DNO Dental Benefits Summary

CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	$10
D0120	Periodic oral evaluation - established patient - 4 per year, all combined	No Charge
D0140	Limited oral evaluation - problem focused - 4 per year, all combined	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary care giver - 4 per year, all combined	No Charge
D0150	Comprehensive oral evaluation - new or established patient - 4 per year, all combined	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report - 4 per year, all combined	No Charge
D0170	Re-evaluation- limited, problem focused (established patient; not post-operative visit) - 4 per year, all combined	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient - 4 per year, all combined	No Charge
D0210	Intraoral - complete series of radiographic images - 1 set every 3 years, combined with panoramic	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral, Occlusal Image	No Charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and dectector	No Charge
D0251	Extra-oral - dental radiographic image	No Charge
D0270	Bitewing - single radiographic image -1 set per year, all combined	No Charge
D0272	Bitewing - two radiographic images -1 set per year, all combined	No Charge
D0273	Bitewing - three radiographic images -1 set per year, all combined	No Charge
D0274	Bitewing - four radiographic images -1 set per year, all combined	No Charge
D0277	Vertical Bitewings - 7 to 8 images - 1 set every 3 years	No Charge
D0330	Panoramic Image - 1 set every 3 years, combined with full mouth	No Charge
D0391	Interpretation of Diagnostic Image	No Charge

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D0470	Diagnostic Casts	No Charge
D0472	Accession of tissue, gross examination, prepration and transmission of written report	No Charge
D0473	Accession of tissue, gross and microscopic examination, prepration and transmission of written report	No Charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report	No Charge
D1110	Prophy - Adult - 2 per year, all combined	No Charge
D1120	Prophy - Child - 2 per year, all combined	No Charge
D1206	Application of Topical Fluoride Varnish (child) - 1 per year, children under 16, all combined	No Charge
D1208	Topical application of fluoride - excluding varnish (child) - 1 per year, children under 16, all combined	No Charge
D1330	Oral Hygiene Instruction	No Charge
D1351	Sealant - per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined	$10
D1352	Preventive Resin Restoration - 1 tooth every 3 years on permanent molars, children under 16, all combined	$10
D1353	Sealant Repair - Per Tooth - limited to permanent molars, children under 16, all sealants combined	$5
D1354	Interim caries arresting medicament application, per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined	$10
D1355	Caries preventive medicament application, per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined	$8
D1510	Space Maintainer - Fixed Unilateral	$100
D1516	Space maintainer - fixed - bilateral, maxillary	$100
D1517	Space maintainer - fixed - bilateral, mandibular	$100
D1520	Space maintainer - removable, unilateral - per quadrant	$100
D1526	Space maintainer - removable - bilateral, maxillary	$100
D1527	Space maintainer - removable - bilateral, mandibular	$100
D1551	Recement or rebond bilateral space maintainer - maxillary	$15
D1552	Recement or rebond bilateral space maintainer - mandibular	$15

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D1553	Recement or re-bond unilateral space maintainer - per quad	$8
D1556	Removal of fixed unilateral space maintainer - per quad	$8
D1557	Removal of fixed bilateral space maintainer - maxillary	$15
D1558	Removal of fixed bilateral space maintainer - mandibular	$15
D1575	Distal shoe space maintainer - fixed - unilateral	$110
D2140	Amalgam - 1 Surf Primary or Permanent	$22
D2150	Amalgam - 2 Surf Primary or Permanent	$32
D2160	Amalgam - 3 Surf Primary or Permanent	$43
D2161	Amalgam - 4+ Surf Primary or Permanent	$53
D2330	Resin-Based Composite 1 Surf, Anterior	$40
D2331	Resin-Based Composite 2 Surf, Anterior	$55
D2332	Resin-Based Composite 3 Surf, Anterior	$60
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	$70
D2390	Resin-Based Composite Crown, Anterior	$80
D2391	Resin-Based Composite 1 Surf, Posterior*	$22
D2392	Resin-Based Composite 2 Surf, Posterior*	$32
D2393	Resin-Based Composite 3 Surf, Posterior*	$43
D2394	Resin-Based Composite 4+ Surf, Posterior*	$53
D2510	Inlay - Metallic 1 Surf	$463
D2520	Inlay - Metallic 2 Surf	$463
D2530	Inlay - Metallic 3 Surf	$463
D2542	Onlay - Metallic 2 Surf	$463
D2543	Onlay - Metallic 3 Surf	$463
D2544	Onlay, Metallic - 4 or More Surf	$463
D2610	Inlay, Porcelain/Ceramic - 1 Surf	$463
D2620	Inlay, Porcelain/Ceramic - 2 Surf	$387
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	$463
D2642	Onlay, Porcelain/Ceramic - 2 Surf	$463
D2643	Onlay, Porcelain/Ceramic - 3 Surf	$463

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D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	$463
D2650	Inlay, Composite/Resin - 1 Surf	$463
D2651	Inlay, Composite/Resin - 2 Surf	$463
D2652	Inlay, Composite/Resin - 3 Surf	$463
D2662	Onlay, Composite/Resin - 2 Surf	$463
D2663	Onlay, Composite/Resin - 3 Surf	$463
D2664	Onlay, Composite/Resin - 4 or More Surf	$463
D2710	Crown - Resin-Based Composite, Indirect	$375
D2712	Crown - 3/4 Resin-Based Composite, Indirect	$395
D2720	Crown - Resin With High Noble Metal	$488
D2721	Crown - Resin With Predominantly Base Metal	$488
D2722	Crown - Resin With Noble Metal	$488
D2740	Crown - Porcelain/Ceramic Substrate	$488
D2750	Crown - Porcelain Fused to High Noble Metal	$488
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$488
D2752	Crown - Porcelain Fused to Noble Metal	$488
D2753	Crown - Porcelain fused to titanium and titanium alloys	$488
D2780	Crown - 3/4 Cast High Noble Metal	$475
D2781	Crown - 3/4 Cast Predominantly Based Metal	$475
D2782	Crown - 3/4 Cast Noble Metal	$475
D2783	Crown - 3/4 Porcelain/Ceramic	$475
D2790	Crown - Full Cast High Noble Metal	$488
D2791	Crown - Full Cast Predominantly Base Metal	$488
D2792	Crown - Full Cast Noble Metal	$488
D2794	Crown - Titanium	$488
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	$18
D2915	Recement Cast or Prefab Post and Core	$9
D2920	Recement Crown	$18
D2921	Reattachment of tooth fragment, incisal edge or dusp	$7

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D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	$65
D2930	Prefab, Stainless Steel Crown - Primary Tooth	$65
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	$80
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$65
D2940	Protective Restoration	$15
D2941	Interim therapeutic restoration - primary dentition	$7
D2950	Core Buildup, Including Any Pins	$103
D2951	Pin Retention - In Addition to Restoration	$15
D2952	Post & Core in Addition to Crown	$160
D2990	Resin Infiltration of Lesion - 1 tooth every 3 years on permanent molars, children under 16, all combined	$10
D3110	Pulp Cap - Direct (excluding final restoration)	$8
D3120	Pulp Cap - Indirect (excluding final restoration)	$8
D3220	Therapeutic Pulpotomy (excluding final restoration)	$50
D3221	Pulpal Debridement, Primary and Permanent Teeth	$10
D3222	Partial Pulpotomy	$45
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	$50
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	$50
D3310	Root Canal Therapy - Anterior (excluding final restoration)	$150
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	$195
D3330	Root Canal Therapy - Molar (excluding final restoration)	$435
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	$150
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	$98
D3333	Internal Root Repair of Perforation Defects	$130
D3346	Retreatment of Previous Root Canal Therapy - Anterior	$250
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	$295
D3348	Retreatment of Previous Root Canal Therapy - Molar	$485
D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	$156
D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	$156

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D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	$190
D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	$130
D3430 (1)	Retrograde Filling - Per Root	$75
D3450 (1)	Root Amputation - Per Root	$100
D3471 (1)	Surgical repair of root resorption, anterior	$70
D3472 (1)	Surgical repair of root resorption, premolar	$94
D3473 (1)	Surgical repair of root resorption, molar	$117
D3501 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	$120
D3502 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	$160
D3503 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	$200
D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant - 1 per tooth/quad every 3 years, all combined	$160
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant - 1 per tooth/quad every 3 years, all combined	$43
D4212 (1)	Gingivectomy to allow access, per tooth - 1 per tooth/quad every 3 years, all combined	$17
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	$200
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	$120
D4245 (1)	Apically Positioned Flap	$200
D4249	Clinical Crown Lengthening, Hard Tissue	$204
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant - 1 quad every 3 years, all combined	$445
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant - 1 quad every 3 years, all combined	$427
D4268 (1)	Surgical Revision Procedure, Per Tooth	$136
D4270 (1)	Pedicle Soft Tissue Graft Procedure	$260
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	$155
D4275 (1)	Soft Tissue Allograft	$480

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D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	$256
D4277 (1)	Free soft tissue graft - first tooth	$110
D4278 (1)	Free soft tissue graft - each additional tooth	$55
D4283 (1)	Autogenous connective tissue graft	$85
D4285 (1)	Non-autogenous connective tissue graft	$264
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant - 4 separate quads every 2 years, all combined	$65
D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant - 4 Separate teeth/area quads every 2 years, all combined	$39
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation - 2 every year, combined with cleanings	$30
D4355	Debridement - 1 per lifetime	$60
D4910	Periodontal Maintenance - 2 per year following active perio therapy	$60
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	$10
D5110 (2)	Complete Denture - Maxillary	$500
D5120 (2)	Complete Denture - Mandibular	$500
D5130	Immediate Denture - Maxillary	$588
D5140	Immediate Denture - Mandibular	$588
D5211 (2)	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	$513
D5212 (2)	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	$513
D5213 (2)	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$625
D5214 (2)	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$625
D5221	Immediate max partial dental - resin base (including any conventional clasps, rests and teeth)	$590
D5222	Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth)	$590
D5223	Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	$719

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D5224	Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	$719
D5225 (2)	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	$613
D5226 (2)	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	$613
D5227 (2)	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth).	$613
D5228 (2)	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth).	$613
D5282 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary	$513
D5283 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular	$513
D5284 (2)	Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad	$307
D5286 (2)	Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad	$257
D5410	Adjust Complete Denture - Maxillary	$30
D5411	Adjust Complete Denture - Mandibular	$30
D5421	Adjust Partial Denture - Maxillary	$30
D5422	Adjust Partial Denture - Mandibular	$30
D5511	Repair Broken Complete Denture Base - mandibular	$45
D5512	Repair Broken Complete Denture Base - maxillary	$45
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	$53
D5611	Repair Resin Partial Denture Base - mandibular	$63
D5612	Repair Resin Partial Denture Base - maxillary	$63
D5621	Repair Cast Partial Framework - mandibular	$68
D5622	Repair Cast Partial Framework - maxillary	$68
D5630	Repair or Replace Broken Clasp	$68
D5640	Replace Broken Teeth - Per Tooth	$63
D5650	Add Tooth to Existing Partial Denture	$63
D5660	Add Clasp to Existing Partial Denture	$68

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D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	$173
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	$173
D5710	Rebase Complete Maxillary Denture	$173
D5711	Rebase Complete Mandibular Denture	$173
D5720	Rebase Maxillary Partial Denture	$173
D5721	Rebase Mandibular Partial Denture	$173
D5725	Rebase Hybrid Prosthesis	$173
D5730	Reline Complete Maxillary Denture (Chairside)	$100
D5731	Reline Complete Mandibular Denture (Chairside)	$100
D5740	Reline Maxillary Partial Denture (Chairside)	$100
D5741	Reline Mandibular Partial Denture (Chairside)	$100
D5750	Reline Complete Maxillary Denture (Lab)	$145
D5751	Reline Complete Mandibular Denture (Lab)	$145
D5760	Reline Maxillary Partial Denture (Lab)	$145
D5761	Reline Mandibular Partial Denture (Lab)	$145
D5765	Soft Liner for Complete or Partial Removable Denture - indirect	$145
D5820 (3)	Interim Partial Denture (Maxillary)	$195
D5821 (3)	Interim Partial Denture (Mandibular)	$195
D5850	Tissue Conditioning, Maxillary	$63
D5851	Tissue Conditioning, Mandibular	$63
D5876	Add metal substructure to acrylic full denture (per arch)	$45
D6058	Abutment Supported Porcelain/Ceramic Crown	$488
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	$488
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	$488
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	$488
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	$488
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	$488
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	$488

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D6065	Implant Supported Porcelain/Ceramic Crown	$488
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	$488
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	$488
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	$488
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	$488
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	$488
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	$488
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	$488
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	$488
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	$488
D6075	Implant Supported Retainer for Ceramic FPD	$488
D6076	Implant Supported Retainer for FPD - porcelain fused to high noble alloys	$488
D6077	Implant Supported Retainer for FPD - high noble alloys	$488
D6082	Implant Sup Crown - porcelain/predominantly base alloys	$488
D6083	Implant Sup Crown - porcelain fused to noble alloys	$488
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	$488
D6086	Implant Sup Crown - predominantly base alloys	$488
D6087	Implant Sup Crown - noble alloys	$488
D6088	Implant Sup Crown - titanium and titanium alloys	$488
D6094	Abutment Supported Crown - (Titanium)	$488
D6097	Abutment Sup Crown - porcelain/titanium and titanium alloys	$488
D6098	Implant Sup retainer - porcelain/predominantly base alloys	$488
D6099	Implant Sup retainer for FPD - porcelain / noble alloys	$488
D6110	Implant Abut Sup Removable Dent-Max	$500
D6111	Implant Abut Sup Removable Dent-Mand	$500
D6112	Implant Abut Sup Removable Dent-Max	$513

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D6113	Implant Abut Sup Removable Dent-Mand	$513
D6114	Implant Abut Sup Fixed Dent-Max	$500
D6115	Implant Abut Sup Fixed Dent-Mand	$500
D6116	Implant Abut Sup Fixed Dent-Max	$475
D6117	Implant Abut Sup Fixed Dent-Mand	$475
D6120	Abutment Sup Retainer - porcelain/titanium and titanium alloys	$488
D6121	Implant Sup Retainer for metal FPD- predominantly base alloys	$488
D6122	Implant Sup Retainer for metal FPD- noble alloys	$488
D6123	Abutment Sup Retainer for metal FPD- titanium and titanium alloys	$488
D6195	Abutment Sup Retainer - porcelain /titanium and titanium alloys	$488
D6197	Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant	$22
D6205	Pontic - Indirect Resin Based Composite	$420
D6210	Pontic - Cast High Noble Metal	$488
D6211	Pontic - Cast Predominantly Base Metal	$488
D6212	Pontic - Cast Noble Metal	$488
D6214	Pontic - Titanium	$488
D6240	Pontic - Porcelain Fused to High Noble Metal	$488
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$488
D6242	Pontic - Porcelain Fused to Noble Metal	$488
D6243	Pontic - porcelain fused to titanium and titanium alloys	$488
D6245	Pontic - Porcelain/Ceramic	$488
D6250	Pontic - Resin With High Noble Metal	$488
D6251	Pontic - Resin With Predominantly Base Metal	$488
D6252	Pontic - Resin With Noble Metal	$488
D6545	Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis	$378
D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	$463
D6549	Resin Retainer - Resin Bonded Prosthesis	$217
D6600	Inlay - Porcelain/Ceramic, 2 Surf	$463

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D6601	Inlay - Porcelain/Ceramic, 3+ Surf	$463
D6602	Inlay - Cast High Noble Metal, 2 Surf	$473
D6603	Inlay - Cast High Noble Metal, 3+ Surf	$473
D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	$463
D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	$463
D6606	Inlay - Cast Noble Metal, 2 Surf	$473
D6607	Inlay - Cast Noble Metal, 3+ Surf	$473
D6608	Onlay - Porcelain/Ceramic, 2 Surf	$463
D6609	Onlay - Porcelain/Ceramic, 3+ Surf	$463
D6610	Onlay - Cast High Noble Metal, 2 Surf	$473
D6611	Onlay - Cast High Noble Metal, 3+ Surf	$473
D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	$463
D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	$463
D6614	Onlay - Cast Noble Metal, 2 Surf	$473
D6615	Onlay - Cast Noble Metal, 3+ Surf	$473
D6624	Inlay - Titanium	$473
D6634	Onlay - Titanium	$473
D6710	Crown - Indirect Resin Based Composite	$420
D6720	Crown - Resin With High Noble Metal	$488
D6721	Crown - Resin With Predominantly Base Metal	$488
D6722	Crown - Resin With Noble Metal	$488
D6740	Crown - Porcelain/Ceramic	$488
D6750	Crown - Porcelain Fused to High Noble Metal	$488
D6751	Crown - Porcelain Fused to Predominantly Base Metal	$488
D6752	Crown - Porcelain Fused to Noble Metal	$488
D6753	Crown - porcelain fused to titanium and titanium alloys	$488
D6780	Crown - 3/4 Cast High Noble Metal	$488
D6781	Crown - 3/4 Cast Predominantly Base Metal	$488
D6782	Crown - 3/4 Cast Noble Metal	$488

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D6783	Crown - 3/4 Porcelain/Ceramic	$488
D6784	Crown 3/4 - titanium and titanium alloys	$488
D6790	Crown - Full Cast High Noble Metal	$488
D6791	Crown - Full Cast High Predominantly Base Metal	$488
D6792	Crown - Full Cast Noble Metal	$488
D6794	Crown - Titanium	$488
D6930	Recement Fixed Partial Denture	$20
D7111	Extraction, Coronal Remnants - Deciduous Tooth	$12
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$30
D7210 (1)	Surgical Removal of Erupted Tooth	$60
D7220 (1)	Removal of Impacted Tooth - Soft Tissue	$80
D7230 (1)	Removal of Impacted Tooth - Partially Bony	$175
D7240 (1)	Removal of Impacted Tooth - Completely Bony	$225
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	$238
D7250 (1)	Surgical Removal of Residual Tooth Roots	$55
D7251	Coronectomy - intentional partial tooth removal	$113
D7280 (1)	Surgical Access of Unerupted Tooth	$77
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	$90
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	$18
D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	$100
D7286 (1)	Biopsy of Oral Tissue - Soft	$100
D7287 (1)	Cytological Sample Collection	$50
D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	$55
D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	$28
D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	$75

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D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	$38
D7510 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue	$50
D7511 (1)	Incision and Drainage of Abcess - Intraoral Soft Tissue - Complicated	$55
D7961 (1)	Buccal / labial frenectomy (frenulectomy)	$128
D7962 (1)	Lingual frenectomy (frenulectomy)	$128
D7963 (1)	Frenuloplasty	$134
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	$10
D9222	Deep sedation/general anesthesia - 1st 15 min	$104
D9223	Deep sedation/general anesthesia - each 15 minute increment	$83
D9239	Intravenous conscious sedation/analgesia - 1st 15 min	$104
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	$83
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge
D9311	Consultation with a medical health care professional	No Charge
D9932	Denture cleaning and inspection of removable complete denture, maxillary	$25
D9933	Denture cleaning and inspection of removable complete denture, mandibular	$25
D9934	Denture cleaning and inspection of removable partial denture, maxillary	$25
D9935	Denture cleaning and inspection of removable partial denture, mandibular	$25
D9942	Repair and/or Reline of Occlusal Guard	$23
D9943	Occlusal guard adjustment	$23
D9944	Occlusal guard - hard appliance, full arch - 1 every 3 years for bruxism, all combined	$210
D9945	Occlusal guard - soft appliance, full arch - 1 every 3 years for bruxism, all combined	$183
D9946	Occlusal guard - hard appliance, partial arch - 1 every 3 years for bruxism, all combined	$110
D9951	Occlusal Adjustment - limited	$25
D9952	Occlusal Adjustment - complete	$90
	Additional Charge per Unit for Full Mouth Rehabilitation.	$125

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***If the patient elects to have a resin restoration on a molar or on the stress-bearing surfaces of a premolar, the patient is responsible for the copayment, if any, for an amalgam restoration plus the difference between the dentist's Aetna approved fees for the resin restoration and the amalgam restoration.**
(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(2) Includes relines, adjustments, rebases within the 1st six months.
(3) Eligible on Anterior Teeth only.
Services may be subject to age and frequency limitations. See your booklet for details.
Crowns/Inlays/Onlays and Prosthetic Procedures: Once every 5 years per tooth.
Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.
Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.

ORTHODONTICS		
	Comprehensive Orthodontic Treatment - Includes exam, records, retention and appliance	
	Adolescent - excludes transitional dentition	$2400
	Adult - excludes transitional dentition	$2400

Other Important Information

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

Attention Massachusetts residents Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

ed. 2023 "Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

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PLAN EXCLUSIONS AND LIMITATIONS*
Some Services Not Covered Under the Plan Are*:
1. Charges for services or supplies • Provided by a network provider in excess of the negotiated charge. • Provided by an out-of-network provider in excess of the recognized charge. • Provided for your personal comfort or convenience, or the convenience of any other person, including dental provider • Provided in connection with treatment or care that is not covered under the plan • Cancelled or missed appointment charges or charges to complete claim forms • Charges for which you have no legal obligation to pay • Charges that would not be made if you did not have coverage, including: - Care in charitable institutions - Care for conditions related to current or previous military service - Care while in the custody of a governmental authority
2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.
3. Cosmetic services and supplies including: • Plastic surgery • Reconstructive surgery • Cosmetic surgery • Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance • Augmentation and vestibuloplasty and other services to protect, clean, whiten, bleach or alter the appearance of teeth whether or not for psychological or emotional reasons • Facings on molar crowns and pontics will always be considered cosmetic.
4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.
5. Acupuncture, acupressure and acupuncture therapy
6. Crown, inlays and onlays, and veneers unless for one of the following: • It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material • The tooth is an abutment to a covered partial denture or fixed bridge.

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7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.
8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion. (Does not apply to California residents covered under the DMO plan)
9. Dental work that began before you were covered by the plan. This means that the following dental work is not covered (Does not apply to Texas residents covered under the DMO plan): • An appliance, or modification of an appliance, if an impression for it was made before you were covered by the plan • A crown, bridge, or cast or processed restoration, if a tooth was prepared for it before you were covered by the plan • Root canal therapy, if the pulp chamber for it was opened before you were covered by the plan
10. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered.
11. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.
12. Instruction for diet, tobacco counseling and oral hygiene.
13. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.
14. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.
15. Services and supplies provided in connection with treatment or care that is not covered under the plan.
16. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
17. Replacement of teeth beyond the normal complement of 32.
18. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services. (Does not apply to California residents covered under the DMO plan)

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19. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
20. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
21. Temporomandibular joint dysfunction/disorder
22. Dental services and supplies that are covered in whole or in part: • Under any other part of this plan • Under any other plan of group benefits provided by the policyholder
23. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply toTexas residents covered under the DMO plan)
24. Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist.
25. Payment for a portion of the charge that another party is responsible for as the primary payer.
26. Prescribed drugs, pre-medication or analgesia.
27. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are: • Scaling of teeth • Cleaning of teeth • Topical application of fluoride.
28. Work related illness or injuries.
Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

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*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Specialty Referrals

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

- If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.
- If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.
- You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- While you were covered by the plan:

- You had a tooth (or teeth) extracted after the existing denture or bridge was installed.

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- As a result, you need to replace or add teeth to your denture or bridge.
- The present item cannot be made serviceable, and is:
- A crown installed at least 5 years before its replacement.
- An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 5 years before its replacement.
- While you were covered by the plan:
- You had a tooth (or teeth) extracted.
- Your present denture is an immediate temporary one that replaces that tooth (or teeth).
- A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Tooth missing but not replaced rule: (Does not apply to California and Texas residents covered under the DMO plan) The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:

- The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth. (The extraction of a third molar tooth does not qualify.)
- The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 5 years

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Late entrant rule: The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

- The first 31 days the person is eligible for this coverage or
- Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

- After the person has been covered by the plan for 12 months
- As a result of injuries sustained while covered by the plan
- Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

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Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.
Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.
In Virginia, Aetna DMO® is called Aetna DNO. It is not an HMO. To receive maximum benefits, members must choose a participating primary care dentist to coordinate their care with in-network providers.
This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.
Aetna provides free aids/services to people with disabilities and to people who need language assistance.
If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.
If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and

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Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).
Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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TTY:711

English	**To access language services at no cost to you, call the number on your ID card.**
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন৷
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᏕᏬᏂᎯᏍᏗ ᎢᏅᎾᏝᏰᏁᏗ Ꮭ ᎠᎱᏍᏗ ᏗᏟᎬᏩᏔᏁᏗ ᏰᎩ, ᏫᏢᎯᏏᏔᏅᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏚᎪᏬᎱ ᎤᏫᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᎱᎢ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

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Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤနှၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟ့ၣ်ဒီးအဂီၢ်,ကိးဘၣ်လီတဲစိနိၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໃຫຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h íílínígóó naaltsoos bee atah nílíjgo nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáʼígíí áajį’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

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Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ‘ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܝ ܡܨܝܬܐ ܬܠܘܟ ܒܠ ܝܠܦܢܘܬܐ ܕܡܫܡܫܢܘܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ، ܩܪܝܘܢ ܡܢܝܢܐ ܒܠ ܦܬܩܐ ܕܡܫܘܕܥܢܘܬܐ ܕܝܠܘܟ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.