

# CALIFORNIA DENTAL NETWORK, INC.

## Principal Benefits & Coverage – PLAN 495

The following procedures are covered benefits only when provided by a participating General Dentist:

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER COPAYMENT</u>	<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER COPAYMENT</u>
<b><u>DIAGNOSTIC</u></b>			<b><u>Other Restorative Services # (continued)</u></b>		
	Office Visit .....	No Charge	2940 .....	Temporary Sedative Filling .....	No Charge
120 .....	Periodic Oral Examination .....	No Charge	2950 .....	Crown Build-Up, w/ Any Pins .....	No Charge
140 .....	Limited Oral Exam/Problem Focused .....	No Charge	2951 .....	Pin Retention, Per Tooth, In Addition to Restoration .....	No Charge
150 .....	Comprehensive Exam .....	No Charge	2952 .....	Cast Post & Core In Addition to Crown ...	\$50.00
<b><u>Radiographs</u></b>			2954 .....	Prefabricated Post & Core In Addition to Crown .....	\$30.00
210 .....	Intraoral, Complete Series w/ Bitewings .....	No Charge	2970 .....	Temporary Crown, w/ Fractured Tooth, When Not Part of Crown Preparation .....	No Charge
220 .....	Intraoral, Periapical, First Film .....	No Charge	<b><u>ENDODONTICS</u></b>		
230 .....	Intraoral, Periapical, Each Additional Film .....	No Charge	3110, 20 .....	Direct or Indirect Pulp Capping, w/out Final Restoration .....	\$5.00
240 .....	Intraoral, Occlusal Film .....	No Charge	3220 .....	Therapeutic Pulpotomy, Excluding Final Restoration .....	\$5.00
270 .....	Bitewings, Single Film .....	No Charge	<b><u>Root Canal Therapy, w/ Treatment Plan, Clinical Procedures &amp; Follow-Up Care</u></b>		
272 .....	Bitewings, Two Films .....	No Charge	3310 .....	One Canal, w/out Final Restoration .....	\$45.00
274 .....	Bitewings, Four Films .....	No Charge	3320 .....	Two Canals, w/out Final Restoration .....	\$90.00
330 .....	Panoramic Film .....	No Charge	3330 .....	Three Canals, w/out Final Restoration ..	\$130.00
<b><u>Tests &amp; Laboratory Examinations</u></b>			<b><u>Other Endodontic Procedures</u></b>		
460 .....	Pulp Vitality Tests .....	No Charge	3410, 21, 25, 26 .....	Apicoectomy/Periradicular Surgery ....	\$45.00
470 .....	Diagnostic Casts, Non-Orthodontic .....	\$5.00	3430 .....	Retrograde Filling, Per Root .....	\$20.00
471 .....	Diagnostic Photographs .....	No Charge	3950 .....	Canal Preparation & Fitting of Pre-Formed Dowel or Post .....	No Charge
501 .....	Histopathologic Examination .....	No Charge	<b><u>PERIODONTICS</u></b>		
<b><u>PREVENTIVE</u></b>			<b><u>Surgical Services, w/ Usual Post-Operative Services</u></b>		
1110, 20 .....	Prophylaxis, Child or Adult .....	No Charge	4210 .....	Gingivectomy or Gingivoplasty, Per Quadrant .....	\$50.00
1201, 03 .....	Topical Application of Fluoride, to Age 14, w/ or w/out Prophylaxis .....	No Charge	4211 .....	Gingivectomy or Gingivoplasty, Per Tooth .....	\$10.00
1310 .....	Nutritional Counseling for Control of Dental Disease .....	No Charge	4240 .....	Gingival Flap Procedure, w/ Root Planing, per Quadrant .....	\$100.00
1330 .....	Oral Hygiene Instruction .....	No Charge	4250 .....	Mucogingival Surgery, Per Quadrant ...	\$250.00
1351 .....	Sealant, Per Tooth, Under Age 14 Only .....	\$5.00	<b><u>Other Periodontal Services</u></b>		
<b><u>Space Maintenance, Passive Appliances</u></b>			4341 .....	Root Planing, Per Quadrant .....	\$40.00
1510, 15 .....	Fixed, Unilateral or Bilateral .....	\$20.00	4910 .....	Periodontic Recall, w/ Prophylaxis ....	No Charge
1520, 25 .....	Removable, Unilateral or Bilateral .....	\$20.00	4920 .....	Unscheduled Dressing Change, By Dental Assistant .....	No Charge
1550 .....	Recementation of Space Maintainer ..	No Charge	<b><u>REMOVABLE PROSTHODONTICS</u></b>		
<b><u>RESTORATIVE</u></b>			<b><u>Complete Dentures, w/ Routine Post-Delivery Care</u></b>		
<b><u>Amalgam Restorations, w/ Polishing</u></b>			5110, 20 .....	Upper or Lower .....	\$90.00
2110 .....	One Surface, Primary .....	\$2.00	5130, 40 .....	Immediate Upper or Lower .....	\$90.00
2120 .....	Two Surfaces, Primary .....	\$3.00	<b><u>Partial Dentures, w/ Routine Post-Delivery Care</u></b>		
2130 .....	Three Surfaces, Primary .....	\$4.00	5211, 12 .....	Upper or Lower, Resin Base, Conventional Clasps & Rests .....	\$70.00
2131 .....	Four or More Surfaces, Primary .....	\$5.00	5213, 14 .....	Upper or Lower, Cast Metal Base w/ Acrylic Saddles .....	\$90.00
2140 .....	One Surface, Permanent .....	\$2.00	<b><u>Adjustments to Dentures</u></b>		
2150 .....	Two Surfaces, Permanent .....	\$3.00	5410, 11 .....	Complete Upper or Lower .....	No Charge
2160 .....	Three Surfaces, Permanent .....	\$4.00	5421, 22 .....	Partial Upper or Lower .....	No Charge
2161 .....	Four or More Surfaces, Permanent .....	\$5.00	<b><u>Repairs to Complete Dentures</u></b>		
<b><u>Resin Restorations, Anterior</u></b>			5510 .....	Broken Base .....	\$5.00
2330, 31, 32 ...	One, Two or Three Surfaces .....	\$10.00	5520 .....	Missing or Broken Teeth, Per Tooth .....	\$5.00
2335 .....	Four or More Surfaces, or Involving Incisal Angle .....	\$12.00	<b><u>Repairs to Partial Dentures</u></b>		
<b><u>Crowns, Single Restoration Only #</u></b>			5610 .....	Acrylic Saddle or Base .....	\$5.00
2710 .....	Resin, Laboratory .....	\$105.00	5620 .....	Cast Framework .....	\$5.00
2720, 21, 22 ...	Resin w/ Metal .....	\$105.00	5630 .....	Repair or Replace Broken Clasp .....	\$5.00
2750, 51, 52 ...	Porcelain Fused to Metal .....	\$105.00	5640 .....	Replace Broken Teeth, Per Tooth .....	\$5.00
	For Molars .....	\$185.00	5650 .....	Add Tooth .....	\$5.00
2790, 91, 92 ...	Full Cast Metal .....	\$105.00			
2810 .....	% Cast Metal .....	\$105.00			
<b><u>Other Restorative Services #</u></b>					
2910 .....	Recement Inlay .....	No Charge			
2920 .....	Recement Crown .....	No Charge			
2930 .....	Prefabricated Stainless Steel Crown, Primary Tooth .....	\$5.00			
2931 .....	Prefabricated Stainless Steel Crown, Permanent Tooth, When Suggested by Dentist .....	\$5.00			

5660 ..... Add Clasp..... \$5.00

**CALIFORNIA DENTAL NETWORK, INC.**  
**Principal Benefits & Coverage – PLAN 495**

The following procedures are covered benefits only when provided by a participating General Dentist:

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER COPAYMENT</u>
<b>Denture Reline Procedures</b>		
5730, 31	..... Complete Upper or Lower, Chairside.	No Charge
5740, 41	..... Partial Upper or Lower, Chairside.....	No Charge
5750, 51	..... Complete, Upper or Lower, Laboratory ...	\$25.00
5760, 61	..... Partial, Upper or Lower, Laboratory .....	\$25.00

**FIXED PROSTHODONTICS**

<b>Bridge Pontics #</b>		
6210, 11, 12	... Cast Metal .....	\$105.00
6240, 41, 42	... Porcelain Fused to Metal .....	\$105.00
6250, 51, 52	... Resin w/ Metal .....	\$105.00
<b>Retainers #</b>		
6520	..... Metallic Inlay, Two Surfaces .....	\$30.00
6530	..... Metallic Inlay, Three or More Surfaces ...	\$35.00
6540	..... Metallic Onlay, Per Tooth, In Addition to Inlay .....	\$25.00

**Bridge Retainers – Crowns #**

6720, 21, 22	... Resin w/ Metal .....	\$105.00
6750, 51, 52	... Porcelain Fused to Metal .....	\$105.00
6780	..... ¼ Cast Metal .....	\$105.00
6790, 91, 92	... Full Cast Metal.....	\$105.00

**Other Fixed Prosthetic Services**

6930	..... Recement Bridge .....	No Charge
6970	..... Cast Post & Core, In Addition to Bridge Retainer .....	\$50.00
6971	..... Cast Post, As Part of Bridge Retainer.....	\$30.00
6972	..... Prefabricated Post & Core, In Addition to Bridge Retainer .....	\$30.00
6973	..... Core Build-Up for Retainer, Including Any Pins .....	No Charge
6975	..... Coping, Metal .....	No Charge

**ORAL SURGERY**

**Extractions, Local Anesthesia, Routine Post-Op Care**

7110	..... Single Tooth.....	\$5.00
7120	..... Each Additional Tooth .....	\$5.00
7130	..... Root Removal, Exposed Roots.....	\$5.00

**Surgical Extractions, Local Anesthesia Routine Post-Op**

7210	..... Surgical Removal of Erupted Tooth, Requiring Elevation of Mucoperiosteal Flap.....	\$25.00
7220	..... Removal of Impacted Tooth, Soft Tissue..	\$30.00
7230	..... Removal of Impacted Tooth, Partially Bony .....	\$40.00

**Other Surgical Procedures**

7285	..... Biopsy of Oral Tissue, Hard.....	\$6.00
7286	..... Biopsy of Oral Tissue, Soft.....	\$5.00
7310, 20	..... Alveoplasty w/ or w/out Extractions, Per Quadrant.....	\$50.00

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER COPAYMENT</u>
<b>Other Surgical Procedures (continued)</b>		
7510	.....Surgical Incision w/ Drainage of Abscess, Intraoral Soft Tissue .....	No Charge
<b>Other Repair Procedures</b>		
7960	.....Frenulectomy. Frenectomy or Frenotomy, Separate Procedure .....	No Charge

**ADJUNCTIVE GENERAL SERVICES**

9110	.....Unclassified Treatment, Minor Palliative (Emergency) Treatment of Pain.....	\$5.00
9215	.....Local Anesthesia.....	No Charge
<b>Professional Visits</b>		
9310	..... Consultation.....	No Charge
9430	.....Office Visit for Observation, No Other Services Performed.....	No Charge
9440	.....Office Visit After Regularly Scheduled Hours .....	\$10.00
<b>Miscellaneous Services</b>		
9930	..... Treatment of Complication, Post-Surgical Unusual Circumstances .....	No Charge
9951	.....Occlusal Adjustment, Limited .....	No Charge

**ORTHODONTICS**

The following procedures are covered benefits *only* when provided by a participating California Dental Network orthodontist:

**Standard 24-Month Case\***

Full Banded, Upper & Lower, Children & Adults .....	\$1,695.00
Banded, Upper or Lower, Children & Adults.....	\$1,000.00

**Retention After Treatment**

Full Banded, Children .....	\$250.00
Full Banded, Adults.....	\$300.00
Banded, Upper or Lower, Children.....	\$125.00
Banded, Upper or Lower, Adults .....	\$200.00

**Other Fees**

Consultation.....	\$40.00
Diagnosis & Records **	UCR ***
Appliances (Head Gear)	UCR ***
Broken Appointments, w/out 24-Hour Notice .....	\$40.00

\* Orthodontist may charge members an additional fee for the costs of cases over 24 months, based upon the difference in orthodontist's UCR fees for the needed treatment period, less the orthodontist's UCR fees for a 24-month treatment period.

\*\* Includes x-rays, tracings, photographs and study models.

\*\*\* Means the orthodontist's Usual, Customary & Reasonable fees.

# The member is responsible for the copayment plus the actual lab cost of gold.

**SPECIALTY REFERRALS**

Not all general dentists are capable of performing each of the services listed herein and, based upon the member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, the general dentist will refer the member to a dental specialist. The Member will be responsible for 75% of the UCR fees for services provided by a California Dental Network participating dental specialist during the first year of enrollment, and 50% thereafter, for up to \$1,000 in services per year.

The ratio of premium costs to health services paid, for plan contracts with individuals and groups of 25 or fewer members, during the preceding fiscal year was 0%.

120-1/01