

Exhibit 14 - City of Houston

5.1.2014 DHMO Schedule of Benefits



| Procedure Code | Procedure Description | Network Copay |
|----------------|---|---------------|
| D0210 | intraoral - complete series of radiographic images | \$0.00 |
| D0220 | intraoral - periapical first radiographic image | \$0.00 |
| D0230 | intraoral - periapical each additional radiographic image | \$0.00 |
| D0240 | intraoral - occlusal radiographic image | \$0.00 |
| D0250 | extraoral - first radiographic image | \$0.00 |
| D0260 | extraoral - each additional radiographic image | \$0.00 |
| D0270 | bitewing - single radiographic image | \$0.00 |
| D0272 | bitewings - two radiographic images | \$0.00 |
| D0273 | bitewings - three radiographic images | \$0.00 |
| D0274 | bitewings - four radiographic images | \$0.00 |
| D0277 | vertical bitewings - 7 to 8 radiographic images | \$0.00 |
| D0330 | panoramic radiographic image | \$0.00 |
| D0391 | interpretation of diagnostic image by a practitioner not associated with capture of the image | \$0.00 |
| D0415 | collection of microorganisms for culture and sensitivity | \$0.00 |
| D0416 | viral culture | \$0.00 |
| D0417 | collection and preparation of saliva sample for laboratory diagnostic testing | \$0.00 |
| D0418 | analysis of saliva sample | \$0.00 |
| D0421 | genetic test for susceptibility to oral diseases | \$0.00 |
| D0425 | caries susceptibility tests | \$0.00 |
| D0460 | pulp vitality tests | \$0.00 |
| D0470 | diagnostic casts | \$0.00 |
| D0601 | caries risk assessment and documentation, with a finding of low risk | \$0.00 |
| D0602 | caries risk assessment and documentation, with a finding of moderate risk | \$0.00 |
| D0603 | caries risk assessment and documentation, with a finding of high risk | \$0.00 |
| D0999 | unspecified diagnostic procedure, by report | \$0.00 |
| D1110 | prophylaxis - adult | \$0.00 |
| D1120 | prophylaxis - child | \$0.00 |
| D1201 | topical application of fluoride (including prophylaxis) - child | \$0.00 |
| D1203 | topical application of fluoride - child | \$0.00 |
| D1204 | topical application of fluoride - adult | \$0.00 |
| D1205 | topical application of fluoride (including prophylaxis) - adult | \$0.00 |
| D1206 | topical application of fluoride varnish | \$0.00 |
| D1208 | Topical application of fluoride - excluding varnish | \$0.00 |
| D1310 | nutritional counseling for control of dental disease | \$0.00 |
| D1320 | tobacco counseling for the control and prevention of oral disease | \$0.00 |
| D1351 | sealant - per tooth | \$4.00 |
| D1352 | preventive resin restoration - permanent tooth | \$4.00 |
| D1353 | sealant repair - per tooth | \$4.00 |
| D1510 | space maintainer - fixed - unilateral | \$36.00 |

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| D1515 | space maintainer - fixed - bilateral | \$36.00 |
| D1520 | space maintainer - removable - unilateral | \$36.00 |
| D1525 | space maintainer - removable - bilateral | \$36.00 |
| D1550 | recement or re-bond of space maintainer | \$9.00 |
| D1555 | removal of fixed space maintainer | \$9.00 |
| D1999 | Unspecified preventive procedure, by report | \$0.00 |
| D2140 | amalgam - one surface, primary or permanent | \$8.00 |
| D2150 | amalgam - two surfaces, primary or permanent | \$10.00 |
| D2160 | amalgam - three surfaces, primary or permanent | \$12.00 |
| D2161 | amalgam - four or more surfaces, primary or permanent | \$12.00 |
| D2330 | resin-based composite - one surface, anterior | \$8.00 |
| D2331 | resin-based composite - two surfaces, anterior | \$10.00 |
| D2332 | resin-based composite - three surfaces, anterior | \$12.00 |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$48.00 |
| D2390 | resin-based composite crown, anterior | \$20.00 |
| D2391 | resin-based composite - one surface, posterior | \$32.00 |
| D2392 | resin-based composite - two surfaces, posterior | \$48.00 |
| D2393 | resin-based composite - three surfaces, posterior | \$64.00 |
| D2394 | resin-based composite - four or more surfaces, posterior | \$64.00 |
| D2650 | inlay - composite/resin - one surface | \$215.00 |
| D2651 | inlay - composite/resin - two surfaces | \$215.00 |
| D2652 | inlay - composite/resin - three or more surfaces | \$215.00 |
| D2750 | crown - porcelain fused to high noble metal | \$210.00 |
| D2751 | crown - porcelain fused to predominantly base metal | \$210.00 |
| D2752 | crown - porcelain fused to noble metal | \$210.00 |
| D2780 | crown, 3/4 cast high noble metal | \$210.00 |
| D2781 | crown, 3/4 cast predominately base metal | \$210.00 |
| D2782 | crown, 3/4 cast noble metal | \$210.00 |
| D2790 | crown - full cast high noble metal | \$210.00 |
| D2791 | crown - full cast predominantly base metal | \$210.00 |
| D2792 | crown - full cast noble metal | \$210.00 |
| D2794 | crown - titanium | \$210.00 |
| D2910 | recement or re-bond inlay, onlay, veneer or partial coverage restoration | \$10.00 |
| D2915 | recement or re-bond cast indirectly fabricated or prefabricated post and core | \$10.00 |
| D2920 | recement or re-bond crown | \$10.00 |
| D2930 | prefabricated stainless steel crown - primary tooth | \$38.00 |
| D2931 | prefabricated stainless steel crown - permanent tooth | \$38.00 |
| D2934 | prefabricated esthetic coated stainless steel crown - primary tooth | \$38.00 |
| D2940 | protective restoration | \$4.00 |

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|----------------|---|---------------|
| D2941 | interim therapeutic restoration-primary dentition | \$4.00 |
| D2950 | Core buildup, including any pins when required | \$20.00 |
| D2951 | pin retention - per tooth, in addition to restoration | \$24.00 |
| D2952 | cast post and core in addition to crown | \$40.00 |
| D2953 | each additional indirectly fabricated post, same tooth | \$12.00 |
| D2954 | prefabricated post and core in addition to crown | \$40.00 |
| D2955 | post removal | \$12.00 |
| D2957 | each additional prefabricated post, same tooth | \$10.00 |
| D2970 | temporary crown (fractured tooth) | \$43.00 |
| D3110 | pulp cap - direct (excluding final restoration) | \$12.00 |
| D3120 | pulp cap - indirect (excluding final restoration) | \$0.00 |
| D3220 | therapeutic pulpotomy (excluding final restoration) | \$20.00 |
| D3221 | pulpal debridement, primary and permanent teeth | \$0.00 |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$20.00 |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$20.00 |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | \$95.00 |
| D3320 | endodontic therapy, bicuspid tooth (excluding final restoration) | \$118.00 |
| D3330 | endodontic therapy, molar (excluding final restoration) | \$162.00 |
| D3346 | retreatment of previous root canal therapy - anterior | \$200.00 |
| D3347 | retreatment of previous root canal therapy - bicuspid | \$300.00 |
| D3348 | retreatment of previous root canal therapy - molar | \$450.00 |
| D3351 | Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc) | \$0.00 |
| D3352 | Apexification/recalcification/pulpal regeneration - interim medication replacement | \$0.00 |
| D3353 | apexification/recalcification - final visit (includes completed root) | \$0.00 |
| D3354 | pulpal regeneration: does not include final restoration | \$0.00 |
| D3355 | Pupal regeneration-initial visit | \$0.00 |
| D3356 | Pulpal regeneration-interim medicament replacement | \$0.00 |
| D3357 | Pulpal regeneration-completion of treatment | \$0.00 |
| D3410 | Apicoectomy - anterior | \$80.00 |
| D3421 | Apicoectomy - bicuspid (first root) | \$80.00 |
| D3425 | Apicoectomy - molar (first root) | \$80.00 |
| D3426 | Apicoectomy (each additional root) | \$80.00 |
| D3427 | periradicular surgery without apicoectomy | \$80.00 |
| D3430 | retrograde filling - per root | \$20.00 |
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$95.00 |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$64.00 |
| D4230 | anatomical crown exposure - four or more contiguous teeth per quadrant | \$100.00 |
| D4231 | anatomical crown exposure - one to three teeth per quadrant | \$100.00 |
| D4240 | gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant | \$125.00 |

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|----------------|--|---------------|
| D4241 | gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant | \$84.00 |
| D4249 | clinical crown lengthening - hard tissue | \$100.00 |
| D4260 | osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$140.00 |
| D4261 | osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$94.00 |
| D4320 | provisional splinting - intracoronal | \$20.00 |
| D4321 | provisional splinting - extracoronal | \$20.00 |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | \$20.00 |
| D4342 | periodontal scaling and root planing - one - three teeth, per quadrant | \$14.00 |
| D4355 | full mouth debridement to enable comprehensive evaluation and diagnosis | \$30.00 |
| D4910 | periodontal maintenance | \$24.00 |
| D5110 | complete denture - maxillary | \$260.00 |
| D5120 | complete denture - mandibular | \$260.00 |
| D5130 | immediate denture - maxillary | \$270.00 |
| D5140 | immediate denture - mandibular | \$270.00 |
| D5211 | maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$260.00 |
| D5212 | mandibular partial denture - resin base (including any conventional clasps,rests and teeth) | \$260.00 |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and | \$270.00 |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and | \$270.00 |
| D5410 | adjust complete denture - maxillary | \$10.00 |
| D5411 | adjust complete denture - mandibular | \$10.00 |
| D5421 | adjust partial denture - maxillary | \$10.00 |
| D5422 | adjust partial denture - mandibular | \$10.00 |
| D5510 | repair broken complete denture base | \$23.00 |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | \$17.00 |
| D5610 | repair resin denture base | \$23.00 |
| D5620 | repair cast framework | \$23.00 |
| D5630 | repair or replace broken clasp | \$23.00 |
| D5640 | replace broken teeth - per tooth | \$17.00 |
| D5650 | add tooth to existing partial denture | \$23.00 |
| D5660 | add clasp to existing partial denture | \$32.00 |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | \$234.00 |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | \$234.00 |
| D5710 | rebase complete maxillary denture | \$59.00 |
| D5711 | rebase complete mandibular denture | \$59.00 |
| D5720 | rebase maxillary partial denture | \$59.00 |
| D5721 | rebase mandibular partial denture | \$59.00 |
| D5730 | reline complete maxillary denture (chairside) | \$23.00 |
| D5731 | reline complete mandibular denture (chairside) | \$23.00 |
| D5740 | reline maxillary partial denture (chairside) | \$23.00 |

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| Procedure Code | Procedure Description | Network Copay |
|----------------|--|---------------|
| D5741 | reline mandibular partial denture (chairside) | \$23.00 |
| D5750 | reline complete maxillary denture (laboratory) | \$59.00 |
| D5751 | reline complete mandibular denture (laboratory) | \$59.00 |
| D5760 | reline maxillary partial denture (laboratory) | \$59.00 |
| D5761 | reline mandibular partial denture (laboratory) | \$59.00 |
| D5820 | interim partial denture (maxillary) | \$41.00 |
| D5821 | interim partial denture (mandibular) | \$41.00 |
| D5850 | tissue conditioning, maxillary | \$23.00 |
| D5851 | tissue conditioning, mandibular | \$23.00 |
| D5863 | Overdenture-complete maxillary | \$260.00 |
| D5864 | Overdenture-partial maxillary | \$260.00 |
| D5865 | Overdenture - complete mandibular | \$270.00 |
| D5866 | Overdenture-partial mandibular | \$270.00 |
| D6091 | replacement of semi-precision or precision attachment(male or female component) of implant/abutment supported prosthesis | \$75.00 |
| D6210 | pontic - cast high noble metal | \$210.00 |
| D6211 | pontic - cast predominantly base metal | \$210.00 |
| D6212 | pontic - cast noble metal | \$210.00 |
| D6214 | pontic - titanium | \$210.00 |
| D6240 | pontic - porcelain fused to high noble metal | \$210.00 |
| D6241 | pontic - porcelain fused to predominantly base metal | \$210.00 |
| D6242 | pontic - porcelain fused to noble metal | \$210.00 |
| D6250 | pontic - resin with high noble metal | \$210.00 |
| D6251 | pontic - resin with predominantly base metal | \$210.00 |
| D6252 | pontic - resin with noble metal | \$210.00 |
| D6720 | crown - resin with high noble metal | \$210.00 |
| D6721 | crown - resin with predominantly base metal | \$210.00 |
| D6722 | crown - resin with noble metal | \$210.00 |
| D6750 | crown - porcelain fused to high noble metal | \$210.00 |
| D6751 | crown - porcelain fused to predominantly base metal | \$210.00 |
| D6752 | crown - porcelain fused to noble metal | \$210.00 |
| D6780 | crown - 3/4 cast high noble metal | \$210.00 |
| D6781 | crown-3/4 cast predominately based metal | \$210.00 |
| D6782 | crown-3/4 cast noble metal | \$210.00 |
| D6790 | crown - full cast high noble metal | \$210.00 |
| D6791 | crown - full cast predominantly base metal | \$210.00 |
| D6792 | crown - full cast noble metal | \$210.00 |
| D6794 | crown - titanium | \$210.00 |
| D6930 | recement or re-bond fixed partial denture | \$0.00 |
| D6940 | stress breaker | \$32.00 |

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| Procedure Code | Procedure Description | Network Copay |
|----------------|--|---------------|
| D6950 | precision attachment | \$75.00 |
| D6970 | cast post and core in addition to fixed partial denture retainer | \$32.00 |
| D6972 | prefabricated post and core in addition to fixed partial denture retainer | \$32.00 |
| D6973 | core build up for retainer, including any pins | \$20.00 |
| D6980 | fixed partial denture repair, necessitated by restorative material failure | \$45.00 |
| D7111 | extraction, coronal remnants - deciduous tooth | \$9.00 |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$9.00 |
| D7210 | surgical removal of erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap | \$20.00 |
| D7220 | removal of impacted tooth - soft tissue | \$27.00 |
| D7230 | removal of impacted tooth - partially bony | \$45.00 |
| D7240 | removal of impacted tooth - completely bony | \$68.00 |
| D7241 | removal of impacted tooth - completely bony, with unusual surgical | \$68.00 |
| D7250 | surgical removal of residual tooth roots (cutting procedure) | \$27.00 |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$45.00 |
| D7280 | surgical access of an unerupted tooth | \$45.00 |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$32.00 |
| D7311 | alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant | \$21.00 |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$32.00 |
| D7321 | alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant | \$23.00 |
| D7510 | incision and drainage of abscess - intraoral soft tissue | \$23.00 |
| D7520 | incision and drainage of abscess - extraoral soft tissue | \$23.00 |
| D7910 | suture of recent small wounds up to 5 cm | \$0.00 |
| D7960 | frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another procedure | \$60.00 |
| D7970 | excision of hyperplastic tissue - per arch | \$30.00 |
| D8050 | interceptive orthodontic treatment of the primary dentition | \$1,100.00 |
| D8060 | interceptive orthodontic treatment of the transitional dentition | \$1,100.00 |
| D8070 | comprehensive orthodontic treatment of the transitional dentition | \$1,800.00 |
| D8080 | comprehensive orthodontic treatment of the adolescent dentition | \$1,800.00 |
| D8090 | comprehensive orthodontic treatment of the adult dentition | \$2,000.00 |
| D8210 | removable appliance therapy | \$560.00 |
| D8220 | fixed appliance therapy | \$560.00 |
| D8660 | pre-orthodontic treatment examination to monitor growth and development | \$95.00 |
| D8670 | periodic orthodontic treatment visit | \$0.00 |
| D8680 | orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$95.00 |
| D8999 | unspecified orthodontic procedure, by report | \$0.00 |
| D9110 | palliative (emergency) treatment of dental pain - minor procedure | \$0.00 |
| D9120 | fixed partial denture sectioning | \$0.00 |
| D9211 | regional block anesthesia | \$0.00 |
| D9212 | trigeminal division block anesthesia | \$0.00 |

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|----------------|--|---------------|
| D9215 | local anesthesia in conjunction with operative or surgical procedures | \$0.00 |
| D9219 | evaluation for deep sedation or general anesthesia | \$0.00 |
| D9230 | inhalation of nitrous oxide/anxiolysis analgesia | \$10.00 |
| D9241 | intravenous moderate (conscious) sedation/analgesia - first 30 minutes | \$45.00 |
| D9310 | consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | \$0.00 |
| D9430 | office visit for observation (during regularly scheduled hours) - no other services performed | \$0.00 |
| D9440 | office visit - after regularly scheduled hours | \$35.00 |
| D9450 | case presentation, detailed and extensive treatment planning | \$0.00 |
| D9630 | other drugs and/or medicaments, by report | \$0.00 |
| D9910 | application of desensitizing medicament | \$0.00 |
| D9951 | occlusal adjustment - limited | \$0.00 |
| D9999 | unspecified adjunctive procedure, by report | \$5.00 |