



The dental services listed in Exhibit A are provided under the Preferred Insurance Affiliates, Inc. Dental Plan. PIA reserves the right to change the schedule of benefits as of the first day of a Benefit Year upon not less than 60 days prior notice to the Enrollee.

**THERE IS NO CO-PAYMENT OR CHARGE FOR ANY OF THE LISTED SERVICES.**

LIMITATIONS: (1) DENTURE FABRICATION (PER ARCH), DENTURE RELINING (PER ARCH) AND CROWN FABRICATION (PER TOOTH) ARE ONLY COVERED AFTER THE LAST DAY OF THE SIXTH MONTH after the ENROLLEE'S COVERAGE EFFECTIVE DATE; (2) COVERAGE UNDER THE PLAN FOR EACH OF THE DENTAL SERVICES DESCRIBED IN LIMITATIONS, PARAGRAPH 1(1) IS LIMITED TO ONE OF EACH SUCH PROCEDURES DURING A 24-MONTH PERIOD. THE LIMITATIONS ARE A PART OF THE SCHEDULE OF BENEFITS.

If reasonable attempts have been made and a Preferred Insurance Affiliates, Inc. Dental Plan primary dentist is unavailable, you may seek palliative emergency care out-of-network and submit a statement of Palliative Care Services to Preferred Insurance Dental Plan for reimbursement. Prior authorization is not required for Palliative/Emergency care.

**Exhibit A**

Dental Services Provided by PREFERRED INSURANCE AFFILIATES, Inc Dental Plan

D0120	Periodic Exam	D4355	Debridement
D0140	Limited Exam	D5110	Complete Denture upper
D0150	Comprehensive Exam	D5120	Complete Denture lower
D0210	Full Mouth X-Rays	D5130	Complete Denture immediate
D0220	1st Peri-apical X-Ray	D5140	Complete Denture immediate
D0230	Additional X-Ray, each	D5211	Partial denture acrylic upper
D0270	1 Bitewing X-Ray	D5212	Partial denture acrylic lower
D0272	2 Bitewing X-Rays	D5213	Partial denture metal upper
D0274	4 Bitewing X-Rays	D5214	Partial denture metal lower
D1110	Prophylaxis	D5410	Adjust complete denture
D1203	Fluoride Application	D5411	Adjust complete denture upper
D2140	Amalgam 1 surface	D5421	Adjust partial denture upper
D2150	Amalgam 2 surface	D5422	Adjust partial denture lower
D2160	Amalgam 3 surface	D5510	Repair broken denture complete
D2161	Amalgam 4 surface	D5520	Replace missing denture tooth
D2330	Resin 1 surface, anterior	D5610	Repair partial denture base
D2331	Resin 2 surface, anterior	D5640	Replace broken denture tooth, per tooth
D2332	Resin 3 surface, anterior	D5650	Add tooth to existing denture
D2335	Resin 4 surface, anterior	D5730	Reline complete upper denture
D2391	Resin 1 surface, posterior	D5731	Reline complete lower denture
D2392	Resin 2 surface, posterior	D5740	Reline partial upper denture
D2393	Resin 3 surface, posterior	D5741	Reline partial lower denture
D2394	Resin 4 surface, posterior		
D2750	Porcelain crown		
D2790	Full metal crown	D7250	Extraction
D3220	Pulpotomy	D9310	Consultation
D4341	Root plane scale/quadrant		
D4342	Root plane scale 1/2 quadrant		