

Individual Dental Copay Plan



LifeWise Health Plan of Oregon

Preferred Providers—Covered Services and Copay Schedule for Grandfathered and Extended plans

Below is a list of services and copays that apply when you use an in-network provider. To find an in-network dental provider, go to lifewiseor.com and use the “Find a Doctor” tool.

Diagnostic and Preventive Services

Procedure Code	Description	Member Pays
D0120	Periodic Oral Evaluation—Established Patient	\$0
D0140	Limited Oral Evaluation—Problem Focused	\$0
D0145	Oral Evaluation—Patient Under 3 Years of Age and Counseling With Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation—New or Established Patient	\$0
D0160	Detailed And Extensive Oral Evaluation—Problem Focused, By Report	\$0
D0170	Re-evaluation—Limited, Problem Focused	\$0
D0180	Comprehensive Periodontal Evaluation—New or Established Patient	\$0
D0270	Bitewing—Single Radiographic Image	\$0
D0272	Bitewing—Two Radiographic Images	\$0
D0273	Bitewing—Three Radiographic Images	\$0
D0274	Bitewing—Four Radiographic Images	\$0
D0277	Vertical Bitewings—7 to 8 Radiographic Images	\$0
D1110	Prophylaxis (Routine Cleaning)—Adult	\$20
D1120	Prophylaxis (Routine Cleaning)—Child	\$20
D1206	Topical Application of Fluoride Varnish	\$0
D1208	Topical Application of Fluoride—Excluding Varnish	\$0
D1351	Sealant—Per Tooth	\$0
D9310	Consultation—Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician	\$0

Basic Services

Procedure Code	Description	Member Pays
D0210	Intraoral—Complete Series of Radiographic Images	\$30
D0220	Intraoral—Periapical—First Radiographic Image	\$5
D0230	Intraoral—Periapical—Each Additional Radiographic Image	\$5
D0240	Intraoral—Occlusal Radiographic Image	\$5
D0330	Panoramic Radiographic Image	\$25
D0460	Pulp Vitality Tests	\$10
D1510	Space Maintainer—Fixed—Unilateral	\$65
D1515	Space Maintainer—Fixed—Bilateral	\$85
D1520	Space Maintainer—Removable—Unilateral	\$65
D1525	Space Maintainer—Removable—Bilateral	\$85
D1550	Re-cement or Re-bond Space Maintainer	\$20
D2140	Amalgam—One Surface, Primary or Permanent	\$30
D2150	Amalgam—Two Surfaces, Primary or Permanent	\$35
D2160	Amalgam—Three Surfaces, Primary or Permanent	\$50

Basic Services

Procedure Code	Description	Member Pays
D2161	Amalgam—Four or More Surfaces, Primary or Permanent	\$55
D2330	Resin-Based Composite—One Surface, Anterior	\$35
D2331	Resin-Based Composite—Two Surfaces, Anterior	\$50
D2332	Resin-Based Composite—Three Surfaces, Anterior	\$55
D2335	Resin-Based Composite—Four or More Surfaces or Involving Incisal Angle, Anterior	\$65
D2391	Resin-Based Composite—One Surface, Posterior	\$40
D2392	Resin-Based Composite—Two Surfaces, Posterior	\$55
D2393	Resin-Based Composite—Three Surfaces, Posterior	\$65
D2394	Resin-Based Composite—Four or More Surfaces, Posterior	\$65
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$20
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post and Core	\$25
D2920	Re-cement or Re-bond Crown	\$20
D2929	Prefabricated Porcelain/Ceramic Crown—Primary tooth	\$75
D2930	Prefabricated Stainless Steel Crown, Primary Tooth	\$50
D2934	Prefabricated Esthetic Coated Stainless Steel Crown, Primary Tooth	\$85
D2940	Protective Restoration (Sedative Filling)	\$20
D2980	Crown Repair, Neccesitated by Restorative Material Failure	\$25
D2982	Onlay Repair, Neccesitated by Restorative Material Failure	\$40
D4910	Periodontal Maintenance	\$40
D5510	Repair Broken Complete Denture Base	\$35
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$30
D5610	Repair Resin Denture Base	\$35
D5620	Repair Cast Framework	\$40
D5630	Repair or Replace Broken Clasp	\$50
D5640	Replace Broken Teeth—Per Tooth	\$25
D5650	Add Tooth to Existing Partial Denture	\$40
D5660	Add Clasp to Existing Partial Denture	\$50
D6930	Recement Fixed Partial Denture	\$30
D6980	Fixed Partial Denture Repair, Neccesitated by Restorative Material Failure	\$85
D7111	Extraction, Coronal Remnants, Deciduous Tooth	\$25
D7140	Extraction, Erupted Tooth or Exposed Root, (Elevation and/or Forceps Removal)	\$30
D9110	Palliative (Emergency) Treatment of Dental Pain—Minor Procedure	\$5

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Individual Dental Copay Plan—Covered services and copay schedule

Major Services

Procedure Code	Description	Member Pays
D2542	Onlay—Metallic, Two Surfaces	\$435
D2543	Onlay—Metallic, Three Surfaces	\$450
D2544	Onlay—Metallic, Four or More Surfaces	\$475
D2642	Onlay—Porcelain/Ceramic, Two Surfaces	\$450
D2643	Onlay—Porcelain/Ceramic, Three Surfaces	\$475
D2644	Onlay—Porcelain/Ceramic, Four or More Surfaces	\$490
D2662	Onlay—Resin-Based Composite, Two Surfaces	\$310
D2663	Onlay—Resin-Based Composite, Three Surfaces	\$350
D2664	Onlay—Resin-Based Composite, Four or More Surfaces	\$350
D2740	Crown—Porcelain/Ceramic Substrate	\$515
D2750	Crown— Porcelain Fused to High Noble Metal	\$490
D2751	Crown— Porcelain Fused to Predominantly Base Metal	\$450
D2752	Crown— Porcelain Fused to Noble Metal	\$475
D2780	Crown— 3/4 Cast High Noble Metal	\$475
D2781	Crown—3/4 Cast Predominantly Base Metal	\$435
D2782	Crown— 3/4 Cast Noble Metal	\$450
D2783	Crown— 3/4 Porcelain/Ceramic	\$490
D2790	Crown—Full Cast High Noble Metal	\$475
D2791	Crown—Full Cast Predominantly Base Metal	\$435
D2792	Crown—Full Cast Noble Metal	\$450
D2950	Core Buildup, Including Any Pins when Required	\$115
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$165
D2954	Prefabricated Post and Core in Addition to Crown	\$165
D3110	Pulp Cap—Direct (Excluding Final Restoration)	\$30
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$60
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$60
D3230	Pulpal Therapy (Resorbable Filling)—Anterior, Primary Tooth (Excluding Final Restoration)	\$60
D3240	Pulpal Therapy, (Resorbable Filling)—Posterior, Primary Tooth (Excluding Final Restoration)	\$75
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$385
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$435
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$515
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	\$75
D3332	Incomplete Endodontic Therapy, Inoperable, Unrestorable or Fractured Tooth	\$115
D3346	Retreatment of Previous Root Canal Therapy— Anterior	\$435
D3347	Retreatment of Previous Root Canal Therapy—Bicuspid	\$490
D3348	Retreatment of Previous Root Canal Therapy—Molar	\$515

continued

Major Services

Procedure Code	Description	Member Pays
D3351	Apexification/Recalcification, Initial Visit	\$165
D3352	Apexification/Recalcification, Interim Medication Replacement	\$75
D3353	Apexification/Recalcification, Final Visit	\$145
D3355	Pulpal regeneration—initial visit	\$180
D3356	Pulpal regeneration—interim medication replacement	\$55
D3357	Pulpal regeneration—completion of treatment	\$235
D3410	Apicoectomy—Anterior	\$310
D3421	Apicoectomy—Bicuspid, First Root	\$385
D3425	Apicoectomy—Molar, First Root	\$385
D3426	Apicoectomy, Each Additional Root	\$130
D3427	Periradicular surgery without apicoectomy	\$310
D3430	Retrograde Filling, Per Root	\$60
D3450	Root Amputation, Per Root	\$205
D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$235
D4211	Gingivectomy or Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$100
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$30
D4240	Gingival Flap Procedure, Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$310
D4241	Gingival Flap Procedure, Including Root Planing, One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$165
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure)—Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$595
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure)—One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$350
D4341	Periodontal Scaling and Root Planing—Four or More Teeth Per Quadrant	\$100
D4342	Periodontal Scaling and Root Planing—One to Three Teeth, Per Quadrant	\$60
D5110	Complete Denture—Maxillary	\$595
D5120	Complete Denture—Mandibular	\$595
D5130	Immediate Denture—Maxillary	\$645
D5140	Immediate Denture—Mandibular	\$645
D5211	Maxillary Partial Denture—Resin Base	\$350
D5212	Mandibular Partial Denture—Resin Base	\$350
D5213	Maxillary Partial Denture—Cast Metal Framework With Resin Denture Bases	\$645
D5214	Mandibular Partial Denture—Cast Metal Framework With Resin Denture Bases	\$645
D5225	Maxillary Partial Denture—Flexible Base	\$350

continued

Individual Dental Copay Plan—Covered services and copay schedule

Major Services

Procedure Code	Description	Member Pays
D5226	Mandibular Partial Denture—Flexible Base	\$350
D5281	Removable Unilateral Partial Denture—One Piece Cast Metal	\$350
D5410	Adjust Complete Denture—Maxillary	\$30
D5411	Adjust Complete Denture—Mandibular	\$30
D5421	Adjust Partial Denture—Maxillary	\$30
D5422	Adjust Partial Denture—Mandibular	\$30
D5710	Rebase Complete Maxillary Denture	\$235
D5711	Rebase Complete Mandibular Denture	\$235
D5720	Rebase Maxillary Partial Denture	\$235
D5721	Rebase Mandibular Partial Denture	\$235
D5730	Reline Complete Maxillary Denture (Chairside)	\$130
D5731	Reline Complete Mandibular Denture (Chairside)	\$130
D5740	Reline Maxillary Partial Denture (Chairside)	\$130
D5741	Reline Mandibular Partial Denture (Chairside)	\$130
D5750	Reline Complete Maxillary Denture (Laboratory)	\$180
D5751	Reline Complete Mandibular Denture (Laboratory)	\$180
D5760	Reline Maxillary Partial Denture (Laboratory)	\$180
D5761	Reline Mandibular Partial Denture (Laboratory)	\$180
D5850	Tissue Conditioning, Maxillary	\$55
D5851	Tissue Conditioning, Mandibular	\$60
D5863	Overdenture—Complete Maxillary	\$645
D5864	Overdenture—Partial Maxillary	\$645
D5865	Overdenture—Complete Mandibular	\$515
D5866	Overdenture—Partial Mandibular	\$515
D6210	Pontic—Cast High Noble Metal	\$490
D6211	Pontic—Cast Predominantly Base Metal	\$435
D6212	Pontic—Cast Noble Metal	\$435
D6240	Pontic—Porcelain Fused to High Noble Metal	\$515
D6241	Pontic—Porcelain Fused to Predominantly Base Metal	\$435
D6242	Pontic—Porcelain Fused to Noble Metal	\$435
D6245	Pontic—Porcelain/Ceramic	\$490
D6250	Pontic—Resin With High Noble Metal	\$450
D6251	Pontic—Resin with Predominantly Base Metal	\$310
D6252	Pontic—Resin With Noble Metal	\$385
D6545	Retainer—Cast Metal For Resin Bonded Fixed Prosthesis	\$180
D6548	Retainer—Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$205
D6549	Resin Retainer—For Resin Bonded Fixed Prosthesis	\$205
D6608	Onlay—Porcelain/Ceramic, Two Surfaces	\$385
D6609	Onlay—Porcelain/Ceramic, Three or More Surfaces	\$435
D6610	Onlay—Cast High Noble Metal, Two Surfaces	\$385
D6611	Onlay—Cast High Noble Metal, Three or More Surfaces	\$435
D6612	Onlay—Cast Predominantly Base Metal, Two Surfaces	\$385

continued

Major Services

Procedure Code	Description	Member Pays
D6613	Onlay—Cast Predominantly Base Metal, Three or More Surfaces	\$385
D6614	Onlay—Cast Noble Metal, Two Surfaces	\$385
D6615	Onlay—Cast Noble Metal, Three or More Surfaces	\$435
D6740	Crown—Porcelain/Ceramic	\$515
D6750	Crown—Porcelain Fused to High Noble Metal	\$490
D6751	Crown—Porcelain Fused to Predominantly Base Metal	\$435
D6752	Crown—Porcelain Fused to Noble Metal	\$475
D6780	Crown—3/4 Cast High Noble Metal	\$475
D6781	Crown—3/4 Cast Predominately Based Metal	\$435
D6782	Crown—3/4 Cast Noble Metal	\$450
D6783	Crown—3/4 Porcelain/Ceramic	\$490
D6790	Crown—Full Cast High Noble Metal	\$475
D6791	Crown—Full Cast Predominately Based Metal	\$435
D6792	Crown—Full Cast Noble Metal	\$450
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Elevation of Mucoperiosteal Flap if Indicated	\$115
D7220	Removal of Impacted Tooth—Soft Tissue	\$130
D7230	Removal of Impacted Tooth—Partially Bony	\$165
D7240	Removal of Impacted Tooth—Completely Bony	\$205
D7241	Removal of Impacted Tooth, Completely Bony With Unusual Surgical Complications	\$235
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$115
D7280	Surgical Access of an Unerupted Tooth	\$235
D7310	Alveoplasty in Conjunction With Extractions, Four or More Teeth or Tooth Spaces, Per Quadrant	\$100
D7311	Alveoplasty in Conjunction With Extraction, One to Three Teeth or Tooth Spaces, Per Quadrant	\$75
D7320	Alveoplasty Not in Conjunction With Extractions, Four or More Teeth or Tooth Spaces Per Quadrant	\$145
D7321	Alveoplasty Not in Conjunction With Extraction, One to Three Teeth or Tooth Spaces, Per Quadrant	\$130
D7510	Incision and Drainage of Abscess—Intraoral Soft Tissue	\$75
D7511	Incision and Drainage of Abscess—Intraoral Soft Tissue, Complicated	\$145
D9220	Deep Sedation/General Anesthesia, First 30 Minutes	\$165
D9221	Deep Sedation/General Anesthesia, Each Additional 15 Minutes	\$55
D9241	Intravenous Moderate (Conscious) Sedation/Analgesia—First 30 Minutes	\$130
D9242	Intravenous Moderate (Conscious) Sedation/Analgesia—Each Additional 15 Minutes	\$55

This is only a summary of the copayment schedule for preferred providers. This is not a contract. For full coverage provisions, including a description of waiting periods, non-preferred cost shares, limitations and exclusions, please refer to the policy.



Discrimination is Against the Law

LifeWise Health Plan of Oregon (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-596-3440 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-596-3440 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-596-3440 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-596-3440 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-596-3440 (TTY: 711) 번으로 전화해 주십시오.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-596-3440 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-596-3440 (TTY:711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-596-3440 (رقم هاتف الصم والبكم: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-596-3440 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-596-3440 (TTY: 711)។

XIYYEEFFANNA: Afaan dubbattu Oroomiiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-596-3440 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 800-596-3440 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-596-3440 (TTY: 711) تماس بگیرید.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-596-3440 (ATS : 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-596-3440 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 800-596-3440 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-596-3440 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-596-3440 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-596-3440 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-596-3440 (TTY: 711).