

**CALIFORNIA DENTAL NETWORK, INC.**  
**Principal Benefits & Coverage – GROUP PLAN 460**

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>
<b>DIAGNOSTIC, D0100-D0999</b>			<b>Other Restorative Services # (continued)</b>		
	Office Visit, Includes Infection Control .....	\$5.00	D2940	Temporary Sedative Filling .....	\$10.00
<b>Clinical Oral Evaluations</b>			D2950	Core Build-Up, Including Any Pins .....	No Charge
D0120	Periodic Oral Examination .....	No Charge	D2951	Pin Retention Per Tooth In Addition to Restoration .....	No Charge
D0140	Limited Oral Exam/Problem Focused .....	No Charge	D2952	Cast Post & Core In Addition to Crown .....	\$75.00
D0150	Comprehensive Exam .....	No Charge	D2953	Each Additional Cast Post, Same Tooth .....	No Charge
D0170	Re-Evaluation, Limited, Problem Focused .....	No Charge	D2954	Prefabricated Post & Core In Addition to Crown .....	\$70.00
D0180	Comprehensive Periodontal Evaluation .....	\$15.00	D2957	Each Additional Prefabricated Post, Same Tooth .....	No Charge
<b>Radiographs/Diagnostic Imaging</b>			D2970	Temporary Crown (Fractured Tooth), When Not Part of Crown Preparation .....	\$20.00
D0210	Intraoral, Complete Series w/ Bitewings .....	No Charge	<b>ENDODONTICS, D3000-D3999</b>		
D0220	Intraoral, Periapical, First Film .....	No Charge	<b>Pulp Capping</b>		
D0230	Intraoral, Periapical, Each Additional Film .....	No Charge	D3110	Direct (Excluding Final Restoration) .....	\$15.00
D0240	Intraoral, Occlusal Film .....	No Charge	D3120	Indirect (Excluding Final Restoration) .....	\$15.00
D0270	Bitewings, Single Film .....	No Charge	<b>Pulpotomy</b>		
D0272	Bitewings, Two Films .....	No Charge	D3220	Therapeutic Pulpotomy (Excluding Final Restoration) .....	\$25.00
D0274	Bitewings, Four Films .....	No Charge	D3221	Pulpal Debridement, Primary & Permanent, When Endodontic Treatment Not Completed Same Day .....	\$25.00
D0330	Panoramic Film .....	No Charge	<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-Up Care)</b>		
D0350	Oral/Facial Images, Includes Intra & Extraoral Images, Non-Orthodontic .....	No Charge	D3310	Anterior (Excluding Final Restoration) .....	\$125.00
<b>Tests And Laboratory Examinations</b>			D3320	Bicuspid (Excluding Final Restoration) .....	\$150.00
D0460	Pulp Vitality Tests .....	No Charge	D3330	Molar (Excluding Final Restoration) .....	\$185.00
D0470	Diagnostic Casts, Non-Orthodontic .....	\$10.00	D3332	Incomplete Endodontic Therapy, Inoperable or Fractured Tooth .....	\$45.00
<b>PREVENTIVE, D1000-D1999</b>			<b>Endodontic Retreatment</b>		
<b>Dental Prophylaxis, Coronal Scaling &amp; Polish</b>			D3346	Anterior .....	70% of UCR*
D1110	Prophylaxis, Adult .....	No Charge	D3347	Bicuspid .....	70% of UCR*
D1120	Prophylaxis, Child .....	No Charge	D3348	Molar .....	70% of UCR*
<b>Topical Fluoride Treatment (Office Procedure)</b>			<b>Apicoectomy/Periradicular Services</b>		
D1201	Topical Application of Fluoride, Child, With Prophylaxis .....	No Charge	D3410	Surgery, Anterior .....	\$90.00
D1203	Topical Application of Fluoride, Child, Without Prophylaxis .....	No Charge	D3421	Surgery, Bicuspid (First Root) .....	\$90.00
<b>Other Preventive Services</b>			D3425	Surgery, Molar (First Root) .....	\$90.00
D1310	Nutritional Counseling for Control of Dental Disease .....	No Charge	D3426	Surgery, Each Additional Root .....	\$90.00
D1320	Tobacco Counseling for the Control & Prevention of Oral Disease .....	No Charge	D3430	Retrograde Filling, Per Root .....	\$65.00
D1330	Oral Hygiene Instruction .....	No Charge	<b>Other Endodontic Procedures</b>		
D1351	Sealant, Per Tooth, Under Age 14 Only .....	\$20.00	D3950	Canal Preparation & Fitting of Pre-Formed Dowel or Post .....	\$70.00
<b>Space Maintenance (Passive Appliances)</b>			<b>PERIODONTICS, D4000-D4999</b>		
D1510	Fixed Unilateral .....	70% of UCR*	<b>Surgical Services (Including Usual Post-Operative Care)</b>		
D1515	Fixed Bilateral .....	70% of UCR*	D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant .....	\$150.00
D1520	Removable Unilateral .....	70% of UCR*	D4211	Gingivectomy or Gingivoplasty, One to Three Teeth Per Quadrant .....	\$130.00
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 .....	\$130.00
<b>RESTORATIVE, D2000-D2999</b>			<b>Non-Surgical Periodontal Service</b>		
<b>Amalgam Restorations (Including Polishing)</b>			D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant .....	\$40.00
D2140	One Surface, Primary or Permanent .....	\$10.00	D4342	Periodontal Scaling and Root Planing, One to Three Teeth, Per Quadrant .....	\$30.00
D2150	Two Surfaces, Primary or Permanent .....	\$15.00	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis, <u>Separate Visit from Prophylaxis</u> .....	\$10.00
D2160	Three Surfaces, Primary or Permanent .....	\$20.00	<b>Other Periodontal Services</b>		
D2161	Four or More Surfaces, Primary or Permanent .....	\$25.00	D4910	Periodontal Maintenance Procedures (Following Active Therapy), With Prophylaxis .....	\$25.00
<b>Resin-Based Composite Restorations</b>			D4920	Unscheduled Dressing Change, By Someone Other Than Treating Dentist .....	No Charge
D2330	One Surface, Anterior .....	\$25.00	<b>PROSTHODONTICS (Removable), D5000-D5899</b>		
D2331	Two Surfaces, Anterior .....	\$25.00	<b>Complete Dentures, (Including Routine Post-Delivery Care)</b>		
D2332	Three Surfaces Anterior .....	\$25.00	D5110	Maxillary .....	\$350.00
D2335	Four or More Surfaces, or Involving Incisal Angle, Anterior .....	\$40.00	D5120	Mandibular .....	\$350.00
D2390	Resin-Based Composite Crown, Anterior .....	\$50.00	D5130	Immediate, Maxillary .....	\$350.00
D2391	Resin-Based Composite, One Surface, Posterior, Covered for Facial Surfaces of Bicuspid's Only, When Caries or Failing Restoration Exists .....	\$50.00	D5140	Immediate, Mandibular .....	\$350.00
<b>Inlay/Onlay Restorations #</b>			<b>Partial Dentures, (Including Routine Post-Delivery Care)</b>		
D2510	Inlay, Metallic, One Surface .....	\$175.00	D5211	Maxillary, Resin Base (Including any Conventional Clasps, Rests & Teeth) .....	\$300.00
D2520	Inlay, Metallic, Two Surfaces .....	\$175.00	D5212	Mandibular, Resin Base (Including any Conventional Clasps, Rests & Teeth) .....	\$300.00
D2530	Inlay, Metallic, Three or More Surfaces .....	\$175.00	D5213	Maxillary, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth) .....	\$350.00
D2542	Onlay, Metallic, Two Surfaces .....	\$250.00	D5214	Mandibular, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth) .....	\$350.00
D2543	Onlay, Metallic, Three Surfaces .....	\$250.00	<b>Adjustments to Dentures</b>		
D2544	Onlay, Metallic, Four or More Surfaces .....	\$250.00	D5410	Adjust Complete Denture, Maxillary .....	\$25.00
<b>Crowns, Single Restoration Only #</b>					
D2710	Resin, Laboratory .....	\$145.00			
D2720	Resin with High Noble Metal .....	\$175.00			
D2721	Resin with Predominantly Base Metal .....	\$175.00			
D2722	Resin with Noble Metal .....	\$175.00			
D2750	Porcelain Fused to High Noble Metal .....	\$275.00			
D2751	Porcelain Fused to Predominantly Base Metal .....	\$275.00			
D2752	Porcelain Fused to Noble Metal .....	\$275.00			
D2780	3/4 Cast High Noble Metal .....	\$250.00			
D2781	3/4 Cast Predominantly Base Metal .....	\$250.00			
D2782	3/4 Cast Noble Metal .....	\$250.00			
D2790	Full Cast High Noble Metal .....	\$250.00			
D2791	Full Cast Predominantly Base Metal .....	\$250.00			
D2792	Full Cast Noble Metal .....	\$250.00			
<b>Other Restorative Services #</b>					
D2910	Recement Inlay, Metallic Only .....	\$12.00			
D2920	Recement Crown .....	\$12.00			
D2930	Prefabricated Stainless Steel Crown, Primary .....	\$50.00			
D2931	Prefabricated Stainless Steel Crown, Permanent, When Suggested by Dentist .....	\$50.00			

**CALIFORNIA DENTAL NETWORK, INC.**  
**Principal Benefits & Coverage – GROUP PLAN 460**

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>
<b>Adjustments to Dentures (continued)</b>			<b>Other Fixed Partial Denture (Bridge) Services (continued)</b>		
D5411	Adjust Complete Denture, Mandibular	\$25.00	D6972	Prefabricated Post & Core In Addition to Fixed Partial Denture Retainer	\$70.00
D5421	Adjust Partial Denture, Maxillary	\$20.00	D6973	Core Build-Up for Retainer, Including Any Pins	No Charge
D5422	Adjust Partial Denture, Mandibular	\$20.00	D6975	Coping, Metal	No Charge
<b>Repairs to Complete Dentures</b>			D6980	Fixed Partial Denture Repair, By Report	\$50.00
D5510	Repair Broken Complete Base	\$50.00	<b>ORAL AND MAXILLOFACIAL SURGERY, D7000-D7999</b>		
D5520	Replace Missing or Broken Teeth (Each Tooth)	\$25.00	<b>Extractions (Includes Local Anesthesia, Suturing, If Needed, &amp; Routine Post-Operative Care)</b>		
<b>Repairs to Partial Dentures</b>			D7111	Coronal Remnants, Deciduous Tooth	\$25.00
D5610	Repair Resin Denture Base	\$50.00	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$25.00
D5620	Repair Cast Framework	\$50.00	<b>Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, &amp; Routine Post-Operative Care)</b>		
D5630	Repair or Replace Broken Clasp	\$25.00	D7210	Surgical Removal of Erupted Tooth (Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth)	\$45.00
D5640	Replace Broken Teeth, Per Tooth	\$25.00	D7220	Removal of Impacted Tooth, Soft Tissue	\$60.00
D5650	Add Tooth to Existing Partial	\$50.00	D7230	Removal of Impacted Tooth, Partially Bony	\$75.00
D5660	Add Clasp to Existing Partial	\$50.00	D7240	Removal of Impacted Tooth, Completely Bony	70% of UCR*
D5670	Replace All Teeth & Acrylic on Cast Metal Framework, Maxillary	\$125.00	D7241	Removal of Impacted Tooth, Completely Bony, With Unusual Surgical Complications	70% of UCR*
D5671	Replace All Teeth & acrylic on Cast Metal Framework, Mandibular	\$125.00	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	70% of UCR*
<b>Denture Reline Procedures</b>			<b>Alveoplasty, Surgical Preparation of Ridge for Dentures</b>		
D5730	Complete Maxillary Denture (Chairside)	\$65.00	D7310	In Conjunction with Extractions, Per Quadrant	70% of UCR*
D5731	Complete Mandibular Denture (Chairside)	\$65.00	D7320	Not In Conjunction with Extractions, Per Quadrant	70% of UCR*
D5740	Partial Maxillary Denture (Chairside)	\$65.00	<b>Surgical Incision</b>		
D5741	Partial Mandibular Denture (Chairside)	\$65.00	D7510	Incision and Drainage of Abscess, Intraoral Soft Tissue	\$40.00
D5750	Complete Maxillary Denture (Laboratory)	\$100.00	<b>ORTHODONTICS, D8000-D8999 (Only When Provided By Participating Orthodontist)</b>		
D5751	Complete Mandibular Denture (Laboratory)	\$100.00	<b>Limited Orthodontic Treatment</b>		
D5760	Partial Maxillary Denture (Laboratory)	\$100.00	D8020	Transitional Dentition	\$1,000.00
D5761	Partial Mandibular Denture (Laboratory)	\$100.00	D8030	Adolescent Dentition	\$1,000.00
<b>Interim Prosthesis (See Plan Guidelines)</b>			D8040	Adult Dentition	\$1,000.00
D5820	Interim Partial Denture (Maxillary)	\$150.00	<b>Comprehensive Orthodontic Treatment</b>		
D5821	Interim Partial Denture (Mandibular)	\$150.00	D8070	Transitional Dentition	\$1,695.00
<b>PROSTHODONTICS, FIXED, D6200-D6999</b>			D8080	Adolescent Dentition	\$1,695.00
<b>Fixed Partial Denture (Bridge) Pontics #</b>			D8090	Adult Dentition	\$1,695.00
D6210	Pontic, Cast High Noble Metal	\$200.00	<b>Other Orthodontic Services</b>		
D6211	Pontic, Cast Predominantly Base Metal	\$200.00	D8660	Pre-Orthodontic Treatment Visit	\$40.00
D6212	Pontic, Cast Noble Metal	\$200.00	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..... \$40.00		
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.... UCR*		
	Pontic, Porcelain Fused to Any Metal For Molars	\$275.00	Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding. When needed. .... UCR*		
D6250	Pontic, Resin with High Noble Metal	\$175.00	Orthodontists may charge Members additional fees for costs of cases 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	\$175.00	<b>ADJUNCTIVE GENERAL SERVICES, D9000-D9999</b>		
D6252	Pontic, Resin with Noble Metal	\$175.00	D9110	Palliative (Emergency) Treatment of Dental Pain, Minor Procedure	\$20.00
<b>Fixed Partial Denture (Bridge) Retainers - Inlays/Onlays #</b>			D9210	Local Anesthesia, Not In Conjunction With Operative Surgical Procedures	No Charge
D6602	Inlay, Cast High Noble Metal, Two Surfaces	\$175.00	D9215	Local Anesthesia	No Charge
D6603	Inlay, Cast High Noble Metal, Three or More Surfaces	\$175.00	D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Practitioner Providing Treatment) <b>Contact Plan 1st</b>	\$10.00
D6604	Inlay, Cast Predominantly Base Metal, Two Surfaces	\$175.00	D9430	Office Visit for Observation (During Regularly Scheduled Hours), No Other Services Performed	\$8.00
D6605	Inlay, Cast Predominantly Base Metal, Three or More Surfaces	\$175.00	D9440	Office Visit, After Regularly Scheduled Hours	\$25.00
D6606	Inlay, Cast Noble Metal, Two Surfaces	\$175.00	D9450	Case Presentation, Detailed & Extensive Treatment Planning	No Charge
D6607	Inlay, Cast Noble Metal, Three or More Surfaces	\$175.00	D9930	Treatment of Complication (Post-Surgical), Unusual Circumstances, By Report	No Charge
D6610	Onlay, Cast High Noble Metal, Two Surfaces	\$250.00	D9951	Occlusal Adjustment, Limited	No Charge
D6611	Onlay, Cast High Noble Metal, Three or More Surfaces	\$250.00	Broken Appointments, Without 24-Hour Notice..... \$30.00		
D6612	Onlay, Cast Predominantly Base Metal, Two Surfaces	\$250.00	<b>* UCR means the dentist's or specialist's Usual, Customary &amp; Reasonable fees.</b>		
D6613	Onlay, Cast Predominantly Base Metal, Three or More Surfaces	\$250.00	<b># Member is responsible for the payment shown plus the actual lab cost of gold.</b>		
D6614	Onlay, Cast Noble Metal, Two Surfaces	\$250.00			
D6615	Onlay, Cast Noble Metal, Three or More Surfaces	\$250.00			
<b>Fixed Partial Denture (Bridge) Retainers - Crowns #</b>					
D6720	Crown, Resin with High Noble Metal	\$175.00			
D6721	Crown, Resin with Predominantly Base Metal	\$175.00			
D6722	Crown, Resin with Noble Metal	\$175.00			
D6750	Crown, Porcelain Fused to High Noble Metal	\$275.00			
D6751	Crown, Porcelain Fused to Predominantly Base Metal	\$275.00			
D6752	Crown, Porcelain Fused to Noble Metal	\$275.00			
	Crown, Porcelain Fused to Any Metal For Molars	\$350.00			
D6780	Crown, ¼ Cast High Noble Metal	\$200.00			
D6781	Crown, ¼ Cast Predominantly Base Metal	\$200.00			
D6782	Crown, ¼ Cast Noble Metal	\$200.00			
D6790	Crown, Full Cast High Noble Metal	\$200.00			
D6791	Crown, Full Cast Predominantly Base Metal	\$200.00			
D6792	Crown, Full Cast Noble Metal	\$200.00			
<b>Other Fixed Partial Denture (Bridge) Services</b>					
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	\$70.00			

**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%.