

<b>Individual Treatment Item and Description</b>	<b>Item Code</b>	<b>Tier 1 Threshold</b>	<b>Tier 2 Threshold</b>
<b>1-(d) Intraoral Radiograph</b>	A004	15	15
<b>3-(e) Posterior Composite Supplement</b>	C005	8	4
<b>3-(e) Posterior Composite Supplement - supplement for 2 fillings on one tooth</b>	C015	3	2
<b>3-(f) Endodontic Treatment (incisor/canine/lower premolar)</b>	C006	4	3
<b>3-(g) Endodontic Treatment (upper premolar)</b>	C007	3	3
<b>3-(h) Endodontic Treatment (molar)</b>	C008	3	3
<b>3-(j) Re-Root Canal Treatment Supplement</b>	C010	2	2
<b>3-(k) Internal Bleaching</b>	C011	2	2
<b>4-(b) Crown Placement</b>	D002	4	3
<b>4-(c) Post and/or Core retention for crowns and bridges</b>	D005	4	3
<b>4-(d) Inlay/Onlay Placement</b>	D006	4	3
<b>4-(e) Replacement Veneer</b>	D009	3	2
<b>4-(f) Conventional Bridge (per unit)</b>	D012	3	2
<b>4-(g) Resin Retained Bridge (per unit)</b>	D015	4	2
<b>5-(b) Surgical Extraction</b>	E002	3	2
<b>5-(c) Advanced Surgical Extraction</b>	E003	3	1
<b>5-(d) Advanced Surgical Procedures</b>	E004	2	1
<b>7-(g) Acid Etched Splint (per union)</b>	G013	3	1
<b>7-(h) Laboratory Made Soft Splint / Fluoride Tray / Trauma Retainer / External Bleaching Tray (per appliance)</b>	G014	2	2
<b>7-(i) Laboratory Made Hard Splint (per appliance)</b>	G015	2	2

<b>Combination of Treatment Items and Description</b>	<b>Item Code</b>	<b>Tier 1 Threshold</b>	<b>Tier 2 Threshold</b>
<b>3-(f) Endodontic Treatment (incisor/canine/lower premolar)</b>	C006	Combination of 4 or more	Combination of 3 or more
<b>3-(g) Endodontic Treatment (upper premolar)</b>	C007		
<b>3-(h) Endodontic Treatment (molar)</b>	C008		
<b>4-(b) Crown Placement</b>	D002	Combination of 6 (including units) or more	Combination of 4 (including units) or more
<b>4-(c) Post and/or Core retention for crowns and bridges</b>	D005		
<b>4-(d) Inlay/Onlay Placement</b>	D006		
<b>4-(e) Replacement Veneer</b>	D009		
<b>4-(f) Conventional Bridge (per unit)</b>	D012		
<b>4-(g) Resin Retained Bridge (per unit)</b>	D015		