentist.

Note B: (D9999) Broken appointment fee which may be charged if patient did not provide 24-hour notice of cancellation.

EXCLUSIONS AND LIMITATIONS— DHMO PANEL OPTION

1. Services of a practitioner not associated with the dental plan are excluded, except upon referral arranged by a participating dentist and authorized by the plan, or when required and authorized by the plan in a covered emergency.
2. Hospitalization for any dental procedure is excluded, except when hospitalization is pre-approved by the plan. Hospitalization may be approved for medically compromised patients undergoing extensive dental procedures, behaviorally challenged, pediatric, or special needs cases.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons is excluded. Any dental procedure not directly associated with dental disease is excluded.
4. Dental procedures not listed on the plan's fee schedule are excluded.
5. Payment for any evaluation or treatment involving an improperly executed referral is the responsibility of the general dentist who provided the improper referral.
6. Any procedure not performed in a dental setting is excluded, except as noted in #2 above.
7. Procedures that are considered to be experimental are excluded. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.
8. Placement of dental implants, implant-supported abutments and prostheses are excluded. Implant sites will be considered edentulous areas for claims adjudication purposes. This includes pharmacological regimens and restorative materials.
9. Drugs/medications, obtainable with or without a prescription are excluded unless they are dispensed and utilized in the dental office during the patient visit, and are specifically covered by the patient's plan.
10. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services which are provided without cost to the member by any municipality, county, or other political subdivision are excluded. This exclusion does not apply to any services covered by Medicaid or Medicare.
11. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue are excluded.
12. Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal, is excluded. Treatment of congenital malformations of hard or soft tissue, including excision, is excluded. Hard or soft tissue biopsies of neoplasms, cysts, or hard or soft tissue growths of unknown cellular makeup are not excluded, provided these procedures

are covered under the patient's plan.

13. Replacement of complete or partial dentures, fixed bridgework, or crowns previously submitted for payment under any form of DBP coverage within sixty (60) months of initial or supplemental placement is excluded. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
14. For services provided by a participating provider, replacement of complete or partial dentures, crowns, or fixed bridgework is the responsibility of the provider if damage or breakage was directly related to provider error. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
15. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral, are excluded, unless those services are covered by the patient's plan.
16. Charges for failure to keep a scheduled appointment without giving the dental office adequate notice (at least 24 hours notice for a participating provider) are excluded, unless there are provisions for broken appointment charges on the patient's plan.
17. Services of pediatric dentists are excluded.
18. Services of prosthodontists are excluded.
19. Charges for second opinions are excluded, unless they have been previously authorized by the plan. The dentist providing the second opinion is excluded from providing any actual treatment without prior authorization from the plan.
20. Expenses for dental procedures begun prior to the members' eligibility with the plan are excluded, except where there is a clearly defined contractual provision for the plan to take over such expenses.
21. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction are excluded.
22. Attachments to conventional removable prostheses or fixed bridgework are excluded. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
23. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO) are excluded.
24. Full mouth radiograph series are covered once every thirty-six (36) months, unless an alternate time period is specifically stated on the patient's plan. Panoramic radiographs are covered once every thirty-six (36) months, except when taken for diagnosis of third molars, cysts, or neoplasms.

- i25. Denture relines for complete or partial conventional dentures are included in the denture fee for the six (6) month period following the insertion of a prosthesis. Charges to the patient or the plan for relines during this period are excluded. Tissue conditioning and soft and hard relines for immediate full and partial dentures are included in the denture fees, and are the responsibility of the participating provider for six (6) months after insertion of the full or partial denture. After the six-month waiting period, relines are covered once every twelve (12) months.
26. Root planing and scaling (ADA Code 4341) is covered once every twenty-four (24) months per quadrant, provided this procedure is covered on the patient's plan.
27. One hard tissue periodontal surgery and one soft tissue periodontal surgery per surgical area are covered within a thirty-six (36) month period. This includes gingivectomy, gingivoplasty, gingival curettage (with or without a flap procedure), osseous surgery, pedicle grafts, and free soft tissue grafts, provided these procedures are covered on the patient's plan.
28. Osseous grafts, with or without resorbable or non-resorbable GTR membrane placement, are covered once every thirty-six (36) months per quadrant or surgical site, provided these procedures are covered on the patient's plan.
29. Clinical situations that can be effectively treated by a less costly, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure, in accordance with the "Standards of Care" established by DBP for its participating providers.
30. Participating providers who fail to submit required procedures for pre-treatment review are at risk for downgrade or denial of benefits when the procedure is reviewed after treatment.
31. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage is not covered until the patient has been eligible under the plan for twelve (12) continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this twelve (12) month period, the plan is responsible only for the procedures associated with the addition.
32. Replacement of missing natural teeth lost prior to the onset of plan coverage is excluded until the patient has been eligible for twelve (12) continuous months.
33. Sealants are covered only for first and second permanent molars for patients under sixteen (16) years of age, unless the patient's plan specifically states otherwise. Sealants on other permanent or primary teeth, or for patients over the age limit, must be preauthorized.
34. Billing for incision and drainage (ADA code 7510) is excluded if the involved abscessed tooth is removed on the same date of service.

35. Full mouth debridement (ADA code 4355) is limited to once every thirty-six (36) months.
36. Occlusal guards are excluded for any purpose other than control of habitual grinding.
37. Placement of fixed bridgework solely for the purpose of achieving periodontal stability is excluded.

DHMO Provider Network

GENERAL DENTISTS

DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA COUNTY

WASHINGTON

COLEY JR, James F
(202) 543-7498
Prov. No.: 00000003886
Accepting existing patients only
500 8th St Ne
Washington, DC 20002

DANCIL, Abraham
(202) 399-6249
Prov. No.: 000000005668
1800 Benning Rd Ne
Washington, DC 20002

DAVIS, Brian C
(202) 489-5567
Prov. No.: 000000355776
4018 Georgia Ave &
Washington, DC 20011

HADDAD, Michael
(202) 332-0050
Prov. No.: 000000038530
Accepting existing patients only
2305 18th St Nw
Ste 204
Washington, DC 20009
Language: Arabic, Persian, Tagula

HARRISON, Eric G
Dr Eric Harrison
(202) 582-0400
Prov. No.: 000000289104
Accepting existing patients only
3230 Pennsylvania Ave Se &
Ste 230
Washington, DC 20020

HARRISON, Eric G
Dr Eric Harrison
(202) 582-0400
Prov. No.: 000000005894
Accepting existing patients only
3230 Pennsylvania Ave Se &
Ste 230
Washington, DC 20020

LANDY, Michael
Dr. Michael Landy
(202) 872-1525
Prov. No.: 000000005702
4600 Connecticut Ave Nw
Ste 131
Washington, DC 20008

DISTRICT OF COLUMBIA COUNTY (Cont.)

WASHINGTON (Cont.)

LEE, Richard
(202) 546-9857
Prov. No.: 000000005686
214 2nd St Se &
Washington, DC 20003

MARTIN, Robert
(202) 291-1414
Prov. No.: 000000047847
Accepting existing patients only
3609 Georgia Ave Nw
Washington, DC 20010

PERRY-DODSON, Elizabeth S
(202) 829-1266
Prov. No.: 000000014429
Accepting existing patients only
3103 Georgia Ave &
2nd Flr
Washington, DC 20010

PERRY-DODSON, Elizabeth S
(202) 829-1266
Prov. No.: 000000014430
Accepting existing patients only
7310 Alaska Ave Nw
Washington, DC 20012

PETERSON, Sushila
(202) 722-4321
Prov. No.: 000000039327
3816 8th St Nw
Washington, DC 20011

RASTEGARI, A. M.
(202) 362-4710
Prov. No.: 000000039343
Accepting existing patients only
5415 Connecticut Ave Nw
Washington, DC 20015
Language: Farsi

STULZMAN, Alice
Dr Michelle Loewinger
(202) 332-3600
Prov. No.: 000000034088
1140 19th St Nw &
Ste 450
Washington, DC 20036

MARYLAND

ALLEGANY COUNTY

CUMBERLAND

BLOUGH-LABUDA, Janice I
(301) 724-2978
Prov. No.: 000000031145
Accepting existing patients only
444 National Hwy &
Cumberland, MD 21502

ANNE ARUNDEL COUNTY

ANNAPOLIS

AHMED, Mohammed S
Angel Dental Care
Prov. No.: 0000000315008
200 Forbes St &
Annapolis, MD 21401
Language: Arabic, Sign
Language, Spanish

JAFARI, Hoda
Angel Dental Care
Prov. No.: 0000000343608
200 Forbes St
Ste 301
Annapolis, MD 21401
Language: Arabic, Sign
Language, Spanish

REED-BOYD, Cynthia Y
Boyd & Boyd Dentistry
(410) 626-1797
Prov. No.: 000000018400
Accepting existing patients only
914 Bay Ridge Rd &
Ste 205
Annapolis, MD 21403

CROFTON

CHIMATA, Ameen
Ulery Dental & Ortho
(410) 721-8200
Prov. No.: 000000268852
1286 Maryland Rte 3 S &
Ste 7
Crofton, MD 21114

MEER, Babak R
Ulery Dental & Ortho
(410) 721-8200
Prov. No.: 000000251456
1286 Maryland Rte 3 &
Crofton, MD 21114

ANNE ARUNDEL COUNTY (Cont.)

CROFTON (Cont.)

SHTYNSHLEYGER, Igor S
Ulery Dental & Ortho
(410) 721-8200
Prov. No.: 0000000310442
1286 Md Rte 3
Crofton, MD 21114

STEINBERG, Wayne S
Ulery Dental & Ortho
(410) 721-8200
Prov. No.: 000000175675
1286 Maryland Rte 3 S &
Ste 7
Crofton, MD 21114

ULERY, Scott A
Ulery Dental & Ortho
(410) 721-8200
Prov. No.: 000000000137
1286 Md Rte 3 S &
Ste 7
Crofton, MD 21114
Language: Spanish, Vietnamese

WEISS, Karl W
Ulery Dental & Ortho
(410) 721-8200
Prov. No.: 000000264464
1286 Maryland Rte 3 S &
Ste 7
Crofton, MD 21114
Language: Spanish

GLEN BURNIE

AZHAR, Samia
Palm Dental Associates
(410) 969-9300
Prov. No.: 000000285805
Accepting existing patients only
7951 S Crain Hwy &
Glen Burnie, MD 21061

BHUSHAN, Sunanda
Palm Dental Associates
(410) 766-2255
Prov. No.: 0000000303802
7951 S Crain Hwy &
Lower Level
Glen Burnie, MD 21061

KHAKZADEH, Taraneh Z
Palm Dental Associates
(410) 969-9300
Prov. No.: 0000000303774
7951 Crain Hwy &
Glen Burnie, MD 21060

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

ANNE ARUNDEL COUNTY (Cont.)

GLEN BURNIE (Cont.)

PALM, Kenneth
Palm Dental Associates
 (410) 969-9300
 Prov. No.: 000000289684
 7951 Crain Hwy &
 Glen Burnie, MD 21061

STOUTE, Brian
Palm Dental Associates
 (410) 969-9300
 Prov. No.: 000000286312
 7951 Crain Hwy
 Glen Burnie, MD 21061

UNGER, Francine A
Palm Dental Associates
 (410) 969-9300
 Prov. No.: 000000353714
 7951 Crain Hwy S &
 Lower Level
 Glen Burnie, MD 21061

ZIA, Amir S
Southgate Dental Care
 (410) 760-4455
 Prov. No.: 000000289669
 1811 S Crain Hwy &
 Glen Burnie, MD 21061

LAUREL

STEPHENS, George
 (301) 725-7000
 Prov. No.: 000000047776
 ***Accepting existing patients
 only***
 3450 Fort Meade Rd &
 Ste 211
 Laurel, MD 20724

TEHRANI, Saideh
 (301) 498-6554
 Prov. No.: 000000002922
 ***Accepting existing patients
 only***
 3450 Fort Meade Rd &
 Ste 202
 Laurel, MD 20724
 Language: Farsi, German

PASADENA

CHIMATA, Ameen
Ulery Dntl & Orthodontics
 (410) 590-6690
 Prov. No.: 000000268855
 8055 Ritchie Hwy &
 Ste 102-104
 Pasadena, MD 21122

ANNE ARUNDEL COUNTY (Cont.)

PASADENA (Cont.)

MASOOD, Arif
Ulery Dntl & Orthodontics
 (410) 590-6690
 Prov. No.: 000000000168
 8055 Ritchie Hwy &
 Ste 102-104
 Pasadena, MD 21122
 Language: Spanish

MEER, Babak R
Ulery Dntl & Orthodontics
 (410) 590-6690
 Prov. No.: 000000251474
 ***Accepting existing patients
 only***
 8055 Ritchie Hwy &
 Ste 102-104
 Pasadena, MD 21122

STEINBERG, Wayne S
Ulery Dntl & Orthodontics
 (410) 590-6690
 Prov. No.: 000000195075
 8055 Ritchie Hwy &
 Ste 102-104
 Pasadena, MD 21122

WEISS, Karl W
Ulery Dntl & Orthodontics
 (410) 590-6690
 Prov. No.: 000000264466
 8055 Ritchie Hwy &
 Ste 102-104
 Pasadena, MD 21122
 Language: Spanish

BALTIMORE COUNTY

BALTIMORE

ANGAMUTHU, Vijayalalshmi
 (410) 281-7700
 Prov. No.: 000000231714
 1726 N Rolling Rd
 Baltimore, MD 21244

BERMAN, Geoffrey M
Drs Berman & Platt
 (410) 687-0900
 Prov. No.: 000000039212
 ***Accepting existing patients
 only***
 1390 Martin Blvd &
 Baltimore, MD 21220

BALTIMORE COUNTY (Cont.)

BALTIMORE (Cont.)

FLETCHER, Nathan L
Fletcher & Fletcher Denti
 (410) 298-2700
 Prov. No.: 000000012857
 ***Accepting existing patients
 only***
 3320 St Lukes Ln &
 Baltimore, MD 21207

GREENBERG, Ned S
Dr Ned S Greenberg
 (410) 686-4646
 Prov. No.: 000000047712
 ***Accepting existing patients
 only***
 2100 Eastern Blvd &
 Baltimore, MD 21220

JAFFE, Richard S
 (410) 288-1162
 Prov. No.: 000000015888
 201 Wise Ave &
 Baltimore, MD 21222

LEVY, Joseph E
 (410) 653-8085
 Prov. No.: 000000001484
 19 Walker Ave &
 Ste 301
 Baltimore, MD 21208

PADOUSIS, Robert P
Robert Padousis Dds
 (410) 866-6660
 Prov. No.: 000000019189
 ***Accepting existing patients
 only***
 6304 Kenwood Ave &
 Ste 5
 Baltimore, MD 21237
 Language: Greek

PLATT, Jeffrey I
Drs Berman & Platt
 (410) 687-0900
 Prov. No.: 000000039211
 ***Accepting existing patients
 only***
 1390 Martin Blvd &
 Baltimore, MD 21220

PLUNKA, Stanley
 (410) 764-8882
 Prov. No.: 000000000208
 ***Accepting existing patients
 only***
 3635 Old Court Rd
 Ste 511
 Baltimore, MD 21208
 Language: Russian, Spanish

BALTIMORE COUNTY (Cont.)

BALTIMORE (Cont.)

SMITH, Kelvin B
 (410) 277-9206
 Prov. No.: 000000010959
 7008 Security Blvd &
 Ste 110
 Baltimore, MD 21244

TZOMIDES, Thomas G
Dr. Thomas Tzomides
 (410) 686-6510
 Prov. No.: 000000000207
 30 Middle River Rd &
 Baltimore, MD 21220
 Language: Greek

CATONSVILLE

AHMED, Mohammed S
Angel Dental Care
 (410) 747-0077
 Prov. No.: 000000005677
 405 Frederick Rd &
 Ste 150
 Catonsville, MD 21228
 Language: Arabic, Sign
 Language, Spanish

ELRAFEI, Mohamed S
Angel Dental Care
 (410) 747-0077
 Prov. No.: 000000005680
 ***Accepting existing patients
 only***
 405 Frederick Rd &
 Ste 150
 Catonsville, MD 21228
 Language: Arabic, Sign
 Language, Spanish

HYUNG, Kim
Todays Dental Associates
 (410) 744-7777
 Prov. No.: 000000223046
 832 N Rolling Rd &
 Catonsville, MD 21228

JAFARI, Hoda
Angel Dental Care
 (410) 747-0077
 Prov. No.: 000000005679
 405 Frederick Rd &
 Ste 150
 Catonsville, MD 21228
 Language: Arabic, Sign
 Language, Spanish

JASTHI, Dharani
Todays Dental Associates
 (410) 744-7777
 Prov. No.: 000000016398
 832 N Rolling Rd &
 Catonsville, MD 21228

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

BALTIMORE COUNTY (Cont.)

CATONSVILLE (Cont.)

KIM, Suzanne Y
Angel Dental Care
 (410) 747-0077
 Prov. No.: 000000005676
 Accepting existing patients only

405 Frederick Rd &
 Ste 150
 Catonsville, MD 21228
 Language: Arabic, Sign
 Language, Spanish

MEKOUAR, Hicham
 (410) 747-0077
 Prov. No.: 000000224213
 Accepting existing patients only

405 Frederick Rd &
 Ste 150
 Catonsville, MD 21228

TARABISHI, Wahby M
Angel Dental Care
 (410) 747-0077
 Prov. No.: 000000631848
 Accepting existing patients only

405 Frederick Rd &
 Ste 150
 Catonsville, MD 21228

DUNDALK

UPPALAPATI, Satya S
 (410) 288-5450
 Prov. No.: 000000255332
 2829 N Point Rd
 Dundalk, MD 21222

ESSEX

SHANE, Frank R
Dr. Frank Shane, Dds
 (410) 391-6200
 Prov. No.: 000000007454
 13 Margaret Ave
 Essex, MD 21221

PIKESVILLE

BELT, Ogden M
 (410) 602-0295
 Prov. No.: 000000000218
 1777 Reisterstown Rd &
 Ste 220 - Commerce Ctr
 Pikesville, MD 21208

BALTIMORE COUNTY (Cont.)

RANDALLSTOWN

FREUNDLICH, Howard S
Drs Pleet & Freundlich
 (410) 922-8088
 Prov. No.: 000000042863
 5310 Old Court Rd &
 Ste B
 Randallstown, MD 21133

HASSANI, Eftakher
 (410) 922-3700
 Prov. No.: 000000292416
 8626 Liberty Rd
 Randallstown, MD 21133

JASTHI, Dharani
 (410) 922-3700
 Prov. No.: 000000016400
 8626 Liberty Rd &
 Randallstown, MD 21133

LAWSON, Rodney S
Rodney S Lawson Dds, Pa
 (410) 922-2420
 Prov. No.: 000000007415
 5400 Old Court Rd &
 Ste 303
 Randallstown, MD 21133

MARKOW, Steven
 (410) 922-8088
 Prov. No.: 000000042864
 5310 Old Court Rd
 Ste B
 Randallstown, MD 21133

ROSEDALE

GOLDBERG, Joel I
 (410) 866-5550
 Prov. No.: 000000041845
 Accepting existing patients only
 1709 Chesaco Ave &
 Rosedale, MD 21237

BALTIMORE CITY COUNTY

BALTIMORE

CHAVIS, Delwyne
Madison Park Medical Cntr
 (410) 664-1110
 Prov. No.: 000000019176
 Accepting existing patients only
 938 W North Ave &
 Baltimore, MD 21217

BALTIMORE CITY COUNTY (Cont.)

BALTIMORE (Cont.)

CHAVIS, Delwyne
Fam Hlth Ctrs of Balt Inc
 (410) 354-2000
 Prov. No.: 000000315524
 631 Cherry Hill Rd &
 Baltimore, MD 21225

DRAYTON, Bobby E
 (410) 485-4403
 Prov. No.: 000000007379
 4403 Moravia Rd
 Baltimore, MD 21206

EXLER, Michael K
Michael K Exler Dds Pa
 (410) 327-5488
 Prov. No.: 000000028214
 Accepting existing patients only
 3715 Eastern Ave &
 Baltimore, MD 21224

GAMERMAN, Stephen
Drs. Abrams & Gartnerman
 (410) 539-1155
 Prov. No.: 000000006672
 Accepting existing patients only
 107 W Saratoga St
 Baltimore, MD 21201

GARCIA, Nicholas C
 (410) 483-3373
 Prov. No.: 000000007337
 Accepting existing patients only
 2887 Chesterfield Ave
 Baltimore, MD 21213
 Language: Spanish

GOODMAN, Robert A
 (410) 372-0766
 Prov. No.: 000000005936
 Accepting existing patients only
 6301 N Charles St &
 Ste 3
 Baltimore, MD 21212

HOOPER, Kenny
The Smile Center
 (410) 732-6720
 Prov. No.: 000000028909
 1500 E Madison St
 Baltimore, MD 21205

KROMAH, Margaret
 (410) 325-7434
 Prov. No.: 000000047909
 Accepting existing patients only
 4403 Moravia Rd
 Ste 2
 Baltimore, MD 21206

BALTIMORE CITY COUNTY (Cont.)

BALTIMORE (Cont.)

LANGERMANN, Rena K
 (410) 358-7646
 Prov. No.: 000000003981
 Accepting existing patients only
 6606 Cross Country Blvd
 Baltimore, MD 21215

MCDUFFIE, Patricia L
The Smile Center
 (410) 732-6720
 Prov. No.: 000000028911
 620 N Caroline St &
 Baltimore, MD 21205

MONDESIR, Erin O
Spectrum Dental
 (410) 235-0062
 Prov. No.: 000000188649
 200 E 33rd St &
 Ste 284
 Baltimore, MD 21218

MUMBY, William W
Drs Mumby & Simmons
 (410) 945-1122
 Prov. No.: 000000007414
 Accepting existing patients only
 4428 Edmondson Ave &
 Baltimore, MD 21229

NICKENS JR, J. Laws
 (410) 523-4688
 Prov. No.: 000000009207
 Accepting existing patients only
 1608 N Fulton Ave
 Baltimore, MD 21217
 Language: Slovak

SANIT, Kwanrak W
Michael K Exler Dds Pa
 (410) 327-5488
 Prov. No.: 000000028215
 Accepting existing patients only
 3715 Eastern Ave &
 Baltimore, MD 21224

SHERARD, Melvena L
Fam Hlth Ctrs of Balt Inc
 (410) 354-5822
 Prov. No.: 000000040401
 631 Cherry Hill Rd &
 Baltimore, MD 21225

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

BALTIMORE CITY COUNTY (Cont.)

BALTIMORE (Cont.)

WEISS, Louis
Dr. Louis Weiss
 (410) 488-1042
 Prov. No.: 000000047910
 Accepting existing patients only
 5000 Frankford Ave
 Baltimore, MD 21206
 Language: Hebrew

CARROLL COUNTY

ELDERSBURG

WILDER, Larry I
 (410) 795-6888
 Prov. No.: 000000005120
 6400 Ridge Rd &
 Carrolltown Ctr
 Eldersburg, MD 21784
 Language: Italian

CECIL COUNTY

ELKTON

PASQUALINI, Charles V
 (410) 398-3737
 Prov. No.: 000000039326
 111 Howard St
 Elkton, MD 21922

CHARLES COUNTY

WALDORF

BRYANT, John
Post Office Lake Dental
 (301) 705-7552
 Prov. No.: 000000046682
 Accepting existing patients only
 603 Post Office Rd
 Ste 208
 Waldorf, MD 20602
 Language: Spanish

FITCHETT, Glander
Post Office Lake Dental
 (301) 705-7552
 Prov. No.: 000000046679
 Accepting existing patients only
 603 Post Office Rd
 Ste 208
 Waldorf, MD 20602
 Language: Spanish

CHARLES COUNTY (Cont.)

WALDORF (Cont.)

HOOD III, James P
Post Office Lake Dental
 (301) 705-7552
 Prov. No.: 000000046680
 Accepting existing patients only
 603 Post Office Rd
 Ste 208
 Waldorf, MD 20602
 Language: Spanish

FREDERICK COUNTY

FREDERICK

ALAYSSAMI, Mazin S
Allan M. Dworkin, Dds, Pc
 (301) 620-9090
 Prov. No.: 000000308578
 68 Thomas Johnson Dr
 Ste B
 Frederick, MD 21702
 Language: Farsi, French,
 Russian

BYRD, Richard L
Allan M. Dworkin, Dds, Pc
 (301) 620-9090
 Prov. No.: 000000355503
 68 Thomas Johnson Dr &
 Ste B
 Frederick, MD 21702
 Language: Farsi, French,
 Russian, Spanish

BYRD, Richard L
Allan M. Dworkin, Dds, Pc
 (301) 620-9090
 Prov. No.: 000000355814
 68 Thomas Johnson Dr &
 Ste B
 Frederick, MD 21702
 Language: Farsi, French,
 Russian, Spanish

MAZIN, Mark D
Allan M. Dworkin, Dds, Pc
 (301) 620-9090
 Prov. No.: 000000003381
 68 Thomas Johnson Dr &
 Ste B
 Frederick, MD 21702

PINETTI, John L
Allan M. Dworkin, Dds, Pc
 (301) 620-9090
 Prov. No.: 000000248387
 68 Thomas Johnson Dr
 Ste B
 Frederick, MD 21702

FREDERICK COUNTY (Cont.)

FREDERICK (Cont.)

PRITCHARD, Glenn R
Allan M. Dworkin, Dds, Pc
 (301) 620-9090
 Prov. No.: 000000247453
 68 Thomas Johnson Dr &
 Ste B
 Frederick, MD 21702

PUROHIT, Atul P
Dr Atul Purohit
 (301) 662-0131
 Prov. No.: 000000004491
 801 Toll House Ave &
 Frederick, MD 21701
 Language: Indian

GARRETT COUNTY

GRANTSVILLE

DORNBERG, Terry E
 (301) 895-5955
 Prov. No.: 000000001969
 Accepting existing patients only
 124 Miller St &
 Grantsville, MD 21536

HARFORD COUNTY

BEL AIR

WEINER, Ralph H
 (410) 515-2020
 Prov. No.: 000000006320
 2014 Tollgate Rd &
 Ste 103
 Bel Air, MD 21015
 Language: Spanish

BELCAMP

EXPOSITO, Jacques P
Riverside Dental at Waters Edge
 (410) 272-1535
 Prov. No.: 000000018331
 111-D Bata Blvd
 Belcamp, MD 21017
 Language: French, German,
 Hebrew, Hindi, Spanish

MILAK, Neelu
Riverside Dental at Waters Edge
 (410) 272-1535
 Prov. No.: 000000018333
 111-D Bata Blvd
 Belcamp, MD 21017
 Language: Hebrew, Hindi,
 Spanish

HARFORD COUNTY (Cont.)

BELCAMP (Cont.)

MITTELMAN, George
Riverside Dental at Waters Edge
 (410) 272-1535
 Prov. No.: 000000018332
 111-D Bata Blvd
 Belcamp, MD 21017
 Language: Hebrew, Hindi,
 Spanish

PARK, Stanley J
Riverside Dental at Waters Edge
 (410) 272-1535
 Prov. No.: 000000249734
 111-D Bata Blvd
 Belcamp, MD 21017

FALLSTON

TZOMIDES, Thomas
Dr Thomas Tzomides
 (410) 879-6688
 Prov. No.: 000000186632
 2404 Pleasantville Rd &
 Fallston, MD 21047

HOWARD COUNTY

COLUMBIA

MAZURSKY, Jeffrey A
 (410) 964-2422
 Prov. No.: 000000006417
 10451 Twin Rivers Rd
 Ste 215
 Columbia, MD 21044
 Language: Spanish

ELKRIDGE

BLANK, Michael M
Jessup Dental Associates
 (410) 799-2692
 Prov. No.: 000000007611
 8182 Lark Brown Rd &
 Ste 101
 Elkridge, MD 21075
 Language: Spanish

RIVERA, Emilio E
Jessup Dental Associates
 Prov. No.: 000000007613
 Accepting existing patients only
 8182 Lark Brown Rd &
 Ste 101
 Elkridge, MD 21075
 Language: Spanish

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

HOWARD COUNTY (Cont.)	MONTGOMERY COUNTY (Cont.)	MONTGOMERY COUNTY (Cont.)	MONTGOMERY COUNTY (Cont.)
ELLCOTT CITY	GAITHERSBURG (Cont.)	ROCKVILLE (Cont.)	SILVER SPRING (Cont.)
DESAI, Chetna K Chetna K Desai Dds Pc (410) 480-9111 Prov. No.: 000000283879 3290 N Ridge Rd Ste 180 Ellicott City, MD 21043 Language: Spanish	HASSANI, Eftakher Hassani Angamuthu & Assoc (301) 990-3697 Prov. No.: 000000334041 4 Professional Dr Ste 121 Gaithersburg, MD 20879	MASOOD, Arif Key West Dental Care (301) 838-9300 Prov. No.: 000000344555 9850 Key West Ave & Ste 302 Rockville, MD 20850 Language: Spanish	HESTER, Lulu G (301) 588-4411 Prov. No.: 000000004223 ***Accepting existing patients only*** 8830 Cameron St & Ste 203 Silver Spring, MD 20910 Language: Persian, Spanish
SEDIGHIAN, Ali R (410) 465-3021 Prov. No.: 000000040174 9005 Chevrolet Dr & Ste 1 Ellicott City, MD 21042 Language: Arabic, Persian, Spanish	LE, Chinh S Tlc Modern Dentistry Llc (301) 208-0002 Prov. No.: 000000304345 18220 Contour Rd Gaithersburg, MD 20878	NOURI, Bruce S Montgomery Family & Cosmetic Dentistry (301) 417-6957 Prov. No.: 000000002795 ***Accepting existing patients only*** 15245 Shady Grove Rd Ste 420 Rockville, MD 20850 Language: Farsi, Iranian, Persian, Spanish	LEE, Kearn P (301) 384-4012 Prov. No.: 000000052655 15427 Good Hope Rd Silver Spring, MD 20905
MONTGOMERY COUNTY	MALHMOOD, Arnold I (301) 926-6622 Prov. No.: 000000047913 ***Accepting existing patients only*** 474 N Frederick Ave Gaithersburg, MD 20877	TOLER, Kay M Kay M Toler Dds (301) 770-0123 Prov. No.: 000000224119 11300 Rockville Pike S Ste 711 Rockville, MD 20852	MCLAUGHLIN, Kaye E Aspen Hill Gen & Cosm Den (301) 460-1212 Prov. No.: 000000306907 13975 Connecticut Ave & Ste 200-201 Silver Spring, MD 20906
BETHESDA	TRAN, Quang N Tlc Modern Dentistry Llc (301) 208-0002 Prov. No.: 000000316797 18220 Contour Rd & Gaithersburg, MD 20877 Language: Vietnamese	SILVER SPRING	ROBINSON, Brian T Md Oral Surgery Assoc Pa (301) 593-8077 Prov. No.: 000000223061 11120 New Hampshire Ave & Ste 501 Silver Spring, MD 20904
LEDER, James (301) 654-0900 Prov. No.: 000000047756 5301 W Bard Cir & Bethesda, MD 20816	GERMANTOWN	ALEXANDER, Mary B P A Winkelman Pc (301) 434-1300 Prov. No.: 000000016863 8716 Piney Branch Rd & Silver Spring, MD 20901 Language: Spanish	WINKELMAN, Peter A P A Winkelman Pc (301) 434-1300 Prov. No.: 000000205579 8716 Piney Branch Rd & Silver Spring, MD 20901 Language: Spanish
WICZER, Roanne Prov. No.: 000000279276 8311 Wisconsin Ave Ste B 8 Bethesda, MD 20814 Language: Farsi, Spanish	PUROHIT, Atul P (301) 515-5000 Prov. No.: 000000004492 19535 Doctors Dr Germantown, MD 20874 Language: Indian	ATASHBAR, Hedyeh (301) 495-3000 Prov. No.: 000000046295 ***Accepting existing patients only*** 1109 Spring St & Ste 702 Silver Spring, MD 20910	WINTER, Sherwin Metropolitan Dental (310) 587-8300 Prov. No.: 000000167040 8730 Georgia Ave & Ste 308 Silver Spring, MD 20910
BURTONSVILLE	POTOMAC	BAPTISTE, Joseph E Dr Joseph Baptiste (301) 585-6804 Prov. No.: 0000000040186 1400 E West Hwy & Ste G Silver Spring, MD 20910 Language: French, Spanish	TAKOMA PARK
SHEIK, Mon F (301) 476-8330 Prov. No.: 000000323360 15324 Spencerville Ct & Ste 101 Burtonsville, MD 20866 Language: Hindi, Spanish	SOOLARI, Ahmad S Dr Ahmad Soolari Dmd Pc (301) 299-6664 Prov. No.: 000000292042 11616 Toulone Dr Potomac, MD 20854 Language: Farsi	ROCKVILLE	VAUGHAN, William E (301) 891-2300 Prov. No.: 000000006296 7600 Maple Ave & Ste 6 Takoma Park, MD 20912 Language: Spanish
GAITHERSBURG	CHUNG, Jay Montrose Dental Office (301) 881-5800 Prov. No.: 000000000279 6232 Montrose Rd & Rockville, MD 20852 Language: Korean		
ANGAMUTHU, Vijayalakhmi Hassani Angamuthu & Assoc (301) 990-3697 Prov. No.: 000000334034 4 Professional Dr Ste 121 Gaithersburg, MD 20879			
HA, Derrick H Tlc Modern Dentistry Llc (301) 208-0002 Prov. No.: 000000353107 18220 Contour Rd & Gaithersburg, MD 20877			

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

MONTGOMERY COUNTY (Cont.)

WHEATON

SINGH, Rajwant
(301) 949-8439
Prov. No.: 000000046744
11208 Grandview Ave &
Wheaton, MD 20902
Language: Indian

PRINCE GEORGES COUNTY

ADELPHI

DAVIS, Vincent
Gentle Dental Care
(301) 445-5800
Prov. No.: 000000047448
1836 Mezerott Rd &
Ste 118
Adelphi, MD 20783

BLADENSBURG

DESAI, Chetna K
Dr Claudia A Maitland
(301) 864-1894
Prov. No.: 000000038625
5632 Annapolis Rd
Ste 6
Bladensburg, MD 20710
Language: Spanish

MAITLAND, Claudia
Dr Claudia A Maitland
(301) 864-1894
Prov. No.: 000000038624
***Accepting existing patients
only***
5632 Annapolis Rd &
Ste 6
Bladensburg, MD 20710
Language: Spanish

BOWIE

CHOW, Mi-Lun
(301) 805-1544
Prov. No.: 000000000182
***Accepting existing patients
only***
13613 Annapolis Rd &
Bowie, MD 20720
Language: Cantonese

PRINCE GEORGES COUNTY (Cont.)

BOWIE (Cont.)

DAVIDSON JR, Alphonzo L
Gateway Center Dental Off
(301) 805-6150
Prov. No.: 000000011056
***Accepting existing patients
only***
4000 Mitchellville Rd &
Ste B-426
Bowie, MD 20716
Language: Hindi

DAVIS, Tanzania
(301) 262-0800
Prov. No.: 000000049309
3231 Superior Ln &
Ste A-22
Bowie, MD 20715

SWANN, William F
(301) 805-6150
Prov. No.: 00000009231
***Accepting existing patients
only***
4000 Mitchellville Rd &
Ste B426
Bowie, MD 20716

CAPITOL HEIGHTS

CARVER, Belinda A
(301) 350-6932
Prov. No.: 000000006027
81 Yost Pl &
Capitol Heights, MD 20743

DAVIS, George
Dr. Vincent Davis
(301) 925-9200
Prov. No.: 000000047446
9146 Edgeworth Dr
Capitol Heights, MD 20743

DAVIS, Vincent
Dr. Vincent Davis
(301) 333-5882
Prov. No.: 000000047445
9146 Edgeworth Dr
Capitol Heights, MD 20743

THOMAS-FURQAN, Jacqueline M
Neville Mcken
(301) 336-7535
Prov. No.: 000000000198
***Accepting existing patients
only***
9171 Central Ave
Ste 301
Capitol Heights, MD 20743

PRINCE GEORGES COUNTY (Cont.)

CLINTON

MALONEY, Joseph
Dr. Joseph Maloney
(301) 868-6703
Prov. No.: 000000006065
9131 Piscataway Rd &
Ste 739
Clinton, MD 20735

COLLEGE PARK

BELANI, Anita
College Park Dental
(301) 927-2500
Prov. No.: 000000240678
7305 Baltimore Ave
Ste 204
College Park, MD 20740

BRAGER, Stanley
College Park Dental
(301) 927-2500
Prov. No.: 000000006017
7305 Baltimore Ave
Ste 204
College Park, MD 20740
Language: Spanish

BYUN, Bo A
Dr Steven L Rattner
(301) 474-8277
Prov. No.: 000000006159
6100 Westchester Park Dr &
College Park, MD 20740
Language: Sign Language

DESAI, Chetna K
College Park Dental
(301) 927-2500
Prov. No.: 000000006022
***Accepting existing patients
only***
7305 Baltimore Ave
Ste 204
College Park, MD 20740
Language: Spanish

HAGHIGHYAN, Majid
College Park Dental
(301) 927-2500
Prov. No.: 000000201077
7305 Baltimore Ave &
Ste 204
College Park, MD 20740

HALUSKA, Scott
College Park Dental
(301) 927-2500
Prov. No.: 000000250856
7305 Baltimore Ave
Ste 204
College Park, MD 20740

PRINCE GEORGES COUNTY (Cont.)

COLLEGE PARK (Cont.)

HOANG, Jacquelyn B
College Park Dental
(301) 927-2500
Prov. No.: 000000157827
7305 Baltimore Ave &
Ste 204
College Park, MD 20740
Language: French, Spanish,
Vietnamese

JANBAKSH, Michelle
College Park Dental
(301) 927-2500
Prov. No.: 000000311503
7305 Baltimore Ave &
Ste 204
College Park, MD 20740

KODSI, Nadim
College Park Dental
(301) 927-2500
Prov. No.: 000000206467
7305 Baltimore Ave
Ste 204
College Park, MD 20740

MONK, Lydia A
College Park Dental
(301) 927-2500
Prov. No.: 000000156844
***Accepting existing patients
only***
7305 Baltimore Ave &
Ste 204
College Park, MD 20740

NGUYEN, Thao-Tran D
College Park Dental
(301) 927-2500
Prov. No.: 000000331153
7305 Baltimore Ave
Ste 204
College Park, MD 20740

RATTNER, Steven L
Dr Steven L Rattner
(301) 474-8277
Prov. No.: 000000006157
6100 Westchester Park Dr &
College Park, MD 20740
Language: Sign Language

SU, Esther J
College Park Dental
(301) 927-2500
Prov. No.: 000000170977
7305 Baltimore Ave &
Ste 204
College Park, MD 20740

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

PRINCE GEORGES COUNTY (Cont.)

COLLEGE PARK (Cont.)

TAJJICK, Gita
College Park Dental
(301) 927-2500
Prov. No.: 000000170983
7305 Baltimore Ave &
Ste 204
College Park, MD 20740

TAJJICK, Ramien R
College Park Dental
(301) 864-5200
Prov. No.: 000000187030
7305 Baltimore Ave
College Park, MD 20740
Language: French, Iranian,
Italian, Spanish, Tagalog

TAMAMI, Farzam
(301) 927-2500
Prov. No.: 000000178655
***Accepting existing patients
only***
7305 Baltimore Ave
Ste 204
College Park, MD 20740

TIWARY, Romila
College Park Dental
(301) 927-2500
Prov. No.: 000000249812
7305 Baltimore Ave
Ste 204
College Park, MD 20740

WONG, Arno
(301) 864-3100
Prov. No.: 000000044531
7305 Baltimore Ave &
Ste 206
College Park, MD 20740
Language: Chinese, Tagalog

FORT WASHINGTON

HYMES, Pamela V
Pamela V Hymes, Dds Pa
(301) 203-7035
Prov. No.: 000000000741
10905 Ft Washington Rd &
Ste 203
Fort Washington, MD 20744

GREENBELT

HAYNES, Maurice M
University Centre Dental
(301) 220-1900
Prov. No.: 000000033267
7833 Walker Dr &
Ste 10
Greenbelt, MD 20770
Language: Farsi, Spanish

PRINCE GEORGES COUNTY (Cont.)

GREENBELT (Cont.)

SMITH, Craig A
(301) 446-1784
Prov. No.: 000000045441
7201 Hanover Pkwy Ste A &
Greenbelt, MD 20770

WILSON, Adly E
(301) 345-8600
Prov. No.: 000000339096
***Accepting existing patients
only***
7525 Greenway Ctr Dr &
Ste 201
Greenbelt, MD 20770
Language: Arabic

WILSON, Adly E
(301) 345-8600
Prov. No.: 000000004435
***Accepting existing patients
only***
7525 Greenway Ctr Dr &
Ste 201
Greenbelt, MD 20770
Language: Arabic

HYATTSVILLE

BRONSTEIN, Arden
Dr. Arden Bronstein
(301) 927-1616
Prov. No.: 000000002024
6525 Belcrest Rd &
Ste # 208 Bldg - Metro #3
Hyattsville, MD 20782
Language: Farsi, Spanish

HALL III, Bert S
Hall and Associates
(301) 386-3533
Prov. No.: 000000209991
7221 E Ridge Dr &
Hyattsville, MD 20785

PARKS, Gwendolyn
(301) 779-2744
Prov. No.: 000000045398
2201 Queens Chapel Rd &
Hyattsville, MD 20782

LANDOVER

MCGEE, Sherri D
Hall and Associates
(301) 386-3533
Prov. No.: 000000289833
7221 E Ridge Dr &
Landover, MD 20785

PRINCE GEORGES COUNTY (Cont.)

LANGLEY PARK

SINGH, Rajwant
(301) 408-1645
Prov. No.: 000000246034
8038 New Hampshire Ave
Langley Park, MD 20783
Language: Indian

LANHAM

DARAMY, Sheriff
Daramy Dental Inc.
(301) 459-0914
Prov. No.: 000000005925
***Accepting existing patients
only***
9500 Annapolis Rd &
Ste C 6
Lanham, MD 20706

LARGO

DAVIDSON, Alphonzo
(301) 322-8900
Prov. No.: 000000006092
932 Largo Center Dr &
Largo, MD 20774

LAUREL

BATZ, Richard
Drs Batz and Weiner @ Lake
Dental
(301) 953-3021
Prov. No.: 000000046538
8363 Cherry Ln &
Laurel, MD 20707
Language: Farsi, French,
Spanish, Tagalog

CHIMATA, Ameen
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000268779
12793 Laurel Bowie Rd &
Laurel, MD 20708

COWEN, Justine D
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000195107
12793 Laurel Bowie Rd &
Laurel, MD 20708

MEER, Babak R
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000251476
12793 Laurel Bowie Rd &
Laurel, MD 20708

PRINCE GEORGES COUNTY (Cont.)

LAUREL (Cont.)

SHTEYNSHLEYGER, Igor S
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000200887
12793 Laurel Bowie Rd &
Laurel, MD 20708

SMITHBERGER, Jason R
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000195106
12793 Laurel Bowie Rd &
Laurel, MD 20708

STEINBERG, Wayne S
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000195076
12793 Laurel Bowie Rd &
Laurel, MD 20708

WEINER, Mitchell E
Drs Batz and Weiner @ Lake
Dental
(301) 953-3021
Prov. No.: 000000005937
8363 Cherry Ln &
Laurel, MD 20707
Language: Farsi, French,
Spanish, Tagalog

WEISS, Karl W
Ulery Dental & Ortho
(301) 623-3737
Prov. No.: 000000264467
12793 Laurel Bowie Rd &
Laurel, MD 20708
Language: Spanish

MITCHELLVILLE

BRYANT, Larry
Larry W Bryant Dds Pa
(301) 249-0553
Prov. No.: 000000327232
12164 Central Ave &
Ste 217
Mitchellville, MD 20721
Language: Spanish

OXON HILL

VAN STORY, Patricia E
Forever Smiles Llc
(301) 567-4780
Prov. No.: 000000167493
1004 White Oak Dr &
Oxon Hill, MD 20745

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

PRINCE GEORGES COUNTY (Cont.)

SUITLAND

SMITH, Dezrie C
(301) 568-8991
Prov. No.: 00000005191
4814 Silver Hill Rd &
Suitland, MD 20746

UPPER MARLBORO

BRONSTEIN, Arden
(301) 927-1616
Prov. No.: 00000301725
4301 E West Hwy &
Upper Marlboro, MD 20774
Language: Farsi, Spanish

HILBERT, Jack H
Dr. Harry J Klapper
(301) 627-1414
Prov. No.: 00000006098
5749 Crain Hwy &
Upper Marlboro, MD 20772
Language: Farsi

QUEEN ANNES COUNTY

CENTREVILLE

LUCAS, James J
(410) 758-1424
Prov. No.: 00000039199
134 Coursevall Dr
Centreville, MD 21617

SAINT MARYS COUNTY

GERMANTOWN

SANDHU, Rajdeep K
(301) 972-5000
Prov. No.: 000000324074
19513 Doctors Dr
Germantown, MD 20674

SOMERSET COUNTY

PRINCESS ANNE

CRAWFORD, Rosalynn Y
Three Lower Co Comm Serv
(410) 651-5151
Prov. No.: 00000004278
12137 Elm St
Princess Anne, MD 21853

TALBOT COUNTY

SAINT MICHAELS

KLEIN, Edward
(410) 745-9200
Prov. No.: 00000006184
609 S Talbot St
Saint Michaels, MD 21663

WASHINGTON COUNTY

HAGERSTOWN

ROBERTSON, Robert J
(301) 797-7078
Prov. No.: 00000001289
***Accepting existing patients
only***
1246 Maryland Ave &
Hagerstown, MD 21740

HANCOCK

ROBERTSON, Robert J
(301) 678-6788
Prov. No.: 000000320585
***Accepting existing patients
only***
257 W Main St
Hancock, MD 21750

ROBERTSON, Robert J
(301) 678-6788
Prov. No.: 00000001290
***Accepting existing patients
only***
257 W Main St
Hancock, MD 21750

WICOMICO COUNTY

SALISBURY

GARBELY-KERKOVICH, Sandra
Dr Barry E Hoffman
(410) 546-6105
Prov. No.: 00000008024
1101 Healthway Dr
Ste 101
Salisbury, MD 21804

SINGH, Upinder
Merritt Mill Dental
(410) 219-3366
Prov. No.: 000000635789
***Accepting existing patients
only***
3019 Merritt Mill Rd
Salisbury, MD 21804

VIRGINIA

ALEXANDRIA CITY COUNTY

ALEXANDRIA

ALAYSSAMI, Mazin S
Mazin Alayssami & Assoc
(540) 659-6816
Prov. No.: 00000000874
5249 Duke St
Alexandria, VA 22304
Language: Farsi, French,
Russian

CAO, Hong
Mazin Alayssami & Assoc
(703) 823-2413
Prov. No.: 00000000887
5249 Duke St &
Ste 210
Alexandria, VA 22304
Language: Farsi, French,
Russian

MALGHAN, Nandini
Mazin Alayssami & Assoc
(703) 823-2413
Prov. No.: 000000264286
***Accepting existing patients
only***
5249 Duke St
Ste 210
Alexandria, VA 22304

MIAMEE, Golnaz
Mazin Alayssami & Assoc
(703) 823-2413
Prov. No.: 000000228150
***Accepting existing patients
only***
5249 Duke St &
Ste 210
Alexandria, VA 22304

MORGAN, George G
(703) 823-2413
Prov. No.: 000000302072
5249 Duke St &
Ste 210
Alexandria, VA 22304

MORRIS, Tamesha
(703) 823-2413
Prov. No.: 000000228821
***Accepting existing patients
only***
5249 Duke St &
Ste 210
Alexandria, VA 22304

ALEXANDRIA CITY COUNTY (Cont.)

ALEXANDRIA (Cont.)

ORNOFF, Mark
Mazin Alayssami & Assoc
(703) 823-2413
Prov. No.: 000000231269
***Accepting existing patients
only***
5249 Duke St &
Ste 210
Alexandria, VA 22304

PARK, Si-Woon
Mazin Alayssami & Assoc
(703) 823-2413
Prov. No.: 000000230126
5249 Duke St &
Ste 210
Alexandria, VA 22304

SABET, Shahram
(703) 823-2413
Prov. No.: 000000232792
***Accepting existing patients
only***
5249 Duke St &
Ste 210
Alexandria, VA 22304

TADROS, Amear M
Mazin Alayssami & Assoc
(703) 823-2413
Prov. No.: 000000236100
5249 Duke St &
Ste 210
Alexandria, VA 22304
Language: Arabic

ARLINGTON COUNTY

ARLINGTON

WRAY, Henry
Dr. Henry C Wray
(703) 243-6868
Prov. No.: 00000008631
920 N Kansas St &
Arlington, VA 22201
Language: French

FAIRFAX COUNTY

ALEXANDRIA

DICKSON, Stephanie N
Dickson Dental Pc
(571) 481-4410
Prov. No.: 000000329454
5962 Richmond Hwy &
Alexandria, VA 22303

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

FAIRFAX COUNTY (Cont.)

ALEXANDRIA (Cont.)

KHALEFA, Said M
(703) 914-0020
Prov. No.: 000000000049
4600B Pincrest Off Pk Dr &
Alexandria, VA 22312
Language: Arabic, Spanish

BURKE

SEDAGHATPOUR, Hashem
Dr Hashem Sedaghatpour
(703) 250-5790
Prov. No.: 000000038531
5631 Burke Center Pkwy &
Ste D
Burke, VA 22015
Language: Farsi, Korean,
Persian, Spanish

FAIRFAX

ALKISHTAINI, Maha
Howard Hoffman Dds
(703) 231-2921
Prov. No.: 0000000326983
9661C Main St &
Fairfax, VA 22031

CHOI, Mark K
Mark K Choi Dds Pc
(703) 207-7077
Prov. No.: 000000198364
8301 Arlington Blvd &
T-2
Fairfax, VA 22031

COLOSPATE, Vidya R
Howard Hoffman Dds
(703) 231-2921
Prov. No.: 000000326986
9661C Main St &
Fairfax, VA 22031

DINH, Ashley D
Howard Hoffman Dds
(703) 231-2921
Prov. No.: 000000326992
9661C Main St &
Fairfax, VA 22031

HOFFMAN, Howard
Howard Hoffman Dds
(703) 425-3737
Prov. No.: 000000000757
9661 C Main St
Fairfax, VA 22031
Language: Greek, Vietnamese

FAIRFAX COUNTY (Cont.)

FAIRFAX (Cont.)

KANG, Minku
Howard Hoffman Dds
(703) 425-3737
Prov. No.: 000000329841
9661-C Main St
Fairfax, VA 22031

TOYER JR, Leonard
Howard Hoffman Dds
(703) 231-2921
Prov. No.: 000000326988
9661C Main St &
Fairfax, VA 22031

FALLS CHURCH

MIKS, Charles
(703) 534-5850
Prov. No.: 000000046525
6404 L Seven Corner Pl &
Falls Church, VA 22044

MOLLER, James
Drs. Moller & Seigel
(703) 821-8111
Prov. No.: 000000038471
7641 Leesburg Pk &
Falls Church, VA 22043
Language: Spanish

SEIGEL, Harold
Drs. Moller & Seigel
(703) 821-8111
Prov. No.: 000000038472
7641 Leesburg Pk &
Falls Church, VA 22043
Language: Spanish

HERNDON

ALAYSSAMI, Mazin S
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000000907
***Accepting existing patients
only***
13873 Park Center Rd
Ste 137
Herndon, VA 20171
Language: Farsi, French,
Russian

ANOUSHFAR, Scheherazad
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000000905
***Accepting existing patients
only***
13873 Park Center Rd
Ste 137
Herndon, VA 20171
Language: Farsi, French,
Persian, Russian

FAIRFAX COUNTY (Cont.)

HERNDON (Cont.)

CAO, Hong
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000000910
***Accepting existing patients
only***
13873 Park Center Rd
Ste 137
Herndon, VA 20171
Language: Farsi, French,
Russian

JOHNSON, Terry L
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000221487
***Accepting existing patients
only***
13873 Park Center Rd
Ste 137
Herndon, VA 20171

MALGHAN, Nandini
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000264288
13873 Park Center Rd
Ste 137
Herndon, VA 20171

MIAMEE, Gohnaz
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000228152
***Accepting existing patients
only***
13873 Park Center Rd &
Ste 137
Herndon, VA 20171

MORRIS, Tamesha
(703) 478-0115
Prov. No.: 000000228823
***Accepting existing patients
only***
13873 Park Center Rd &
Ste 137
Herndon, VA 20171

ORNOFF, Mark
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000231265
***Accepting existing patients
only***
13873 Park Center Rd &
Ste 137
Herndon, VA 20171

FAIRFAX COUNTY (Cont.)

HERNDON (Cont.)

PARK, Si-Woon
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000230128
***Accepting existing patients
only***
13873 Park Center Rd &
Ste 137
Herndon, VA 20171

SABET, Shahram
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000228389
***Accepting existing patients
only***
13873 Park Center Rd &
Ste 137
Herndon, VA 20171

TADROS, Amear M
Mazin Alayssami & Assoc
(703) 478-0115
Prov. No.: 000000236103
***Accepting existing patients
only***
13873 Park Center Rd &
Ste 137
Herndon, VA 20171
Language: Arabic

SPRINGFIELD

ALKISHTAINI, Maha
Dr Howard Hoffman & Assoc
(703) 644-0080
Prov. No.: 000000326984
6340 Brandon Ave &
Springfield, VA 22150

COLOSPATE, Vidya R
Dr Howard Hoffman & Assoc
(703) 644-0080
Prov. No.: 000000326987
6340 Brandon Ave &
Springfield, VA 22150

DINH, Ashley D
Dr Howard Hoffman & Assoc
(703) 644-0080
Prov. No.: 000000326993
6340 Brandon Ave &
Springfield, VA 22150

DUMLAO, Rustico
Dr Howard Hoffman & Assoc
(703) 644-0080
Prov. No.: 000000187597
6340 Brandon Ave &
Springfield, VA 22150

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

FAIRFAX COUNTY (Cont.)	FAIRFAX COUNTY (Cont.)	FAIRFAX COUNTY (Cont.)	LOUDOUN COUNTY (Cont.)
SPRINGFIELD (Cont.)	VIENNA (Cont.)	VIENNA (Cont.)	STERLING (Cont.)
<p>KHALEFA, Said M (703) 451-4211 Prov. No.: 000000000048 6115 Backlick Rd Springfield, VA 22150 Language: Arabic, Spanish</p>	<p>MALGHAN, Nandini Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000264287 ***Accepting existing patients only*** 2230 Gallows Rd Ste 320 Vienna, VA 22027</p>	<p>TADROS, Amear M Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000236102 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027 Language: Arabic</p>	<p>ANOUSHFAR, Scheherazad Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 00000000930 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165 Language: Farsi, French, Persian, Russian</p>
<p>TOYER JR, Leonard Dr Howard Hoffman & Assoc (703) 644-0080 Prov. No.: 000000326989 6340 Brandon Ave & Springfield, VA 22150</p>	<p>MIAMEE, Golnaz Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000228151 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027</p>	<p>FAIRFAX CITY COUNTY</p>	<p>CAO, Hong Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 00000000935 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165 Language: Farsi, French, Russian</p>
VIENNA	<p>MORRIS, Tamesha (703) 573-8664 Prov. No.: 000000228822 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027</p>	FAIRFAX	<p>EGHTESSAD, Mohammad R (703) 444-7102 Prov. No.: 000000260334 ***Accepting existing patients only*** 6 Pidgeon Hill Dr Ste 210 Sterling, VA 20165</p>
<p>ALAYSSAMI, Mazin S Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000170510 2230 Gallows Rd Ste 320 Vienna, VA 22027 Language: Farsi, French, Russian</p>	<p>NGUYEN, Dao Tyson's Corner Dentists (703) 848-8889 Prov. No.: 000000330591 8296-A Old Courthouse Rd & Vienna, VA 22182</p>	<p>KOT, Dariusz P (703) 352-8015 Prov. No.: 00000000509 ***Accepting existing patients only*** 11211 Waples Mill Rd & Ste 300 Fairfax, VA 22030</p>	<p>LOUDOUN COUNTY</p>
<p>ANOUSHFAR, Scheherazad Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000000895 2230 Gallows Rd Ste 320 Vienna, VA 22027 Language: Farsi, French, Persian, Russian</p>	<p>ORNOFF, Mark Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000231273 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027</p>	LOUDOUN COUNTY	<p>HUDGINS JR, Winfred Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 00000000933 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165</p>
<p>CAO, Hong Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000000897 2230 Gallows Rd Ste 320 Vienna, VA 22027 Language: Farsi, French, Russian</p>	<p>PARK, Si-Woon Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000230127 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027</p>	LEESBURG	<p>JOHNSON, Terry L Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000221492 6 Pidgeon Hill Dr Ste 210 Sterling, VA 20165</p>
<p>JOHNSON, Terry L Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000221486 ***Accepting existing patients only*** 2230 Gallows Rd Ste 320 Vienna, VA 22027</p>	<p>SABET, Shahram Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000228388 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027</p>	<p>ABTAHI, Narjes Family & Cosmetic Dentistry of Lansdowne (703) 724-0015 Prov. No.: 000000313804 19420 Golf Vista Plz & Ste 210 Leesburg, VA 20176</p>	<p>STERLING</p>
<p>SABET, Shahram Mazin Alayssami & Assoc (703) 573-8664 Prov. No.: 000000228388 ***Accepting existing patients only*** 2230 Gallows Rd & Ste 320 Vienna, VA 22027</p>	<p>ALAYSSAMI, Mazin S Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000000931 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165 Language: Farsi, French, Russian</p>	STERLING	<p>ALAYSSAMI, Mazin S Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000000931 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165 Language: Farsi, French, Russian</p>

& Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

<u>LOUDOUN COUNTY (Cont.)</u>	<u>LOUDOUN COUNTY (Cont.)</u>	<u>PRINCE WILLIAM COUNTY (Cont.)</u>	<u>SPOTSYLVANIA COUNTY (Cont.)</u>
STERLING (Cont.)	STERLING (Cont.)	WOODBIDGE	SPOTSYLVANIA (Cont.)
<p>LOTT, Patricia A Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 00000000934 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165 Language: Farsi, French, Russian</p>	<p>SABET, Shahram Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000228390 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165</p>	<p>ALAYSSAMI, Mazin S Mazin Alayssami & Assoc (703) 491-1115 Prov. No.: 000000309780 13412 Occoquan Rd Woodbridge, VA 22191 Language: Farsi, French, Russian</p>	<p>HUDGINS JR, Winfred Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 00000000921 ***Accepting existing patients only*** 10454 Hilltop Plaza Way Spotsylvania, VA 22553 Language: Farsi, French, Korean, Persian, Russian, Spanish</p>
<p>MALGHAN, Nandini Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000264274 ***Accepting existing patients only*** 6 Pidgeon Hill Dr Ste 210 Sterling, VA 20165</p>	<p>TADROS, Amear M Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000236106 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165 Language: Arabic</p>	<p>BHATIA, Sanjiv (703) 583-7720 Prov. No.: 000000005169 2970 Prince William Pkwy & Woodbridge, VA 22192 Language: Hindi</p>	<p>JOHNSON, Terry L Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000221490 ***Accepting existing patients only*** 10454 Hilltop Plaza Way Spotsylvania, VA 22553</p>
<p>MIAMEE, Golnaz Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000228154 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165</p>	<p>MANASSAS CITY COUNTY</p>	<p>COLINA, Kevin Sameer Kwatra Dds Pc (703) 583-7720 Prov. No.: 000000332352 2970 Prince William Pkwy & Woodbridge, VA 22192</p>	<p>LOTT, Patricia A Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 00000000922 ***Accepting existing patients only*** 10454 Hilltop Plaza Way Spotsylvania, VA 22553 Language: Farsi, French, Russian</p>
<p>MORRIS, Tamesha (703) 444-7102 Prov. No.: 000000228827 ***Accepting existing patients only*** 6 Pidgeon Hill Rd & Ste 210 Sterling, VA 20165</p>	<p>MANASSAS</p>	<p>SPOTSYLVANIA COUNTY</p>	<p>MALGHAN, Nandini Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000247320 ***Accepting existing patients only*** 10454 Hilltop Plaza Way Spotsylvania, VA 22553 Language: Farsi, French, Russian</p>
<p>ORNOFF, Mark Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000231275 ***Accepting existing patients only*** 6 Pidgeon Hill Rd & Ste 210 Sterling, VA 20165</p>	<p>REKOW, Marlin F Marlin F Rekow Dds & Assoc Pc (703) 330-5755 Prov. No.: 000000002917 8404 Dorsey Cir Manassas, VA 20110</p>	<p>SPOTSYLVANIA</p>	<p>MIAMEE, Golnaz Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000228153 ***Accepting existing patients only*** 10454 Hilltop Plaza Way & Spotsylvania, VA 22553</p>
<p>PARK, Si-Woon Mazin Alayssami & Assoc (703) 444-7102 Prov. No.: 000000230130 ***Accepting existing patients only*** 6 Pidgeon Hill Dr & Ste 210 Sterling, VA 20165</p>	<p>PRINCE WILLIAM COUNTY</p>	<p>ALAYSSAMI, Mazin S Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000000919 ***Accepting existing patients only*** 10454 Hilltop Plaza Way Spotsylvania, VA 22553 Language: Farsi, French, Russian</p>	<p>MORRIS, Tamesha (540) 891-6570 Prov. No.: 000000228826 ***Accepting existing patients only*** 10454 Hilltop Plaza Way & Spotsylvania, VA 22553</p>
	<p>DALE CITY</p>	<p>ANOUSHFAR, Scheherazad Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000000918 10454 Hilltop Plaza Way Spotsylvania, VA 22553 Language: Farsi, French, Persian, Russian</p>	
	<p>PALLE, Sunitha Maple Dale Fam Dentistry (703) 580-9900 Prov. No.: 000000282297 5812 Maple Dale Plz & Dale City, VA 22193</p>	<p>CAO, Hong Mazin Alayssami & Assoc (540) 891-6570 Prov. No.: 000000000923 ***Accepting existing patients only*** 10454 Hilltop Plaza Way Spotsylvania, VA 22553 Language: Farsi, French, Russian</p>	
	<p>DUMFRIES</p>		
	<p>KING, Hoang Prov. No.: 000000272748 17865 Main St Dumfries, VA 22026 Language: Farsi, Korean, Spanish</p>		

♿ Wheelchair Accessible

DHMO Provider Network

GENERAL DENTISTS (Continued)

SPOTSYLVANIA COUNTY (Cont.)

SPOTSYLVANIA (Cont.)

ORNOFF, Mark
Mazin Alayssami & Assoc
 (540) 891-6570
 Prov. No.: 000000231274
 Accepting existing patients only
 10454 Hilltop Plaza Way &
 Spotsylvania, VA 22553

PARK, Si-Woon
Mazin Alayssami & Assoc
 (540) 891-6570
 Prov. No.: 000000230129
 Accepting existing patients only
 10454 Hilltop Plaza Way &
 Spotsylvania, VA 22553

SABET, Shahram
Mazin Alayssami & Assoc
 (540) 891-6570
 Prov. No.: 000000228385
 Accepting existing patients only
 10454 Hilltop Plaza Way &
 Spotsylvania, VA 22553

TADROS, Amear M
Mazin Alayssami & Assoc
 (540) 891-6570
 Prov. No.: 000000236104
 Accepting existing patients only
 10454 Hilltop Plaza Way &
 Spotsylvania, VA 22553
 Language: Arabic

STAFFORD COUNTY

FREDERICKSBURG

KWATRA, Sameer
Sameer Kwatra Dds
 (703) 583-7720
 Prov. No.: 000000329524
 2970 Prince William Pkwy
 Fredericksburg, VA 22405

STAFFORD

ALAYSSAMI, Mazin S
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000169088
 392 Garrisonville Rd
 Ste 205
 Stafford, VA 22554
 Language: Farsi, French,
 Russian

STAFFORD COUNTY (Cont.)

STAFFORD (Cont.)

ANOUSHFAR, Scheherazad
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000000873
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554
 Language: Farsi, French,
 Persian, Russian

CAO, Hong
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000000877
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554
 Language: Farsi, French,
 Russian

EGHTESSAD, Mohammad R
 Prov. No.: 000000348942
 Accepting existing patients only
 392 Garrisonville
 Stafford, VA 22554

JOHNSON, Terry L
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000221453
 Accepting existing patients only
 392 Garrisonville Rd
 Ste 205
 Stafford, VA 22554

MALGHAN, Nandini
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000264282
 Accepting existing patients only
 392 Garrisonville Rd
 Ste 205
 Stafford, VA 22554

MIAMEE, Golnaz
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000228149
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554

MORRIS, Tamesha
 (540) 659-6816
 Prov. No.: 000000228829
 Accepting existing patients only
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554

STAFFORD COUNTY (Cont.)

STAFFORD (Cont.)

ORNOFF, Mark
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000231280
 Accepting existing patients only
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554

PARK, Si-Woon
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000230120
 Accepting existing patients only
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554

SABET, Shahram
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000228387
 Accepting existing patients only
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554

TADROS, Amear M
Mazin Alayssami & Assoc
 (540) 659-6816
 Prov. No.: 000000236098
 Accepting existing patients only
 392 Garrisonville Rd &
 Ste 205
 Stafford, VA 22554
 Language: Arabic

♿ Wheelchair Accessible

INDEMNITY OPEN OPTION

WHAT IS THE INDEMNITY OPEN OPTION?

The Indemnity Open Option of the Dental Plan is provided for those who wish to receive dental treatment from a dentist who does not participate in the panel option. Enrollees electing this option can go to any general dentist or specialist of their choice at any time. This option requires claim forms to be filled out and submitted to: Dental Benefit Providers, Claims Department, P.O. Box 30566, Salt Lake City, UT 84130-0566. In most instances, the provider's office will complete and submit the claim form on your behalf. However, you may be required to pay for either a portion, or the total fees at the time services are rendered.

In order to assist the Washington Teachers' Union in keeping dental costs to a minimum, and to assist the member in planning expenses, **treatment plans exceeding \$300 must be submitted to Dental Benefit Providers, Inc., for a pre-treatment review.** Pre-treatment estimates should be sent to: Dental Benefit Providers, Claims Department, P.O. Box 30566, Salt Lake City, UT 84130-0566. The proposed services will be reviewed and a predetermination of benefits statement will be issued detailing the benefits payable under the dental plan, including expenses which may be subject to an "alternative course of treatment."

An "alternative course of treatment" is defined in the following manner:

Dental Benefit Providers reviews alternative courses of treatment based on accepted dental standards established by the ADA. If DBP determines that a condition can be treated effectively by a less costly alternative to that proposed by the attending dentist, the dental plan will pay benefits based upon the less costly service. The type of treatment you proceed with, however, is always your decision.

HOW DOES THE INDEMNITY OPEN OPTION WORK?

Below is a complete list of services covered under the Open Option plan, the allowance per service, and the percentage of the allowance that the plan will cover. You will be responsible for the difference between the plan payment, and the dentist's billed charges, as well as the total cost of any uncovered procedures.

INDEMNITY OPEN OPTION DESCRIPTION OF DENTAL SERVICES AND PLAN ALLOWANCES

<u>Services</u>	<u>Benefit Percentage</u>
Diagnostic (Exams, X-Rays)	80%
Preventive (Cleanings)	80%
Minor Restorative (Fillings)	80%
Endodontics (Root Canals)	50%
Periodontics*	50%
Crowns, Bridges, Dentures (Repairs)	50%
Crowns, Bridges, Dentures*	50%
Oral Surgery (including anesthesia)	50%
Orthodontics	No Benefit

Deductibles:

Individual Deductible: \$25.00 per person per calendar year, and an additional \$25.00 per person per calendar year for services marked with an asterisk (*) Individual deductibles per calendar year will not exceed \$50.00.

Family Deductible: For families with 2 members, the individual deductible applies to both members. For families with 3 or more members, the deductible is limited to three individual deductibles per family. At least three family members must satisfy the individual deductible in order for the family deductible to be satisfied.

Calendar Year Benefit Maximums: \$1,000 per person

The Calendar Year Benefit Maximum is calculated based on covered services paid by Dental Benefit Providers. All covered services reimbursed by DBP will count toward the benefit maximum. Deductibles and out of pocket expenses paid by the Enrollee do not count toward the benefit maximum. Once the benefit maximum is reached, no additional benefits will be covered during the calendar year.

NOTE: Procedures not shown are not covered by the Dental Plan.

ORTHODONTIC SERVICES ARE NOT COVERED.

INDEMNITY OPEN OPTION

DESCRIPTION OF DENTAL SERVICES AND PLAN ALLOWANCES

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
<u>Diagnostic:</u>		
D0120	periodic oral evaluation	\$17.00
D0140	limited oral evaluation - problem focused	\$22.00
D0150	comprehensive oral evaluation - new or established patient	\$20.00
D0180	comprehensive periodontal evaluation	\$20.00
D0210	intraoral - complete series (including bitewings)	\$55.00
D0220	intraoral - periapical - first film	\$9.00
D0230	intraoral - periapical - each additional film	\$7.00
D0240	intraoral - occlusal film	\$11.00

* In addition to the \$25 calendar year deductible, these services require an additional deductible of \$25 per person per calendar year.

** Dental Benefit Providers will pay a percentage of the Maximum Plan Payment based on the coinsurance as defined on Page 42. For example, the coinsurance for Diagnostic Services is 80%. The Maximum Plan Payment for ADA Code D0120 (Periodic Oral Evaluation) is \$17. The actual benefit payable by Dental Benefit Providers is \$14, which is 80% multiplied by \$17. The Enrollee will also be responsible for the difference between the amount billed by the Dentist and the amount paid by The Plan. The Plan basis its reimbursement amount on the area's pre-defined usual and customary rates.

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D0250	extraoral - first film	\$13.00
D0260	extraoral - each additional film	\$13.00
D0270	bitewing - single film	\$9.00
D0272	bitewings - two films	\$15.00
D0274	bitewings - four films	\$22.00
D0277	vertical bitewings, 7-8 films	\$22.00
D0290	posterior-anterior or lateral skull and facial bone survey film	\$53.00
D0330	panoramic film	\$50.00
D0340	cephalometric film	\$50.00
D0415	collection of microorganisms for culture and sensitivity	\$13.00
D0416	viral culture	\$13.00
D0421	genetic test for susceptibility to oral diseases	\$13.00
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not including cytology or biopsy procedures	\$9.00
D0460	pulp vitality tests	\$17.00
D0470	diagnostic casts	\$39.00
D0472	accession of tissue, gross examination, prep and transmission of written report	\$9.00
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	13.00
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	\$14.00
D0476	special stains for microorganisms	\$13.00
D0477	special stains, not for microorganisms	\$13.00
D0478	immunohistochemical stains	\$13.00
D0479	tissue in-situ hybridization, including interpretation	\$10.00
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	\$10.00
D0481	electron microscopy - diagnostic	\$10.00
D0482	direct immunofluorescence	\$13.00
D0483	indirect immunofluorescence	\$13.00
D0484	consultation on slides prepared elsewhere	\$17.00

* In addition to the \$25 calendar year deductible, these services require an additional deductible of \$25 per person per calendar year.

** Dental Benefit Providers will pay a percentage of the Maximum Plan Payment based on the coinsurance as defined on Page 42. For example, the coinsurance for Diagnostic Services is 80%. The Maximum Plan Payment for ADA Code D0120 (Periodic Oral Evaluation) is \$17. The actual benefit payable by Dental Benefit Providers is \$14, which is 80% multiplied by \$17. The Enrollee will also be responsible for the difference between the amount billed by the Dentist and the amount paid by The Plan. The Plan basis its reimbursement amount on the area's pre-defined usual and customary rates.

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	\$17.00
D0502	other oral pathology procedures, by report	\$17.00
<u>Preventive</u>		
D1110	prophylaxis - adult	\$42.00
D1120	prophylaxis - child	\$22.00
D1201	topical application of fluoride (including prophylaxis) - child	\$35.00
D1203	topical application of fluoride (prophylaxis not included) - child	\$15.00
D1204	topical application of fluoride (prophylaxis not included) – adult	\$15.00
D1205	topical application of fluoride (including prophylaxis) - adult	\$45.00
D1330	oral hygiene instructions	\$18.00
D1351	sealant - per tooth	\$17.00
D1510	space maintainer - fixed - unilateral	\$132.00
D1515	space maintainer - fixed - bilateral	\$198.00
D1520	space maintainer - removable - unilateral	\$193.00
D1525	space maintainer - removable - bilateral	\$237.00
D1550	recementation of space maintainer	\$28.00
<u>Restorative</u>		
D2140	amalgam - one surface, primary or permanent	\$40.00
D2150	amalgam - two surfaces, primary or permanent	\$55.00
D2160	amalgam - three surfaces, primary or permanent	\$72.00
D2161	amalgam - four or more surfaces, primary or permanent	\$83.00
D2330	resin-based composite - one surface, anterior	\$50.00
D2331	resin-based composite - two surfaces, anterior	\$66.00
D2332	resin-based composite - three surfaces, anterior	\$81.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$83.00
D2390	resin-based composite crown, anterior	\$44.00

* In addition to the \$25 calendar year deductible, these services require an additional deductible of \$25 per person per calendar year.

** Dental Benefit Providers will pay a percentage of the Maximum Plan Payment based on the coinsurance as defined on Page 42. For example, the coinsurance for Diagnostic Services is 80%. The Maximum Plan Payment for ADA Code D0120 (Periodic Oral Evaluation) is \$17. The actual benefit payable by Dental Benefit Providers is \$14, which is 80% multiplied by \$17. The Enrollee will also be responsible for the difference between the amount billed by the Dentist and the amount paid by The Plan. The Plan basis its reimbursement amount on the area's pre-defined usual and customary rates.

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D2391	resin-based composite - one surface, posterior	\$40.00
D2392	resin-based composite - two surfaces, posterior	\$55.00
D2393	resin-based composite - three surfaces, posterior	\$72.00
D2394	resin based composite - four or more surfaces, posterior	\$83.00
D2410*	gold foil - one surface	\$180.00
D2420*	gold foil - two surfaces	\$265.00
D2430*	gold foil - three surfaces	\$315.00
D2510*	inlay - metallic - one surface	\$265.00
D2520*	inlay - metallic - two surfaces	\$350.00
D2530*	inlay - metallic - three or more surfaces	\$400.00
D2542*	onlay metallic, two surfaces	\$425.00
D2543*	onlay-metallic-three surfaces	\$425.00
D2544*	onlay-metallic-four or more surfaces	\$425.00
D2610*	inlay - porcelain/ceramic - one surface	\$360.00
D2620*	inlay - porcelain/ceramic - two surfaces	\$396.00
D2630*	inlay - porcelain/ceramic - three or more	\$412.00
D2642*	onlay - porcelain/ceramic - two surfaces	\$430.00
D2643*	onlay - porcelain/ceramic - three surfaces	\$445.00
D2644*	onlay - porcelain/ceramic - four or more surfaces	\$460.00
D2710*	crown - resin-based composite (indirect)	\$125.00
D2712*	crown - 3/4 resin-based composite (indirect)	\$125.00
D2720*	crown - resin with high noble metal	\$450.00
D2721*	crown - resin with predominantly base	\$369.00
D2722*	crown - resin with noble metal	\$525.00
D2740*	crown - porcelain/ceramic substrate	\$495.00
D2750*	crown - porcelain fused to high noble metal	\$475.00
D2751*	crown - porcelain fused to predominantly base metal	\$450.00
D2752*	crown - porcelain fused to noble metal	\$450.00
D2780*	crown, 3/4 cast high noble metal	\$485.00
D2781*	crown, 3/4 cast predominately base metal	\$485.00
D2782*	crown, 3/4 cast noble metal	\$485.00

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** Dental Benefit Providers will pay a percentage of the Maximum Plan Payment based on the coinsurance as defined on Page 42. For example, the coinsurance for Diagnostic Services is 80%. The Maximum Plan Payment for ADA Code D0120 (Periodic Oral Evaluation) is \$17. The actual benefit payable by Dental Benefit Providers is \$14, which is 80% multiplied by \$17. The Enrollee will also be responsible for the difference between the amount billed by the Dentist and the amount paid by The Plan. The Plan basis its reimbursement amount on the area's pre-defined usual and customary rates.

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D2790*	crown - full cast high noble metal	\$470.00
D2791*	crown - full cast predominantly base metal	\$425.00
D2792*	crown - full cast noble metal	\$448.00
D2794*	crown - titanium	\$470.00
D2799*	provisional crown	\$130.00
D2910	recement inlay, onlay or partial coverage restoration	\$33.00
D2915	recement cast or prefabricated post and core	\$33.00
D2920	recement crown	\$33.00
D2930*	prefabricated stainless steel crown - primary tooth	\$95.00
D2931*	prefabricated stainless steel crown - permanent tooth	\$75.00
D2932*	prefabricated resin crown	\$110.00
D2934*	prefabricated esthetic coated stainless steel crown - primary tooth	\$95.00
D2940	sedative filling	\$33.00
D2950*	core buildup, including any pins	\$90.00
D2951*	pin retention - per tooth, in addition to restoration	\$15.00
D2952*	cast post and core in addition to crown	\$125.00
D2953*	each additional cast post, same tooth	\$125.00
D2954*	prefabricated post and core in addition to crown	\$115.00
<u>Endodontics</u>		
D3110	pulp cap - direct (excluding final restoration)	\$20.00
D3120	pulp cap - indirect (excluding final restoration)	\$18.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$61.00
D3310	root canal therapy - anterior (excluding final restoration)	\$286.00
D3320	root canal therapy - bicuspid (excluding final restoration)	\$341.00
D3330	root canal therapy - molar (excluding final restoration)	\$462.00
D3331	treatment of root canal obstruction, non-surgical access	\$440.00
D3333	internal root repair of perforation defects	\$90.00
D3346	retreatment of previous root canal therapy - anterior	\$286.00

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** Dental Benefit Providers will pay a percentage of the Maximum Plan Payment based on the coinsurance as defined on Page 42. For example, the coinsurance for Diagnostic Services is 80%. The Maximum Plan Payment for ADA Code D0120 (Periodic Oral Evaluation) is \$17. The actual benefit payable by Dental Benefit Providers is \$14, which is 80% multiplied by \$17. The Enrollee will also be responsible for the difference between the amount billed by the Dentist and the amount paid by The Plan. The Plan basis its reimbursement amount on the area's pre-defined usual and customary rates.

<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D3347	retreatment of previous root canal therapy - bicuspid	\$341.00
D3348	retreatment of previous root canal therapy - molar	\$462.00
D3410	apicoectomy/periradicular surgery - anterior	\$198.00
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$88.00
D3425	apicoectomy/periradicular surgery - molar	\$88.00
D3426	apicoectomy/periradicular surgery (each additional root)	\$88.00
D3430	retrograde filling - per root	\$99.00
D3450	root amputation - per root	\$138.00
D3920	hemisection (including any root removal), not including root canal therapy	\$138.00
<u>Periodontics</u>		
D4210*	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$185.00
D4211*	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$65.00
D4240*	gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	\$200.00
D4241*	gingival flap procedure - one to three contiguous teeth or bounded teeth spaces per quadrant	\$100.00
D4245*	apically positioned flap	\$245.00
D4249*	clinical crown lengthening - hard tissue	\$125.00
D4260*	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$500.00
D4261*	osseous surgery (inc. flap entry and closure) - 1 to 3 contiguous or bounded teeth spaces per quadrant	\$165.00
D4263*	bone replacement graft - first site of quadrant	\$165.00
D4265*	biologic materials to aid in soft and osseous tissue regeneration	\$83.00
D4270*	pedicle soft tissue graft procedure	\$275.00
D4271*	free soft tissue graft procedure (including donor site surgery)	\$330.00
D4273*	subepithelial connective tissue graft procedures, per tooth	\$370.00
D4275*	soft tissue allograft	\$330.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D4276*	combined connective tissue and double pedicle graft, per tooth	\$275.00
D4320*	provisional splinting - intracoronal	\$65.00
D4321*	provisional splinting - extracoronal	\$75.00
D4341*	periodontal scaling and root planing - four or more teeth per quadrant	\$80.00
D4342*	periodontal scaling and root planing - 1-3 teeth, per quadrant	\$40.00
D4355*	full mouth debridement to enable comprehensive evaluation and diagnosis	\$65.00
D4910*	periodontal maintenance	\$54.00
<u>Prosthodontics, Removable</u>		
D5110*	complete denture - maxillary	\$550.00
D5120*	complete denture - mandibular	\$525.00
D5130*	immediate denture - maxillary	\$580.00
D5140*	immediate denture - mandibular	\$550.00
D5211*	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$350.00
D5212*	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$500.00
D5213*	maxillary partial denture - cast metal framework with resin denture bases (inc. any conventional clasps, rests and teeth)	\$550.00
D5214*	mandibular partial denture - cast metal framework with resin denture bases (inc. any conventional clasps, rests and teeth)	\$585.00
D5225*	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$550.00
D5226*	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$585.00
D5281*	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$228.00
D5410	adjust complete denture - maxillary	\$22.00
D5411	adjust complete denture - mandibular	\$22.00
D5421	adjust partial denture - maxillary	\$22.00
D5422	adjust partial denture - mandibular	\$22.00
D5510	repair broken complete denture base	\$48.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D5520	replace missing or broken teeth - complete denture (each tooth)	\$28.00
D5610	repair resin denture base	\$55.00
D5620	repair cast framework	\$57.00
D5630	repair or replace broken clasp	\$44.00
D5640	replace broken teeth - per tooth	\$44.00
D5650	add tooth to existing partial denture	\$64.00
D5660	add clasp to existing partial denture	\$77.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$55.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$300.00
D5710	rebase complete maxillary denture	\$182.00
D5711	rebase complete mandibular denture	\$182.00
D5720	rebase maxillary partial denture	\$182.00
D5721	rebase mandibular partial denture	\$182.00
D5730	reline complete maxillary denture (chairside)	\$94.00
D5731	reline complete mandibular denture (chairside)	\$94.00
D5740	reline maxillary partial denture (chairside)	\$94.00
D5741	reline mandibular partial denture (chairside)	\$94.00
D5750	reline complete maxillary denture (laboratory)	\$165.00
D5751	reline complete mandibular denture (laboratory)	\$165.00
D5760	reline maxillary partial denture (laboratory)	\$165.00
D5761	reline mandibular partial denture (laboratory)	\$165.00
D5810*	interim complete denture (maxillary)	\$225.00
D5811*	interim complete denture (mandibular)	\$225.00
D5820*	interim partial denture (maxillary)	\$200.00
D5821*	interim partial denture (mandibular)	\$200.00
D5850*	tissue conditioning, maxillary	\$40.00
D5851*	tissue conditioning, mandibular	\$40.00
D5860*	overdenture - complete, by report	\$700.00
D5861*	overdenture - partial, by report	\$575.00
D5862	precision attachment, by report	\$150.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D6053*	implant/abutment supported removable denture for completely edentulous	\$700.00
D6054*	implant/abutment supported removable denture for partially edentulous	\$575.00
<u>Prosthodontics, Fixed</u>		
D6205*	pontic - indirect resin based composite	\$125.00
D6210*	pontic - cast high noble metal	\$450.00
D6211*	pontic - cast predominantly base metal	\$465.00
D6212*	pontic - cast noble metal	\$425.00
D6214*	pontic - titanium	\$450.00
D6240*	pontic - porcelain fused to high noble metal	\$460.00
D6241*	pontic - porcelain fused to predominantly base metal	\$425.00
D6242*	pontic - porcelain fused to noble metal	\$450.00
D6250*	pontic - resin with high noble metal	\$485.00
D6251*	pontic - resin with predominantly base metal	\$360.00
D6252*	pontic - resin with noble metal	\$440.00
D6253*	provisional pontic	\$130.00
D6545*	retainer - cast metal for resin bonded fixed prosthesis	\$150.00
D6602*	inlay - cast high noble metal, 2 surfaces	\$316.00
D6603*	inlay - cast high noble metal, 3 or more surfaces	\$316.00
D6604*	inlay - cast predominantly base metal, 2 surfaces	\$303.00
D6605*	inlay - cast predominantly base metal, 3 or more surfaces	\$273.00
D6606*	inlay - cast noble metal, 2 surfaces	\$275.00
D6607*	inlay - cast noble metal, 3 or more surfaces	\$287.00
D6610*	onlay - cast high noble metal, 2 surfaces	\$241.00
D6611*	onlay - cast high noble metal, 3 or more surfaces	\$263.00
D6612*	onlay - cast predominantly base metal, 2 surfaces	\$207.00
D6613*	onlay - cast predominantly base metal, 3 or more surfaces	\$230.00
D6614*	onlay - cast noble metal, 2 surfaces	\$218.00
D6615*	onlay - cast noble metal, 3 or more surfaces	\$241.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D6624*	inlay - titanium	\$316.00
D6634*	onlay - titanium	\$263.00
D6710*	crown - indirect resin based composite (not to be used as a temporary or provisional crown)	\$100.00
D6720*	crown - resin with high noble metal	\$425.00
D6721*	crown - resin with predominantly base metal	\$250.00
D6722*	crown - resin with noble metal	\$425.00
D6740*	crown-porcelain/ceramic	\$450.00
D6750*	crown - porcelain fused to high noble metal	\$466.00
D6751*	crown - porcelain fused to predominantly	\$435.00
D6752*	crown - porcelain fused to noble metal	\$450.00
D6780*	crown - 3/4 cast high noble metal	\$400.00
D6781*	crown - 3/4 cast predominately base metal	\$400.00
D6782*	crown - 3/4 cast noble metal	\$400.00
D6790*	crown - full cast high noble metal	\$460.00
D6791*	crown - full cast predominantly base metal	\$450.00
D6792*	crown - full cast noble metal	\$440.00
D6793*	provisional retainer crown	\$130.00
D6794	crown - titanium	\$460.00
D6930	remanent fixed partial denture	\$43.00
D6940	stress breaker	\$110.00
D6950	precision attachment	\$165.00
D6970	cast post and core in addition to fixed partial denture retainer	\$83.00
D6980	fixed partial denture repair, by report	\$85.00
<u>Oral Surgery</u>		
D7111	extraction, coronal remnants - deciduous tooth	\$25.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$50.00
D7210	surg. removal of erupted tooth req. elevation of mucoperio- steal flap and removal of bone and/or section of tooth	\$83.00
D7220	removal of impacted tooth - soft tissue	\$127.00
D7230	removal of impacted tooth - partially bony	\$149.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D7240	removal of impacted tooth - completely bony	\$193.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$83.00
D7260	oroantral fistula closure	\$165.00
D7261	primary closure of a sinus perforation	\$165.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$132.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$165.00
D7280	surgical access of an unerupted tooth	\$171.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$116.00
D7283	placement of device to facilitate eruption of impacted tooth	\$86.00
D7285	biopsy of oral tissue - hard (bone, tooth)	\$105.00
D7286	biopsy of oral tissue - soft	\$83.00
D7287	exfoliative cytological sample collection	\$42.00
D7288	brush biopsy - transepithelial sample collection	\$42.00
D7290	surgical repositioning of teeth	\$110.00
D7310	alveoplasty in conjunction with extraction - per quadrant	\$83.00
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$42.00
D7320	alveoplasty not in conjunction with extraction - per quadrant	\$83.00
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$42.00
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	\$165.00
D7410	excision of benign lesion up to 1.25 cm	\$132.00
D7411	excision of benign lesion greater than 1.25	\$176.00
D7412	excision of benign lesion, complicated	\$194.00
D7413	excision of malignant lesion up to 1.25 cm	\$143.00
D7414	excision of malignant lesion greater than 1.25 cm	\$270.00
D7440	excision of malignant tumor-lesion diameter up to 1.25	\$143.00
D7441	excision of malignant tumor, diameter greater than 1.25	\$270.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$105.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$138.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$121.00
D7471	removal of exostosis-per site (maxilla or mandible)	\$193.00
D7472	removal of torus palatinus	\$193.00
D7473	removal of torus mandibularis	\$193.00
D7485	surgical reduction of osseous tuberosity	\$193.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$53.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$66.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$39.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$49.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$33.00
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	\$660.00
D7670	alveolus - closed reduction, may include stabilization of teeth	\$101.00
D7671	alveolus - open reduction may include stabilization of teeth	\$22.00
D7710	maxilla - open reduction	\$44.00
D7770	alveolus - stabilization of teeth, open reduction	\$22.00
D7771	alveolus - stabilization of teeth, closed reduction	\$101.00
D7820	closed reduction of dislocation	\$265.00
D7830	manipulation under anesthesia	\$110.00
D7880	occlusal orthotic device	\$277.00
D7910	suture of recent small wounds up to 5 cm	\$11.00
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure	\$165.00
D7963	frenuloplasty	\$165.00
D7970	excision of hyperplastic tissue - per arch	\$83.00
D7971	excision of pericoronal gingiva	\$17.00
D7972	surgical reduction of fibrous tuberosity	\$83.00

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<u>ADA CODE</u>	<u>ADA CODE DESCRIPTION</u>	<u>MAXIMUM PLAN PAYMENT**</u>
<u>Adjunctive General Services</u>		
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$28.00
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$13.00
D9211	regional block anesthesia	\$8.00
D9220	deep sedation/general anesthesia - first 30 minutes	\$121.00
D9221	deep sedation/general anesthesia - each additional 15 minutes	\$138.00
D9230	analgesia anxiolysis, inhalation of nitrous	\$18.00
D9241	intravenous conscious sedation/analgesia - first 30 minutes	\$110.00
D9242	intravenous conscious sedation/analgesia - each additional 15 minutes	\$40.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$39.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$26.00
D9440	office visit - after regularly scheduled hours	\$33.00
D9450	case presentation, detailed and extensive treatment planning	\$0.00
D9610	therapeutic drug injection	\$22.00
D9630	other drugs and/or medicaments, by report	\$11.00
D9910	application of desensitizing medicament	\$17.00
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$50.00
D9940	occlusal guard, by report	\$193.00
D9942	repair and/or reline of occlusal guards	\$58.00
D9950	occlusion analysis - mounted case	\$48.00
D9951	occlusal adjustment - limited	\$30.00
D9952	occlusal adjustment - complete	\$138.00
D9973	external bleaching-per tooth	\$50.00
D9974	internal bleaching-per tooth	\$50.00

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EXCLUSIONS AND LIMITATIONS — INDEMNITY OPEN OPTION

1. Services or supplies covered, in whole or in part, under any other plan provided by the WTU, Local 6.
2. Services or supplies provided under or that could have been obtained under any government, Federal or State Workers' Compensation law, occupational disease law or similar law.
3. Any service or treatment started while the individual was not insured under this plan. For example, the following are not covered:
 - a) Dentures, if the impression for the denture was taken before you and your dependents were covered under this plan;
 - b) Crowns, bridges or gold restorations, if preparation of the teeth was begun before you or your dependents were covered under this plan; and
 - c) Root canal therapy if begun before you or your dependents were covered under this plan.
4. Cosmetic procedures or to correct congenital conditions. For example, the following are not covered:
 - a) Alteration or extraction and replacement of sound teeth;
 - b) Porcelain or other veneer facings, veneer crowns or pontics to replace molar teeth;
 - c) Any treatment of the teeth to remove or lessen discoloration except in connection with periodontic treatment;
 - d) Replacement of congenitally missing teeth; and
 - e) All appliances and restorations for the purpose of splinting teeth, except A-splinting and provisional splinting in connection with periodontic treatment.
5. Implantations and experimental procedures and all related charges.
6. Failure to keep a scheduled visit.
7. The completion of any claim form.
8. Hospitalization for any dental procedure.
9. Initial prosthesis or additions to existing prosthesis that replaces teeth missing prior to becoming covered.
10. Any replacement prosthesis or addition of one or more teeth thereto made within 5 years of an existing prosthesis (unless due to an accidental injury).
11. Drugs obtainable with or without a prescription.
12. Payment for hypnosis, relaxation techniques or similar pain reduction techniques.

13. Crowns, inlays and gold restorations if teeth could be restored by an amalgam or synthetic restoration.
14. Services or treatment for Temporal Mandibular Joint Dysfunction (TMJ) unless limited to occlusal adjustments and/or night guards.
14. Services or treatment for Temporal Mandibular Joint Dysfunction (TMJ) unless limited to occlusal adjustments and/or night guards.
15. Services, which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
16. Services or treatment not provided by a dentist, except when performed by a duly licensed or certified person under the supervision and direction of a dentist.
17. Services for which you are not required to make payment in the absence of this insurance or where benefits are payable or are required to be paid under "no-fault" automobile insurance.
18. Services covered under this plan to the extent that they are covered by another dental or health benefit plan in accordance with the provisions of the Coordination of Benefits (COB) section.
19. Covered charges above reasonable and customary.
20. Orthodontic services.
21. Services or treatment received after termination of coverage except where the service or treatment began while you or your dependents were covered under this plan and the service or treatment is completed within 60 days of termination.
22. Any services except as expressly provided by this plan.