

**CALIFORNIA DENTAL NETWORK, INC.
Principal Benefits & Coverage – PLAN 100**

The following procedures are covered benefits only when provided by a participating General Dentist, and they are subject to Plan limitations, exclusions and guidelines.

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>	<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>
DIAGNOSTIC, D0100-D0999			Other Restorative Services # (continued)		
	Office Visit, Includes Infection Control.....	No Charge	D2932	Prefabricated Resin Crown.....	\$55.00
Clinical Oral Evaluations			D2940	Temporary Sedative Filling.....	\$7.00
D0120	Periodic Oral Examination.....	No Charge	D2950	Core Build-Up, Including Any Pins.....	No Charge
D0140	Limited Oral Exam/Problem Focused.....	No Charge	D2951	Pin Retention Per Tooth In Addition to Restoration.....	No Charge
D0150	Comprehensive Exam.....	No Charge	D2952	Cast Post & Core In Addition to Crown#.....	\$75.00
D0170	Re-Evaluation, Limited, Problem Focused.....	No Charge	D2953	Each Additional Cast Post, Same Tooth.....	No Charge
D0180	Comprehensive Periodontal Evaluation.....	\$15.00	D2954	Prefabricated Post & Core In Addition to Crown.....	\$77.00
Radiographs/Diagnostic Imaging			D2957	Each Additional Prefabricated Post, Same Tooth.....	No Charge
D0210	Intraoral, Complete Series w/ Bitewings.....	No Charge	D2970	Temporary Crown (Fractured Tooth), When Not Part of Crown Preparation.....	No Charge
D0220	Intraoral, Periapical, First Film.....	No Charge	ENDODONTICS, D3000-D3999		
D0230	Intraoral, Periapical, Each Additional Film.....	No Charge	Pulp Capping		
D0240	Intraoral, Occlusal Film.....	No Charge	D3110	Direct (Excluding Final Restoration).....	\$17.00
D0270	Bitewings, Single Film.....	No Charge	D3120	Indirect (Excluding Final Restoration).....	\$17.00
D0272	Bitewings, Two Films.....	No Charge	Pulpotomy		
D0274	Bitewings, Four Films.....	No Charge	D3220	Therapeutic Pulpotomy (Excluding Final Restoration).....	\$28.00
D0330	Panoramic Film.....	No Charge	D3221	Pulpal Debridement, Primary & Permanent, When Endodontic Treatment Not Completed Same Day.....	\$15.00
D0350	Oral/Facial Images, Includes Intra & Extraoral Images, Non-Orthodontic.....	No Charge	Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-Up Care)		
Tests And Laboratory Examinations			D3310	Anterior (Excluding Final Restoration).....	\$138.00
D0460	Pulp Vitality Tests.....	No Charge	D3320	Bicuspid (Excluding Final Restoration).....	\$165.00
D0470	Diagnostic Casts, Non-Orthodontic.....	\$10.00	D3330	Molar (Excluding Final Restoration).....	\$204.00
PREVENTIVE, D1000-D1999			D3332	Incomplete Endodontic Therapy, Inoperable or Fractured Tooth.....	\$25.00
Dental Prophylaxis, Coronal Scaling & Polish			Endodontic Retreatment		
D1110	Prophylaxis, Adult.....	No Charge	D3346	Anterior.....	70% of UCR*
D1120	Prophylaxis, Child.....	No Charge	D3347	Bicuspid.....	70% of UCR*
Topical Fluoride Treatment (Office Procedure)			D3348	Molar.....	70% of UCR*
D1201	Topical Application of Fluoride, Child, With Prophylaxis.....	No Charge	Apicoectomy/ Periradicular Services		
D1203	Topical Application of Fluoride, Child, Without Prophylaxis.....	No Charge	D3410	Surgery, Anterior.....	70% of UCR*
D1204	Topical Application of Fluoride, Adult, Without Prophylaxis.....	\$10.00	D3421	Surgery, Bicuspid (First Root).....	70% of UCR*
Other Preventive Services			D3425	Surgery, Molar (First Root).....	70% of UCR*
D1310	Nutritional Counseling for Control of Dental Disease.....	No Charge	D3426	Surgery, Each Additional Root.....	70% of UCR*
D1320	Tobacco Counseling for the Control & Prevention of Oral Disease.....	No Charge	D3430	Retrograde Filling, Per Root.....	70% of UCR*
D1330	Oral Hygiene Instruction.....	No Charge	Other Endodontic Procedures		
D1351	Sealant, Per Tooth, Under Age 14 Only.....	\$25.00	D3950	Canal Preparation & Fitting of Pre-Formed Dowel or Post.....	\$77.00
Space Maintenance (Passive Appliances)			PERIODONTICS, D4000-D4999		
D1510	Fixed Unilateral.....	70% of UCR*	Surgical Services (Including Usual Post-Operative Care)		
D1515	Fixed Bilateral.....	70% of UCR*	D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant.....	\$165.00
D1520	Removable Unilateral.....	70% of UCR*	D4211	Gingivectomy or Gingivoplasty, One to Three Teeth Per Quadrant.....	\$150.00
D1525	Removable Bilateral.....	70% of UCR*	D4240	Gingival Flap Procedure, Including Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant.....	\$150.00
D1550	Recementation of Space Maintainer.....	70% of UCR*	D4241	Gingival Flap Procedure, Including Root Planing, One to Three Teeth, Per Quadrant.....	\$140.00
RESTORATIVE, D2000-D2999			D4260	Osseous Surgery (Including Flap Entry and Closure), Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant.....	70% of UCR*
Amalgam Restorations (Including Polishing)			D4261	Osseous Surgery (Including Flap Entry and Closure) One to Three Teeth Per Quadrant.....	70% of UCR*
D2140	One Surface, Primary or Permanent.....	\$22.00	D4263	Bone Replacement Graft, First Site In Quadrant.....	70% of UCR
D2150	Two Surfaces, Primary or Permanent.....	\$28.00	D4264	Bone Replacement Graft, Each Additional Site In Quadrant.....	70% of UCR
D2160	Three Surfaces, Primary or Permanent.....	\$38.00	Non-Surgical Periodontal Service		
D2161	Four or More Surfaces, Primary or Permanent.....	\$48.00	D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant.....	\$40.00
Resin-Based Composite Restorations			D4342	Periodontal Scaling and Root Planing, One to Three Teeth, Per Quadrant.....	\$30.00
D2330	One Surface, Anterior.....	\$35.00	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis, Separate Visit from Prophylaxis.....	\$10.00
D2331	Two Surfaces, Anterior.....	\$35.00	Other Periodontal Services		
D2332	Three Surfaces Anterior.....	\$35.00	D4910	Periodontal Maintenance Procedures (Following Active Therapy), With Prophylaxis.....	\$25.00
D2335	Four or More Surfaces, or Involving Incisal Angle, Anterior.....	\$37.00	D4920	Unscheduled Dressing Change, By Someone Other Than Treating Dentist.....	No Charge
D2390	Resin-Based Composite Crown, Anterior.....	\$39.00	PROSTHODONTICS (Removable), D5000-D5899		
D2391	Resin-Based Composite, One Surface, Posterior, Covered for Facial Surfaces of Bicuspid's Only, When Caries or Failing Restoration Exists.....	\$39.00	Complete Dentures, (Including Routine Post-Delivery Care)		
Inlay/Onlay Restorations #			D5110	Maxillary.....	\$308.00
D2510	Inlay, Metallic, One Surface.....	70% of UCR*	D5120	Mandibular.....	\$308.00
D2520	Inlay, Metallic, Two Surfaces.....	70% of UCR*	D5130	Immediate, Maxillary.....	\$308.00
D2530	Inlay, Metallic, Three or More Surfaces.....	70% of UCR*	D5140	Immediate, Mandibular.....	\$308.00
D2542	Onlay, Metallic, Two Surfaces.....	70% of UCR*	Partial Dentures, (Including Routine Post-Delivery Care)		
D2543	Onlay, Metallic, Three Surfaces.....	70% of UCR*	D5211	Maxillary, Resin Base (Including any Conventional Clasps, Rests & Teeth).....	\$275.00
D2544	Onlay, Metallic, Four or More Surfaces.....	70% of UCR*	D5212	Mandibular, Resin Base (Including any Conventional Clasps, Rests & Teeth).....	\$275.00
Crowns, Single Restoration Only #			D5213	Maxillary, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth).....	\$308.00
D2710	Resin, Laboratory.....	\$115.00	D5214	Mandibular, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth).....	\$308.00
D2720	Resin with High Noble Metal.....	\$154.00	D5281	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth).....	\$308.00
D2721	Resin with Predominantly Base Metal.....	\$154.00			
D2722	Resin with Noble Metal.....	\$154.00			
D2740	Porcelain/Ceramic Substrate.....	\$187.00			
D2750	Porcelain Fused to High Noble Metal.....	\$220.00			
D2751	Porcelain Fused to Predominantly Base Metal.....	\$220.00			
D2752	Porcelain Fused to Noble Metal.....	\$220.00			
	Porcelain Fused to Any Metal For Molars.....	\$295.00			
D2780	3/4 Cast High Noble Metal.....	\$204.00			
D2781	3/4 Cast Predominantly Base Metal.....	\$204.00			
D2782	3/4 Cast Noble Metal.....	\$204.00			
D2790	Full Cast High Noble Metal.....	\$204.00			
D2791	Full Cast Predominantly Base Metal.....	\$204.00			
D2792	Full Cast Noble Metal.....	\$204.00			
Other Restorative Services #					
D2910	Recement Inlay, Metallic Only.....	\$12.00			
D2920	Recement Crown.....	\$12.00			
D2930	Prefabricated Stainless Steel Crown, Primary.....	\$45.00			
D2931	Prefabricated Stainless Steel Crown, Permanent, When Suggested by Dentist.....	\$55.00			

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Adjustments to Dentures			Other Fixed Partial Denture (Bridge) Services (continued)		
D5410	Adjust Complete Denture, Maxillary	\$22.00	D6973	Core Build-Up for Retainer, Including Any Pins	No Charge
D5411	Adjust Complete Denture, Mandibular	\$22.00	D6975	Coping, Metal#	No Charge
D5421	Adjust Partial Denture, Maxillary	\$22.00	D6980	Fixed Partial Denture Repair, By Report	\$50.00
D5422	Adjust Partial Denture, Mandibular	\$22.00			
Repairs to Complete Dentures			ORAL AND MAXILLOFACIAL SURGERY, D7000-D7999		
D5510	Repair Broken Complete Base	\$41.00	Extractions (Includes Local Anesthesia, Suturing, If Needed, & Routine Post-Operative Care)		
D5520	Replace Missing or Broken Teeth (Each Tooth)	\$28.00	D7111	Coronal Remnants, Deciduous Tooth	\$21.00
Repairs to Partial Dentures			D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$21.00
D5610	Repair Resin Denture Base	\$41.00	Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, & Routine Post-Operative Care)		
D5620	Repair Cast Framework	\$41.00	D7210	Surgical Removal of Erupted Tooth (Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth)	\$45.00
D5630	Repair or Replace Broken Clasp	\$28.00	D7220	Removal of Impacted Tooth, Soft Tissue	\$65.00
D5640	Replace Broken Teeth, Per Tooth	\$28.00	D7230	Removal of Impacted Tooth, Partially Bony	70% of UCR*
D5650	Add Tooth to Existing Partial	\$44.00	D7240	Removal of Impacted Tooth, Completely Bony	70% of UCR*
D5660	Add Clasp to Existing Partial	\$44.00	D7241	Removal of Impacted Tooth, Completely Bony, With Unusual Surgical Complications	70% of UCR*
D5670	Replace All Teeth & Acrylic on Cast Metal Framework, Maxillary	\$185.00	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$45.00
D5671	Replace All Teeth & acrylic on Cast Metal Framework, Mandibular	\$185.00	Alveoplasty, Surgical Preparation of Ridge for Dentures		
Denture Reline Procedures			D7310	In Conjunction with Extractions, Per Quadrant	70% of UCR*
D5730	Complete Maxillary Denture (Chairside)	\$50.00	D7320	Not In Conjunction with Extractions, Per Quadrant	70% of UCR*
D5731	Complete Mandibular Denture (Chairside)	\$50.00	Surgical Incision		
D5740	Partial Maxillary Denture (Chairside)	\$50.00	D7510	Incision and Drainage of Abscess, Intraoral Soft Tissue	\$40.00
D5741	Partial Mandibular Denture (Chairside)	\$50.00	D7520	Incision and Drainage of Abscess, Extraoral Soft Tissue	\$40.00
D5750	Complete Maxillary Denture (Laboratory)	\$87.00	ORTHODONTICS, D8000-D8999 (Only When Provided By Participating Orthodontist)		
D5751	Complete Mandibular Denture (Laboratory)	\$87.00	Limited Orthodontic Treatment		
D5760	Partial Maxillary Denture (Laboratory)	\$87.00	D8020	Transitional Dentition	\$1,050.00
D5761	Partial Mandibular Denture (Laboratory)	\$87.00	D8030	Adolescent Dentition	\$1,050.00
Interim Prosthesis (See Plan Guidelines)			D8040	Adult Dentition	\$1,050.00
D5820	Interim Partial Denture (Maxillary)	\$185.00	Comprehensive Orthodontic Treatment		
D5821	Interim Partial Denture (Mandibular)	\$185.00	D8070	Transitional Dentition	\$2,095.00
PROSTHODONTICS, FIXED, D6200-D6999			D8080	Adolescent Dentition	\$2,095.00
Fixed Partial Denture (Bridge) Pontics #			D8090	Adult Dentition	\$2,095.00
D6210	Pontic, Cast High Noble Metal	\$175.00	Other Orthodontic Services		
D6211	Pontic, Cast Predominantly Base Metal	\$175.00	D8660	Pre-Orthodontic Treatment Visit	\$20.00
D6212	Pontic, Cast Noble Metal	\$175.00	D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	No Charge
D6240	Pontic, Porcelain Fused to High Noble Metal	\$200.00	D8680	Orthodontic retention (Removal of Appliances, Construction and Placement of Retainer(s)), Per Arch	\$150.00
D6241	Pontic, Porcelain Fused to Predominantly Base Metal	\$200.00	Broken Specialist Appointments, Without 24-Hour Notice		
D6242	Pontic, Porcelain Fused to Noble Metal	\$200.00	Diagnostic records (x-rays, models, tracings, etc.) are separate charges and are generally required for all types of orthodontic therapy		
	Pontic, Porcelain Fused to Any Metal For Molars	\$295.00	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding. When needed.		
D6250	Pontic, Resin with High Noble Metal	\$155.00	Orthodontists may charge Members additional fees for costs over 24 months, based on the differences in UCR fees for the needed treatment periods less the UCR fees for a 24-month treatment period.		
D6251	Pontic, Resin with Predominantly Base Metal	\$155.00	ADJUNCTIVE GENERAL SERVICES, D9000-D9999		
D6252	Pontic, Resin with Noble Metal	\$155.00	D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$20.00
Fixed Partial Denture (Bridge) Retainers - Inlays/Onlays #			D9210	Local Anesthesia, Not In Conjunction With Operative Surgical Procedures	No Charge
D6602	Inlay, Cast High Noble Metal, Two Surfaces	70% of UCR*	D9215	Local Anesthesia (During Regularly Scheduled Hours), No Other Services Performed	No Charge
D6603	Inlay, Cast High Noble Metal, Three or More Surfaces	70% of UCR*	D9430	Office Visit for Observation (During Regularly Scheduled Hours), No Other Services Performed	\$8.00
D6604	Inlay, Cast Predominantly Base Metal, Two Surfaces	70% of UCR*	D9440	Office Visit, After Regularly Scheduled Hours	\$25.00
D6605	Inlay, Cast Predominantly Base Metal, Three or More Surfaces	70% of UCR*	D9450	Case Presentation, Detailed & Extensive Treatment Planning	No Charge
D6606	Inlay, Cast Noble Metal, Two Surfaces	70% of UCR*	D9930	Treatment of Complication (Post-Surgical), Unusual Circumstances, By Report	No Charge
D6607	Inlay, Cast Noble Metal, Three or More Surfaces	70% of UCR*	D9951	Occlusal Adjustment, Limited	No Charge
D6610	Onlay, Cast High Noble Metal, Two Surfaces	70% of UCR*	Broken Appointments, Without 24-Hour Notice		
D6611	Onlay, Cast High Noble Metal, Three or More Surfaces	70% of UCR*			
D6612	Onlay, Cast Predominantly Base Metal, Two Surfaces	70% of UCR*			
D6613	Onlay, Cast Predominantly Base Metal, Three or More Surfaces	70% of UCR*			
D6614	Onlay, Cast Noble Metal, Two Surfaces	70% of UCR*			
D6615	Onlay, Cast Noble Metal, Three or More Surfaces	70% of UCR*			
Fixed Partial Denture (Bridge) Retainers - Crowns #					
D6720	Crown, Resin with High Noble Metal	\$154.00			
D6721	Crown, Resin with Predominantly Base Metal	\$154.00			
D6722	Crown, Resin with Noble Metal	\$154.00			
D6750	Crown, Porcelain Fused to High Noble Metal	\$220.00			
D6751	Crown, Porcelain Fused to Predominantly Base Metal	\$220.00			
D6752	Crown, Porcelain Fused to Noble Metal	\$220.00			
	Crown, Porcelain Fused to Any Metal For Molars	\$295.00			
D6780	Crown, ¾ Cast High Noble Metal	\$204.00			
D6781	Crown, ¾ Cast Predominantly Base Metal	\$204.00			
D6782	Crown, ¾ Cast Noble Metal	\$204.00			
D6790	Crown, Full Cast High Noble Metal	\$204.00			
D6791	Crown, Full Cast Predominantly Base Metal	\$204.00			
D6792	Crown, Full Cast Noble Metal	\$204.00			
Other Fixed Partial Denture (Bridge) Services					
D6930	Recement Fixed Partial Denture	\$25.00			
D6970	Cast Post & Core In Addition to Fixed Partial Denture Retainer#	\$75.00			
D6971	Cast Post As Part of Fixed Partial Denture Retainer	\$77.00			
D6972	Prefabricated Post & Core In Addition to Fixed Partial Denture Retainer	\$77.00			

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 Member will be referred to a dental specialist who will give the Member a 30% discount from the participating specialists' usual fees.

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%.

* UCR means the dentist's or specialist's Usual, Customary & Reasonable fees.
Member is responsible for the payment shown plus the actual lab cost of gold.