

DENTAL HEALTH SERVICES

ATU Local 1309 & IBEW Local 465 Dental Plan Comparison

Benefit	PPO Dental Plan		NOTES
	In-Network	Out-of-Network	
Prepaid/HMO Plan			
Choice of Providers	PPO Panel	Not Restricted	
Deductible	\$50 per person; 3 per family Waived for Preventative		
Annual Maximum	\$1,000; \$750 for Orthodontia		
Lifetime Maximum	None	None	
Orthodontia Lifetime Maximum	\$ 1,500		
Diagnostic and Preventative	100%	100%	
Basic Restorations	90%	70%	
Major Restorations	60%	40%	
Orthodontia (Dependent Children up to age 19)	50% of Covered Charges up to Orthodontia Maximum		
Orthodontia (Adult)	50% of Covered Charges up to Orthodontia Maximum		
Retention Appliance (after orthodontia treatment)	50% of Covered Charges up to Orthodontia Maximum		
Claim Forms	No	Yes	
Pre-Authorization Required	No	Over \$250	

You may change your dentist at any time throughout the Plan year, you just cannot change Plans mid-year.

There are Dentists located in San Diego County, as well as Mexico for both Plans.



Schedule of Covered Services and Copayments CA 645 Select Plan

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D9543	Office Visit	0		D0274	bitewings - four radiographic images	0	0
D9986	missed appointment	Per office policy		D0277	vertical bitewings - 7 to 8 radiographic images	0	0
D9987	cancelled appointment	Per office policy		D0330	panoramic radiographic image	0	10
	Specialty emergency referral- paid to the treating specialist		25	D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0	NC
	<i>NC indicates the procedure is not covered</i>			D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	NC
	Diagnostic			D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	5
D0120	periodic oral evaluation - established patient	0	20	D0415	collection of microorganisms for culture and sensitivity	10	10
D0140	limited oral evaluation - problem focused	0	20	D0425	caries susceptibility tests	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	20	D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	0	0
D0150	comprehensive oral evaluation - new or established patient	0	20	D0460	pulp vitality tests	0	0
D0160	detailed and extensive oral evaluation - problem focused, by report	0	0	D0470	diagnostic casts	5	5
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0	D0601	caries risk assessment and documentation, with a finding of low risk	8	8
D0171	re-evaluation – post-operative office visit	0	0	D0602	caries risk assessment and documentation, with a finding of moderate risk	8	8
D0180	comprehensive periodontal evaluation - new or established patient	0	0	D0603	caries risk assessment and documentation, with a finding of high risk	8	8
D0210	intraoral - complete series of radiographic images	0	0		Preventive		
D0220	intraoral - periapical first radiographic image	0	0	D1110	prophylaxis - adult (limited to 1 every 6 months)	0	20
D0230	intraoral - periapical each additional radiographic image	0	0	D1120	prophylaxis - child (limited to 1 every 6 months)	0	20
D0240	intraoral - occlusal radiographic image	0	0	D11AX	prophylaxis - adult (additional beyond 1 in 6 months)	80	NC
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	0	D11CX	prophylaxis - child (additional beyond 1 in 6 months)	80	NC
D0270	bitewing - single radiographic image	0	0	D1206	topical application of fluoride varnish	5	15
D0272	bitewings - two radiographic images	0	0	D1208	topical application of fluoride – excluding varnish	0	12
D0273	bitewings - three radiographic images	0	0	D1310	nutritional counseling for control of dental disease	0	0
				D1320	tobacco counseling for the control and prevention of oral disease	0	0

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D1330	oral hygiene instructions	0	0	D2394	resin-based composite - four or more surfaces, posterior	80	NC
D1351	sealant - per tooth	0	14				
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0	28				
D1353	sealant repair – per tooth	0	0				
D1354	interim caries arresting medicament application- per tooth	0	28				
Space Maintainers				Crowns - Single Restoration Only			
D1510	space maintainer - fixed - unilateral	10	92	D2510	inlay - metallic - one surface	65	180
D1516	space maintainer - fixed - bilateral, maxillary	15	140	D2520	inlay - metallic - two surfaces	65	180
D1517	space maintainer - fixed - bilateral, mandibular	15	140	D2530	inlay - metallic - three or more surfaces	65	180
D1520	space maintainer - removable - unilateral	10	112	D2542	onlay - metallic - two surfaces	65	180
D1526	space maintainer - removable - bilateral, maxillary	15	144	D2543	onlay - metallic - three surfaces	65	180
D1527	space maintainer - removable - bilateral, mandibular	15	144	D2544	onlay - metallic - four or more surfaces	65	180
D1550	re-cement or re-bond space maintainer	0	24	D2610	inlay - porcelain/ceramic - one surface	310	400
D1555	removal of fixed space maintainer	0	0	D2620	inlay - porcelain/ceramic - two surfaces	330	400
D1575	distal shoe space maintainer – fixed – unilateral	10	92	D2630	inlay - porcelain/ceramic - three or more surfaces	330	400
Amalgam Restorations - Primary or Permanent				D2642	onlay - porcelain/ceramic - two surfaces	330	400
D2140	amalgam - one surface, primary or permanent	0	26	D2643	onlay - porcelain/ceramic - three surfaces	330	400
D2150	amalgam - two surfaces, primary or permanent	0	32	D2644	onlay - porcelain/ceramic - four or more surfaces	330	400
D2160	amalgam - three surfaces, primary or permanent	0	38	D2650	inlay - resin-based composite - one surface	230	400
D2161	amalgam - four or more surfaces, primary or permanent	0	48	D2651	inlay - resin-based composite - two surfaces	250	400
Resin-Based Composite Restorations				D2652	inlay - resin-based composite - three or more surfaces	250	400
D2330	resin-based composite - one surface, anterior	4	36	D2662	onlay - resin-based composite - two surfaces	250	400
D2331	resin-based composite - two surfaces, anterior	6	48	D2663	onlay - resin-based composite - three surfaces	250	400
D2332	resin-based composite - three surfaces, anterior	8	60	D2664	onlay - resin-based composite - four or more surfaces	250	400
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	10	74	D2710	crown - resin-based composite (indirect)	45	NC
D2390	resin-based composite crown, anterior	42	NC	D2712	crown - ¾ resin-based composite (indirect)	45	NC
D2391	resin-based composite - one surface, posterior	35	NC	D2720	* crown - resin with high noble metal	195	NC
D2392	resin-based composite - two surfaces, posterior	50	NC	D2721	crown - resin with predominantly base metal	45	NC
D2393	resin-based composite - three surfaces, posterior	65	NC	D2722	* crown - resin with noble metal	170	NC
				D2740	crown - porcelain/ceramic	235	NC
				D2750	* crown - porcelain fused to high noble metal	235	NC
				D2751	crown - porcelain fused to predominantly base metal	85	NC
				D2752	* crown - porcelain fused to noble metal	210	NC

*Copayments include charges for noble metal and high noble metal/titanium.
D27SC is an optional upgrade charge added to the standard base crown copayment for specialized porcelain such as Lava, Captek, Cercon, Empress, E-Max, etc.
D27BM is an optional benefit for porcelain buit margin.
D27ML is an additional copayment for porcelain crowns on molar teeth.

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D2780	* crown - 3/4 cast high noble metal	215	NC	D2957	each additional prefabricated post - same tooth	0	0
D2781	crown - 3/4 cast predominantly base metal	65	NC	D2960	labial veneer (resin laminate) - chairside	200	200
D2782	* crown - 3/4 cast noble metal	190	NC	D2961	labial veneer (resin laminate) - laboratory	240	240
D2783	crown - 3/4 porcelain/ceramic	115	NC	D2962	labial veneer (porcelain laminate) - laboratory	300	300
D2790	* crown - full cast high noble metal	215	NC	D2971	additional procedures to construct new crown under existing partial denture framework	25	25
D2791	crown - full cast predominantly base metal	65	NC	D2975	coping	65	228
D2792	* crown - full cast noble metal	190	NC	D2990	resin infiltration of incipient smooth surface lesions	0	10
D2794	* crown - titanium	215	NC				
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	200	NC				
D27BM	crown-butt margin	50	NC	Endodontics			
D27ML	crown- porcelain on molar	100	NC	D3110	pulp cap - direct (excluding final restoration)	10	20
D27SC	crown- specialty upgrade	200	NC	D3120	pulp cap - indirect (excluding final restoration)	4	24
Other Restorative Services				D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	15	50
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	5	5	D3221	pulpal debridement, primary and permanent teeth	15	50
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	20	D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	15	50
D2920	re-cement or re-bond crown	10	20	D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	45	120
D2921	reattachment of tooth fragment, incisal edge or cusp	10	74	D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55	132
D2929	prefabricated porcelain/ceramic crown - primary tooth	20	60	D3310	endodontic therapy, anterior tooth (excluding final restoration)	60	170
D2930	prefabricated stainless steel crown - primary tooth	20	66	D3320	endodontic therapy, premolar tooth (excluding final restoration)	90	200
D2931	prefabricated stainless steel crown - permanent tooth	20	80	D3330	endodontic therapy, molar tooth (excluding final restoration)	160	244
D2932	prefabricated resin crown	20	88	D3331	treatment of root canal obstruction; non-surgical access	20	60
D2933	prefabricated stainless steel crown with resin window	40	104	D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0	0
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	40	104	D3333	internal root repair of perforation defects	20	60
D2940	protective restoration	0	28	D3346	retreatment of previous root canal therapy - anterior	110	192
D2941	interim therapeutic restoration - primary dentition	0	14	D3347	retreatment of previous root canal therapy - premolar	190	220
D2949	restorative foundation for an indirect restoration	0	28	D3348	retreatment of previous root canal therapy - molar	310	310
D2950	core buildup, including any pins when required	10	68				
D2951	pin retention - per tooth, in addition to restoration	5	20				
D2952	post and core in addition to crown, indirectly fabricated	45	90				
D2953	each additional indirectly fabricated post - same tooth	0	0				
D2954	prefabricated post and core in addition to crown	40	52				
D2955	post removal	40	40				

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	15	92	D4249	clinical crown lengthening – hard tissue	150	150
				D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	250	250
D3352	apexification/recalcification – interim medication replacement	15	72				
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	15	120	D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	200	200
D3355	pulpal regeneration - initial visit	15	92				
D3356	pulpal regeneration - interim medication replacement	15	72	D4263	bone replacement graft – retained natural tooth – first site in quadrant	215	260
D3357	pulpal regeneration - completion of treatment	60	170	D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	120	155
D3410	apicoectomy - anterior	60	160				
D3421	apicoectomy - premolar (first root)	60	184	D4266	guided tissue regeneration - resorbable barrier, per site	230	275
D3425	apicoectomy - molar (first root)	85	208				
D3426	apicoectomy (each additional root)	50	124	D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	225	275
D3427	periradicular surgery without apicoectomy	60	160				
D3430	retrograde filling - per root	40	100	D4268	surgical revision procedure, per tooth	435	510
D3450	root amputation - per root	100	120	D4270	pedicle soft tissue graft procedure	445	520
D3920	hemisection (including any root removal), not including root canal therapy	115	128	D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	225	225
D3950	canal preparation and fitting of preformed dowel or post	55	72				
				D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	445	520
Periodontics							
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	60	192				
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	20	68	D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	100	100
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	20	51				
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	150	150	D4320	provisional splinting - intracoronal	160	160
				D4321	provisional splinting - extracoronal	160	160
D4231	anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant	100	100	D4341	periodontal scaling and root planing - four or more teeth per quadrant	20	64
				D4342	periodontal scaling and root planing - one to three teeth per quadrant	15	30
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	150	200	D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	20	68
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	120	200	D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	20	68
D4245	apically positioned flap	120	200				

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50	50	D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	290	NC
D4910	periodontal maintenance (1st and 2nd in year)	20	40	D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	70	NC
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	34	34	D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	70	NC
D4921	gingival irrigation – per quadrant	25	25				
D49XC	periodontal maintenance (3rd and 4th in year)	50	70				

Dentures

Dentures and partials include four months free adjustments.

D5110	complete denture - maxillary	85	NC	D5410	adjust complete denture - maxillary	0	NC
D5120	complete denture - mandibular	85	NC	D5411	adjust complete denture - mandibular	0	NC
D5130	immediate denture - maxillary	100	NC	D5421	adjust partial denture - maxillary	0	NC
D5140	immediate denture - mandibular	100	NC	D5422	adjust partial denture - mandibular	0	NC
D5211	maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	75	NC	D5511	repair broken complete denture base, mandibular	20	NC
D5212	mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth)	75	NC	D5512	repair broken complete denture base, maxillary	20	NC
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	90	NC	D5520	replace missing or broken teeth - complete denture (each tooth)	10	NC
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	90	NC	D5611	repair resin partial denture base, mandibular	20	NC
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	150	NC	D5612	repair resin partial denture base, maxillary	20	NC
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	150	NC	D5621	repair cast partial framework, mandibular	40	NC
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	150	NC	D5622	repair cast partial framework, maxillary	40	NC
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	150	NC	D5630	repair or replace broken retentive/clasping materials per tooth	30	NC
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	290	NC	D5640	replace broken teeth - per tooth	10	NC
				D5650	add tooth to existing partial denture	10	NC
				D5660	add clasp to existing partial denture - per tooth	20	NC
				D5670	replace all teeth and acrylic on cast metal framework (maxillary)	110	NC
				D5671	replace all teeth and acrylic on cast metal framework (mandibular)	110	NC
				D5710	rebase complete maxillary denture	60	NC
				D5711	rebase complete mandibular denture	60	NC
				D5720	rebase maxillary partial denture	60	NC
				D5721	rebase mandibular partial denture	60	NC
				D5730	reline complete maxillary denture (chairside)	20	NC
				D5731	reline complete mandibular denture (chairside)	20	NC
				D5740	reline maxillary partial denture (chairside)	20	NC
				D5741	reline mandibular partial denture (chairside)	20	NC

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D5750	reline complete maxillary denture (laboratory)	30	NC	D6067	* implant supported metal crown (titanium, titanium alloy, high noble metal)	1150	NC
D5751	reline complete mandibular denture (laboratory)	30	NC	D6068	abutment supported retainer for porcelain/ceramic FPD	1000	NC
D5760	reline maxillary partial denture (laboratory)	30	NC	D6069	* abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1150	NC
D5761	reline mandibular partial denture (laboratory)	30	NC	D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000	NC
D5810	interim complete denture (maxillary)	40	NC	D6071	* abutment supported retainer for porcelain fused to metal FPD (noble metal)	1125	NC
D5811	interim complete denture (mandibular)	40	NC	D6072	* abutment supported retainer for cast metal FPD (high noble metal)	1150	NC
D5820	interim partial denture (maxillary)	40	NC	D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000	NC
D5821	interim partial denture (mandibular)	40	NC	D6074	* abutment supported retainer for cast metal FPD (noble metal)	1125	NC
D5850	tissue conditioning, maxillary	10	NC	D6075	implant supported retainer for ceramic FPD	1000	NC
D5851	tissue conditioning, mandibular	10	NC	D6076	* implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1150	NC
D5863	overdenture – complete maxillary	100	NC	D6077	* implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1150	NC
D5864	overdenture – partial maxillary	100	200	D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	20	68
D5865	overdenture – complete mandibular	100	200	D6085	provisional implant crown	200	NC
D5866	overdenture – partial mandibular	100	200	D6092	re-cement or re-bond implant/abutment supported crown	30	NC
Implants				D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40	NC
*Copayments include charges for noble metal and high noble metal/ titanium. Implant services are covered only when performed by a participating general dentist.				D6094	* abutment supported crown - (titanium)	650	NC
D6010	surgical placement of implant body: endosteal implant	1500	NC	D6104	bone graft at time of implant placement	215	NC
D6011	second stage implant surgery	200	NC	D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300	NC
D6051	interim abutment	200	NC	D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300	NC
D6052	semi-precision attachment abutment	200	NC	D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300	NC
D6056	prefabricated abutment – includes modification and placement	450	NC	D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300	NC
D6057	custom fabricated abutment – includes placement	450	NC				
D6058	abutment supported porcelain/ceramic crown	1000	NC				
D6059	* abutment supported porcelain fused to metal crown (high noble metal)	1150	NC				
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1000	NC				
D6061	* abutment supported porcelain fused to metal crown (noble metal)	1125	NC				
D6062	* abutment supported cast metal crown (high noble metal)	1150	NC				
D6063	abutment supported cast metal crown (predominantly base metal)	1000	NC				
D6064	* abutment supported cast metal crown (noble metal)	1125	NC				
D6065	implant supported porcelain/ceramic crown	1000	NC				
D6066	* implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1150	NC				

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D6194	* abutment supported retainer crown for FPD (titanium)	650	NC	D6609	retainer onlay - porcelain/ceramic, three or more surfaces	330	NC
				D6610	* retainer onlay - cast high noble metal, two surfaces	215	NC
				D6611	* retainer onlay - cast high noble metal, three or more surfaces	215	NC
				D6612	retainer onlay - cast predominantly base metal, two surfaces	65	NC
				D6613	retainer onlay - cast predominantly base metal, three or more surfaces	65	NC
				D6614	* retainer onlay - cast noble metal, two surfaces	190	NC
				D6615	* retainer onlay - cast noble metal, three or more surfaces	190	NC
				D6624	* retainer inlay - titanium	215	NC
				D6634	* retainer onlay - titanium	215	NC
				D6710	retainer crown - indirect resin based composite	45	NC
				D6720	* retainer crown - resin with high noble metal	220	NC
				D6721	retainer crown - resin with predominantly base metal	45	NC
				D6722	* retainer crown - resin with noble metal	170	NC
				D6740	retainer crown - porcelain/ceramic	85	NC
				D6750	* retainer crown - porcelain fused to high noble metal	235	NC
				D6751	retainer crown - porcelain fused to predominantly base metal	85	NC
				D6752	* retainer crown - porcelain fused to noble metal	210	NC
				D6780	* retainer crown - 3/4 cast high noble metal	215	NC
				D6781	retainer crown - 3/4 cast predominantly base metal	65	NC
				D6782	* retainer crown - 3/4 cast noble metal	190	NC
				D6783	retainer crown - 3/4 porcelain/ceramic	115	NC
				D6790	* retainer crown - full cast high noble metal	215	NC
				D6791	retainer crown - full cast predominantly base metal	65	NC
				D6792	* retainer crown - full cast noble metal	190	NC
				D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200	NC
				D6794	* retainer crown - titanium	215	NC
				D67BM	abutment crown- butt margin	50	NC
				D67ML	abutment crown-porcelain on molar	100	NC
				D67SC	abutment crown- specialty upgrade	200	NC
				D6930	re-cement or re-bond fixed partial denture	15	NC
D6205	pontic - indirect resin based composite	45	NC				
D6210	* pontic - cast high noble metal	215	NC				
D6211	pontic - cast predominantly base metal	65	NC				
D6212	* pontic - cast noble metal	190	NC				
D6214	* pontic - titanium	215	NC				
D6240	* pontic - porcelain fused to high noble metal	235	NC				
D6241	pontic - porcelain fused to predominantly base metal	85	NC				
D6242	* pontic - porcelain fused to noble metal	210	NC				
D6245	pontic - porcelain/ceramic	85	NC				
D6250	* pontic - resin with high noble metal	195	NC				
D6251	pontic - resin with predominantly base metal	45	NC				
D6252	* pontic - resin with noble metal	170	NC				
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200	NC				
D62ML	pontic- porcelain on molar	100	NC				
D62SC	pontic - specialty upgrade	200	NC				
D6545	retainer - cast metal for resin bonded fixed prosthesis	60	NC				
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	60	NC				
D6549	resin retainer - for resin bonded fixed prosthesis	60	NC				
D6600	inlay - porcelain/ceramic, two surfaces	330	NC				
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	330	NC				
D6602	* retainer inlay - cast high noble metal, two surfaces	215	NC				
D6603	* retainer inlay - cast high noble metal, three or more surfaces	215	NC				
D6604	retainer inlay - cast predominantly base metal, two surfaces	65	NC				
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	65	NC				
D6606	* retainer inlay - cast noble metal, two surfaces	190	NC				
D6607	* retainer inlay - cast noble metal, three or more surfaces	190	NC				
D6608	retainer onlay - porcelain/ceramic, two surfaces	330	NC				

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
Oral Surgery				D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	124	124
D7111	extraction, coronal remnants - primary tooth	5	38	D7963	frenuloplasty	124	124
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	5	38	D7970	excision of hyperplastic tissue - per arch	146	196
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30	64	D7971	excision of pericoronal gingiva	35	70
Other Services							
D7220	removal of impacted tooth - soft tissue	40	80	D00SO	second opinion consultation	20	0
D7230	removal of impacted tooth - partially bony	60	100	D9110	palliative (emergency) treatment of dental pain - minor procedure	10	10
D7240	removal of impacted tooth - completely bony	90	120	D9120	fixed partial denture sectioning	35	35
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	105	180	D9210	local anesthesia not in conjunction with operative or surgical procedures	0	0
D7250	removal of residual tooth roots (cutting procedure)	40	80	D9211	regional block anesthesia	0	0
D7251	coronectomy - intentional partial tooth removal	90	120	D9212	trigeminal division block anesthesia	0	0
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	150	168	D9215	local anesthesia in conjunction with operative or surgical procedures	0	0
D7280	exposure of an unerupted tooth	90	108	D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20	20
D7282	mobilization of erupted or malpositioned tooth to aid eruption	225	270	D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D7283	placement of device to facilitate eruption of impacted tooth	90	108	D9440	office visit - after regularly scheduled hours	50	50
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	80	90	D9450	case presentation, detailed and extensive treatment planning	0	0
D7286	incisional biopsy of oral tissue-soft	80	90	D9610	therapeutic parenteral drug, single administration	15	25
D7288	brush biopsy - transepithelial sample collection	30	50	D9612	therapeutic parenteral drugs, two or more administrations, different medications	30	40
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30	80	D9613	infiltration of sustained release therapeutic drug- single or multiple sites	0	0
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30	80	D9630	drugs or medicaments dispensed in the office for home use	25	25
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30	120	D9910	application of desensitizing medicament	10	10
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30	80	D9911	application of desensitizing resin for cervical and/or root surface, per tooth	10	10
D7510	incision and drainage of abscess - intraoral soft tissue	0	60	D9932	cleaning and inspection of removable complete denture, maxillary	25	NC
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	60	60	D9933	cleaning and inspection of removable complete denture, mandibular	25	NC
				D9934	cleaning and inspection of removable partial denture, maxillary	25	NC

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D9935	cleaning and inspection of removable partial denture, mandibular	25	NC		Simple crossbite		275
					Copying records		40
D9941	fabrication of athletic mouthguard	80	80		<i>Please call your Dental Health Services Member Service Specialist at 800-637-6453 for a referral to a conveniently located participating orthodontist.</i>		
D9942	repair and/or relines of occlusal guard	90	90		<i>Orthodontic models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs.</i>		
D9943	occlusal guard adjustment	15	15				
D9944	occlusal guard- hard appliance, full arch	150	150				
D9945	occlusal guard- soft appliance, full arch	150	150				
D9951	occlusal adjustment - limited	35	42				
D9952	occlusal adjustment - complete	75	90				
D9961	duplicate/copy patient's records	0	0				
D9970	enamel microabrasion	10	10				
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	10	10				
D9972	external bleaching - per arch - performed in office	200	200				
D9973	external bleaching - per tooth	100	100				
D9974	internal bleaching - per tooth	100	100				
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	NC				
D9990	certified translation or sign-language services per visit	0	0				
D9991	dental case management – addressing appointment compliance barriers	0	0				
D9992	dental case management – care coordination	0	0				
D9993	dental case management – motivational interviewing	0	0				
D9994	dental case management – patient education to improve oral health literacy	0	0				

Orthodontics

Removable orthodontic retainer adjustment	0
Consultation	25
Failed/no-show appointment without 24-hour notice	25
Full banded - child, up to age 19	1775
Full banded - adult	1975
Partial banded - child, up to age 19	1250
Partial banded - adult	1450
Mixed dentition - phase 1	450
Palatal expansion	350
Rapid palatal expansion	550
Retention appliance - after orthodontic treatment	180
Functional appliance (Bionator-Frankel)	550
Headgear	350



Orthodontic Exclusions

The following services are not covered by your dental plan:

- A. Retreatment of orthodontic cases.
- B. Treatment of a case in progress at inception of eligibility.
- C. Surgical procedures (including extraction of teeth) incidental orthodontic treatment.
- D. Surgical procedures related to cleft palate, micrognathia or macrognathia.
- E. Treatment related to temporomandibular joint (TMJ) disturbances and/or hormonal imbalances.
- F. Any dental procedure considered within the field of general dentistry including but not limited to: myofunctional therapy; general anesthetics, including intravenous and inhalation sedation dental services of any nature performed in a hospital.
- G. Cephalometric x-rays, dental x-rays.
- H. Tracings and photographs.
- I. Study models.
- J. Replacement of lost or broken appliances.
- K. Changes in treatment necessitated by an accident of any kind.
- L. Services which are compensable under worker's compensation or employer liability laws.
- M. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.

Orthodontic Limitations

The following are subject to additional charges:

- A. Full banded treatments are based on a 24-month standard treatment plan. Additional treatment, or treatment that extends beyond that time may be subject to additional charges.
- B. If the contract between the group and Dental Health Services is terminated, service is subject to a pro-rated fee based on current market value for the balance of orthodontic treatment. If the member should terminate group coverage, they are no longer eligible for the group orthodontic rate.
- C. Should the contract between Dental Health Services and the orthodontist terminate, any Dental Health Services members in treatment would not be subject to proration.

Dental Exclusions

The following services are not covered by your dental plan:

- A. Services that are not consistent with professionally recognized standards of practice.
- B. Cosmetic services, for appearance only, unless specifically listed.
- C. Myofunctional therapy-procedures for training, treating or developing muscles in and around the jaw or mouth including T.M.J. and related diseases, except for occlusal guard.
- D. Treatment for malignancies, neoplasms (tumors) and cysts as well as hereditary, congenital and/or developmental malformations.
- E. Dispensing of drugs not normally supplied in a dental office.
- F. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
- G. Procedures, appliances or restorations that are necessary for:
 - 1. full mouth rehabilitation,
 - 2. to increase arch vertical dimension

- 3. crowns or bridgework requiring more than 10 crowns/ pontics.

- H. Replacement or stabilization of tooth structure lost through attrition, abrasion or erosion.
- I. Procedures performed by a prosthodontist.
- J. Fixed bridges when:
 - 1. a patient is under the age of sixteen
 - 2. edentulous spaces are bilateral in the same arch
 - 3. replacing more than four teeth in an arch
 - 4. replacing missing third molars
 - 5. prognosis is poor.
- K. General anesthesia, including intravenous and inhalation sedation.
- L. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- M. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- N. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
- O. Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.
- P. Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
- Q. Coordination of benefits with another prepaid managed care dental plan.
- R. Orthodontic treatment of a case in progress and/or retreatment of ortho cases.
- S. Cephalometric x-rays, tracings, photographs and orthodontic study models.
- T. Replacement of lost or broken orthodontic appliances.
- U. Changes in orthodontic treatment necessitated by an accident of any kind.
- V. Malocclusions so severe or mutilated which are not amenable to ideal orthodontic therapy.
- W. Services not specifically listed on the Schedule of Covered Services and Copayments.

Dental Limitations

Restrictions on benefits are applied to the following services:

- A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- C. Routine teeth cleaning (prophylaxis) is limited to once every six months; additional cleanings beyond the 6 months are available at a higher copayment.
- D. Periodontal maintenance (D4910) has a shared frequency with prophylaxis (D1110 or D1120) cleanings of 1 in 6 months.

- E. Full mouth x-rays (D0210) are limited to one set every three years if needed and have a shared frequency limitation with a panoramic film (D0330). Panoramic films may be covered regardless of full mouth x-ray history when wisdom teeth extractions are approved.
- F. Caries risk assessments (D0601-D0603) are covered for members 18 years of age and younger.
 1. D0601 & D0602 are covered once every 6 months.
 2. D0603 is covered once every 3 months.
- G. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.
- H. Pre-authorization is required for all specialty services, with the exception of orthodontics.
- I. Periodontal surgical procedures are limited to four quadrants every two years.
- J. Scaling and root planing (deep cleaning) is limited to 4 quadrants every 6 months, and 2 quadrants per visit.
- K. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of initial delivery. Lost or stolen removable appliances are not covered.
- L. Relines are limited to once per twelve months, per appliance.
- M. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- N. The maximum benefit for pedodontic specialty care is \$500 per lifetime, per eligible child. (Pedodontic specialty care will be approved when deemed necessary for children under 7 years of age.)

Enrollees should refer to the Group Service Agreement for further information on benefit exclusions and limitations.

Health Plan Benefits and Coverage Matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The evidence of coverage and plan contract should be consulted for a detailed description of coverage benefits and limitations.

Deductibles: None

Lifetime maximums: The maximum benefit for pedodontic specialty care is \$500 per lifetime. There are no other maximums.

Professional services - exam & preventive services: No charge for most services. Periodontal maintenance (D4910) has a shared frequency with prophylaxis (D1110 or D1120) cleanings of 1 in 6 months; additional cleanings beyond the 6 months are available at a higher copayment.

Full mouth x-rays (D0210) are limited to one set every three years if needed and have a shared frequency limitation with a panoramic film (D0330).

Professional services - restorative, crowns, endodontics and oral surgery services: Copayments for fillings, caps, root canals and extractions vary by procedure in the enclosed Schedule of Covered Services and Copayments.

Professional services - periodontic services: Copayments for gum treatments vary by procedure in the enclosed Schedule of Covered Services and Copayments. Surgical procedures are limited to four quads every two years.

Professional services - dentures and partial dentures: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments. Replacements of prosthetics are limited to every five years. Relines are limited to one per arch every 12 months.

Professional services - specialty services: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments.

Outpatient office visits: No additional charge

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Chemical dependency services: Not covered

Home health services: Not covered

Dental Health Services
A Great Reason to SmileSM

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