



Code	Description	Copayment
D9986	missed appointment	According to office policy
D9987	cancelled appointment	According to office policy
	Office Visit	4

Diagnostic

D0120	periodic oral evaluation - established patient	0
D0140	limited oral evaluation - problem focused	0
D0145	oral evaluation for a patient under three 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 (established patient; not post-operative visit)	0
D0171	re-evaluation – post-operative office visit	0
D0180	comprehensive periodontal evaluation - new or established patient	0
D0210	intraoral - complete series of radiographic images	0
D0220	intraoral - periapical first radiographic image	0
D0230	intraoral - periapical each additional radiographic image	0
D0240	intraoral - occlusal radiographic image	0
D0250	extraoral - first radiographic image	0
D0260	extraoral - each additional radiographic image	0
D0270	bitewing - single radiographic image	0
D0272	bitewings - two radiographic images	0
D0273	bitewings - three radiographic images	0
D0274	bitewings - four radiographic images	0
D0277	vertical bitewings - 7 to 8 radiographic images	0
D0330	panoramic radiographic image	0
D0340	cephalometric radiographic image	10
D0415	collection of microorganisms for culture and sensitivity	0
D0425	caries susceptibility tests	0
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	5
D0460	pulp vitality tests	0
D0470	diagnostic casts	0
D0601	caries risk assessment and documentation, with a finding of low risk	5

Code	Description	Copayment
D0602	caries risk assessment and documentation, with a finding of moderate risk	5
D0603	caries risk assessment and documentation, with a finding of high risk	5

Preventive

D1110	prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments)	0
D1110	Prophylaxis - adult (additional beyond 1 in 6 months)	80
D1120	prophylaxis - child (limited to 1 per 6 months & additional at higher copayments)	0
D1120	Prophylaxis - child (additional beyond 1 in 6 months)	80
D1206	topical application of fluoride varnish	10
D1208	topical application of fluoride – excluding varnish	0
D1310	nutritional counseling for control of dental disease	0
D1320	tobacco counseling for the control and prevention of oral disease	0
D1330	oral hygiene instructions	0
D1351	sealant - per tooth	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	15
D1353	sealant repair – per tooth	0

Space Maintainers

D1510	space maintainer - fixed - unilateral	25
D1515	space maintainer - fixed - bilateral	25
D1520	space maintainer - removable - unilateral	20
D1525	space maintainer - removable - bilateral	22
D1550	re-cement or re-bond space maintainer	0
D1555	removal of fixed space maintainer	0

Amalgam Restorations - Primary or Permanent

D2140	amalgam - one surface, primary or permanent	10
D2150	amalgam - two surfaces, primary or permanent	14
D2160	amalgam - three surfaces, primary or permanent	17
D2161	amalgam - four or more surfaces, primary or permanent	20

Resin-Based Composite Restorations

D2330	resin-based composite - one surface, anterior	11
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Code	Description	Copayment
D2331	resin-based composite - two surfaces, anterior	18
D2332	resin-based composite - three surfaces, anterior	22
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	25
D2390	resin-based composite crown, anterior	35
D2391	resin-based composite - one surface, posterior	55
D2392	resin-based composite - two surfaces, posterior	75
D2393	resin-based composite - three surfaces, posterior	80
D2394	resin-based composite - four or more surfaces, posterior	80

Crowns - Single Restoration Only

**Additional charges of \$100 for noble metal, \$125 for high noble metal & \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc. Add \$100 for porcelain on molars, \$50 for porcelain butt margin.*

D2510	* inlay - metallic - one surface	90
D2520	* inlay - metallic - two surfaces	100
D2530	* inlay - metallic - three or more surfaces	110
D2542	* onlay - metallic - two surfaces	110
D2543	* onlay - metallic - three surfaces	110
D2544	* onlay - metallic - four or more surfaces	110
D2610	inlay - porcelain/ceramic - one surface	290
D2620	inlay - porcelain/ceramic - two surfaces	310
D2630	inlay - porcelain/ceramic - three or more surfaces	310
D2642	onlay - porcelain/ceramic - two surfaces	310
D2643	onlay - porcelain/ceramic - three surfaces	310
D2644	onlay - porcelain/ceramic - four or more surfaces	310
D2650	inlay - resin-based composite - one surface	210
D2651	inlay - resin-based composite - two surfaces	230
D2652	inlay - resin-based composite - three or more surfaces	230
D2662	onlay - resin-based composite - two surfaces	230
D2663	onlay - resin-based composite - three surfaces	230
D2664	onlay - resin-based composite - four or more surfaces	230
D2710	crown - resin-based composite (indirect)	70
D2712	crown - 3/4 resin-based composite (indirect)	70
D2720	* crown - resin with high noble metal	95
D2721	crown - resin with predominantly base metal	95
D2722	* crown - resin with noble metal	95
D2740	crown - porcelain/ceramic substrate	145
D2750	* crown - porcelain fused to high noble metal	145
D2751	crown - porcelain fused to predominantly base metal	145
D2752	* crown - porcelain fused to noble metal	145
D2780	* crown - 3/4 cast high noble metal	135

Code	Description	Copayment
D2781	crown - 3/4 cast predominantly base metal	135
D2782	* crown - 3/4 cast noble metal	135
D2783	crown - 3/4 porcelain/ceramic	185
D2790	* crown - full cast high noble metal	135
D2791	crown - full cast predominantly base metal	135
D2792	* crown - full cast noble metal	135
D2794	* crown - titanium	135

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	5
D2920	re-cement or re-bond crown	0
D2921	reattachment of tooth fragment, incisal edge or cusp	25
D2930	prefabricated stainless steel crown - primary tooth	25
D2931	prefabricated stainless steel crown - permanent tooth	25
D2932	prefabricated resin crown	50
D2933	prefabricated stainless steel crown with resin window	70
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	70
D2940	protective restoration	0
D2941	interim therapeutic restoration - primary dentition	0
D2949	restorative foundation for an indirect restoration	0
D2950	core buildup, including any pins when required	20
D2951	pin retention - per tooth, in addition to restoration	10
D2952	post and core in addition to crown, indirectly fabricated	50
D2953	each additional indirectly fabricated post - same tooth	0
D2954	prefabricated post and core in addition to crown	30
D2955	post removal	10
D2957	each additional prefabricated post - same tooth	0
D2960	labial veneer (resin laminate) - chairside	75
D2961	labial veneer (resin laminate) - laboratory	95
D2962	labial veneer (porcelain laminate) - laboratory	130
D2970	temporary crown (fractured tooth)	45
D2971	additional procedures to construct new crown under existing partial denture framework	25
D2975	coping	135

Endodontics

D3110	pulp cap - direct (excluding final restoration)	0
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Code	Description	Copayment
D3120	pulp cap - indirect (excluding final restoration)	0
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	10
D3221	pulpal debridement, primary and permanent teeth	15
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	15
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	30
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	35
D3310	endodontic therapy, anterior tooth (excluding final restoration)	90
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	105
D3330	endodontic therapy, molar (excluding final restoration)	140
D3331	treatment of root canal obstruction; non-surgical access	40
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	60
D3333	internal root repair of perforation defects	40
D3346	retreatment of previous root canal therapy - anterior	135
D3347	retreatment of previous root canal therapy - bicuspid	175
D3348	retreatment of previous root canal therapy - molar	275
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	15
D3352	apexification/recalcification – interim medication replacement	15
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	15
D3355	pulpal regeneration - initial visit	15
D3356	pulpal regeneration - interim medication replacement	15
D3357	pulpal regeneration - completion of treatment	90
D3410	apicoectomy - anterior	55
D3421	apicoectomy - bicuspid (first root)	55
D3425	apicoectomy - molar (first root)	55
D3426	apicoectomy (each additional root)	55
D3427	periradicular surgery without apicoectomy	55
D3430	retrograde filling - per root	45
D3450	root amputation - per root	95
D3920	hemisection (including any root removal), not including root canal therapy	90
D3950	canal preparation and fitting of preformed dowel or post	45

Code	Description	Copayment
Periodontics		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	85
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	30
D4230	anatomical crown exposure - four or more contiguous teeth per quadrant	300
D4231	anatomical crown exposure - one to three teeth per quadrant	200
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	250
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	185
D4245	apically positioned flap	200
D4249	clinical crown lengthening – hard tissue	125
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	300
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	200
D4263	bone replacement graft - first site in quadrant	195
D4264	bone replacement graft - each additional site in quadrant	60
D4266	guided tissue regeneration - resorbable barrier, per site	230
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	225
D4268	surgical revision procedure, per tooth	435
D4270	pedicle soft tissue graft procedure	250
D4273	subepithelial connective tissue graft procedures, per tooth	300
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	70
D4341	periodontal scaling and root planing - four or more teeth per quadrant	15
D4342	periodontal scaling and root planing - one to three teeth per quadrant	10
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	15
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50
D4910	periodontal maintenance (limited to 1 per 6 months & additional at higher copayments)	15
D4910	Periodontal maintenance (additional beyond 1 in 6 months)	125
D4921	gingival irrigation – per quadrant	15

Code	Description	Copayment
Dentures		
<i>Dentures and partials include four months free adjustments. Add lab cost of any gold.</i>		
D5110	complete denture - maxillary	210
D5120	complete denture - mandibular	210
D5130	immediate denture - maxillary	200
D5140	immediate denture - mandibular	200
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	125
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	125
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	225
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	225
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	425
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	425
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	90

Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	0
D5411	adjust complete denture - mandibular	0
D5421	adjust partial denture - maxillary	0
D5422	adjust partial denture - mandibular	0
D5510	repair broken complete denture base	25
D5520	replace missing or broken teeth - complete denture (each tooth)	10
D5610	repair resin denture base	25
D5620	repair cast framework	25
D5630	repair or replace broken clasp	10
D5640	replace broken teeth - per tooth	25
D5650	add tooth to existing partial denture	15
D5660	add clasp to existing partial denture	25
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	145
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	145
D5710	rebase complete maxillary denture	75
D5711	rebase complete mandibular denture	75
D5720	rebase maxillary partial denture	75
D5721	rebase mandibular partial denture	75
D5730	reline complete maxillary denture (chairside)	50
D5731	reline complete mandibular denture (chairside)	50
D5740	reline maxillary partial denture (chairside)	50
D5741	reline mandibular partial denture (chairside)	50

Code	Description	Copayment
D5750	reline complete maxillary denture (laboratory)	65
D5751	reline complete mandibular denture (laboratory)	65
D5760	reline maxillary partial denture (laboratory)	65
D5761	reline mandibular partial denture (laboratory)	65
D5810	interim complete denture (maxillary)	85
D5811	interim complete denture (mandibular)	85
D5820	interim partial denture (maxillary)	75
D5821	interim partial denture (mandibular)	75
D5850	tissue conditioning, maxillary	10
D5851	tissue conditioning, mandibular	10
D5863	overdenture – complete maxillary	270
D5864	overdenture – partial maxillary	270
D5865	overdenture – complete mandibular	270
D5866	overdenture – partial mandibular	270

Implants

**Additional charges of \$100 for noble metal, \$125 for high noble metal. Add \$100 for porcelain on molars, \$50 for porcelain butt margin, \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc. Copayments only apply when implant is performed by a participating general dentist.*

D6010	surgical placement of implant body: endosteal implant	1500
D6011	second stage implant surgery	200
D6052	semi-precision attachment abutment	200
D6056	prefabricated abutment – includes modification and placement	450
D6057	custom fabricated abutment – includes placement	450
D6058	abutment supported porcelain/ceramic crown	1000
D6059	* abutment supported porcelain fused to metal crown (high noble metal)	1000
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1000
D6061	* abutment supported porcelain fused to metal crown (noble metal)	1000
D6062	* abutment supported cast metal crown (high noble metal)	1000
D6063	abutment supported cast metal crown (predominantly base metal)	1000
D6064	* abutment supported cast metal crown (noble metal)	1000
D6065	implant supported porcelain/ceramic crown	1000
D6066	* implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1000
D6067	* implant supported metal crown (titanium, titanium alloy, high noble metal)	1000
D6068	abutment supported retainer for porcelain/ceramic FPD	1000
D6069	* abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1000

Code	Description	Copayment
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000
D6071	* abutment supported retainer for porcelain fused to metal FPD (noble metal)	1000
D6072	* abutment supported retainer for cast metal FPD (high noble metal)	1000
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000
D6074	* abutment supported retainer for cast metal FPD (noble metal)	1000
D6075	implant supported retainer for ceramic FPD	1000
D6076	* implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1000
D6077	* implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1000
D6092	re-cement or re-bond implant/abutment supported crown	30
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40
D6094	* abutment supported crown - (titanium)	500
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300
D6194	* abutment supported retainer crown for FPD (titanium)	500

Bridges

*Additional charges of \$100 for noble metal, \$125 for high noble metal & \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc. Add \$100 for porcelain on molars, \$50 for porcelain butt margin.

D6205	pontic - indirect resin based composite	115
D6210	* pontic - cast high noble metal	115
D6211	pontic - cast predominantly base metal	115
D6212	* pontic - cast noble metal	115
D6214	* pontic - titanium	115
D6240	* pontic - porcelain fused to high noble metal	115
D6241	pontic - porcelain fused to predominantly base metal	115
D6242	* pontic - porcelain fused to noble metal	115
D6245	pontic - porcelain/ceramic	115
D6250	* pontic - resin with high noble metal	115
D6251	pontic - resin with predominantly base metal	115
D6252	* pontic - resin with noble metal	115
D6545	retainer - cast metal for resin bonded fixed prosthesis	95

Code	Description	Copayment
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	115
D6549	resin retainer – for resin bonded fixed prosthesis	95
D6600	inlay - porcelain/ceramic, two surfaces	145
D6601	inlay - porcelain/ceramic, three or more surfaces	145
D6602	* inlay - cast high noble metal, two surfaces	110
D6603	* inlay - cast high noble metal, three or more surfaces	110
D6604	inlay - cast predominantly base metal, two surfaces	110
D6605	inlay - cast predominantly base metal, three or more surfaces	110
D6606	* inlay - cast noble metal, two surfaces	110
D6607	* inlay - cast noble metal, three or more surfaces	110
D6608	onlay - porcelain/ceramic, two surfaces	145
D6609	onlay - porcelain/ceramic, three or more surfaces	145
D6610	* onlay - cast high noble metal, two surfaces	110
D6611	* onlay - cast high noble metal, three or more surfaces	110
D6612	onlay - cast predominantly base metal, two surfaces	110
D6613	onlay - cast predominantly base metal, three or more surfaces	110
D6614	* onlay - cast noble metal, two surfaces	110
D6615	* onlay - cast noble metal, three or more surfaces	110
D6624	* inlay - titanium	115
D6634	* onlay - titanium	115
D6710	crown - indirect resin based composite	75
D6720	* crown - resin with high noble metal	75
D6721	crown - resin with predominantly base metal	75
D6722	* crown - resin with noble metal	75
D6740	crown - porcelain/ceramic	145
D6750	* crown - porcelain fused to high noble metal	145
D6751	crown - porcelain fused to predominantly base metal	145
D6752	* crown - porcelain fused to noble metal	145
D6780	* crown - 3/4 cast high noble metal	135
D6781	crown - 3/4 cast predominantly base metal	135
D6782	* crown - 3/4 cast noble metal	135
D6783	crown - 3/4 porcelain/ceramic	185
D6790	* crown - full cast high noble metal	135
D6791	crown - full cast predominantly base metal	135
D6792	* crown - full cast noble metal	135
D6794	* crown - titanium	115
D6930	re-cement or re-bond fixed partial denture	0

Oral Surgery

D7111	extraction, coronal remnants - deciduous tooth	10
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Code	Description	Copayment
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	35
D7220	removal of impacted tooth - soft tissue	45
D7230	removal of impacted tooth - partially bony	60
D7240	removal of impacted tooth - completely bony	60
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	110
D7250	surgical removal of residual tooth roots (cutting procedure)	35
D7251	coronectomy – intentional partial tooth removal	60
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	110
D7280	surgical access of an unerupted tooth	200
D7282	mobilization of erupted or malpositioned tooth to aid eruption	20
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	0
D7286	incisional biopsy of oral tissue-soft	0
D7287	exfoliative cytological sample collection	20
D7288	brush biopsy - transepithelial sample collection	30
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	20
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	20
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20
D7510	incision and drainage of abscess - intraoral soft tissue	0
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	40
D7963	frenuloplasty	165
D7970	excision of hyperplastic tissue - per arch	200
D7971	excision of pericoronal gingiva	25

Other Services

D9110	palliative (emergency) treatment of dental pain - minor procedure	10
D9120	fixed partial denture sectioning	35
D9210	local anesthesia not in conjunction with operative or surgical procedures	0
D9211	regional block anesthesia	0

Code	Description	Copayment
D9212	trigeminal division block anesthesia	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	office visit - after regularly scheduled hours	25
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	15
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30
D9630	other drugs and/or medicaments, by report	15
D9910	application of desensitizing medicament	10
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	10
D9931	cleaning and inspection of a removable appliance	25
D9940	occlusal guard, by report	180
D9941	fabrication of athletic mouthguard	100
D9942	repair and/or reline of occlusal guard	90
D9951	occlusal adjustment - limited	15
D9952	occlusal adjustment - complete	50
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	10
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	100
D9974	internal bleaching - per tooth	100

Code	Description	Copayment	Code	Description	Copayment
Orthodontics					
	Consultation	25			
	Failed/no-show appointment without 24-hour notice	25			
	Full banded - child, up to age 19	1695			
	Full banded - adult	1695			
	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	250			
	Functional appliance (Bionator-Frankel)	550			
	Headgear	350			
	Simple crossbite	275			
	Copying records	40			

Please call your Dental Health Services Member Service Specialist at 800-637-6453 for a referral to a conveniently located participating orthodontist. Orthodontic models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs.

Special Benefits

These procedures are only available when performed at a Universal Care Office.

	Invisible removable braces (per arch)	990			
	Take home bleaching kit	99			
	Snore guard (per arch)	190			
	* Implant surgery (simple)	790			
	* Implant crown (simple)	890			

**Excludes sinus elevation, bone graft, augmentation*



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 (other than fillings) that are necessary for full mouth rehabilitation, to increase arch vertical dimension, or crown/bridgework requiring more than 10 crowns/pontics. Replacement or stabilization of tooth structure lost through attrition, abrasion or erosion.
- H. Procedures performed by a prosthodontist.

- I. Fixed bridges for patients under the age of sixteen, in the presence of non-supportive periodontal tissue, when edentulous spaces are bilateral in the same arch, when replacement of more than four teeth in an arch, replacement of missing third molars, or when the prognosis is poor.
- J. General anesthesia, including intravenous and inhalation sedation.
- K. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- L. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- M. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
- N. Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.
- O. Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
- P. Coordination of benefits with another prepaid managed care dental plan.
- Q. Orthodontic treatment of a case in progress and/or retreatment of ortho cases.
- R. Cephalometric x-rays, tracings, photographs and orthodontic study models.
- S. Replacement of lost or broken orthodontic appliances.
- T. Changes in orthodontic treatment necessitated by an accident of any kind.
- U. Malocclusions so severe or mutilated which are not amenable to ideal orthodontic therapy.
- V. 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 and full mouth x-rays are limited to one set every three years if needed.
- D. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.
- E. Pre-authorization is required for all specialty services.
- F. Periodontal surgical procedures are limited to four quadrants every two years.
- G. There are additional charges for precious/noble metals (gold).
- H. 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 delivery. Lost or stolen removable appliances are the responsibility of the enrollee.
- I. Relines are limited to once per twelve months, per appliance.
- J. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- K. The maximum benefit for pedodontic specialty care is \$500 per lifetime.

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. Full mouth x-rays limited to every three years. Prophylaxis (cleanings) limited to every six months.

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 limited to every five years. Relines limited to every 12 months.

Outpatient office visits: \$4

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

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