

**CALIFORNIA DENTAL NETWORK, INC.
Principal Benefits & Coverage – PLAN 530**

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

| ADA CODE | PROCEDURE | MEMBER PAYS | ADA CODE | PROCEDURE | MEMBER PAYS |
|---|---|-------------|--|--|-------------|
| DIAGNOSTIC, D0100-D0999 | | | Other Restorative Services # (continued) | | |
| | Office Visit, Includes Infection Control | \$5.00 | D2940 | Temporary Sedative Filling | \$7.00 |
| Clinical Oral Evaluations | | | 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 | \$77.00 |
| 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 | \$75.00 |
| D0180 | Comprehensive Periodontal Evaluation | \$15.00 | D2957 | Each Additional Prefabricated Post, Same Tooth | No Charge |
| Radiographs/Diagnostic Imaging | | | D2970 | Temporary Crown (Fractured Tooth), When Not Part of Crown Preparation | No Charge |
| D0210 | Intraoral, Complete Series w/ Bitewings | No Charge | ENDODONTICS, D3000-D3999 | | |
| D0220 | Intraoral, Periapical, First Film | No Charge | Pulp Capping | | |
| D0230 | Intraoral, Periapical, Each Additional Film | No Charge | D3110 | Direct (Excluding Final Restoration) | \$17.00 |
| D0240 | Intraoral, Occlusal Film | No Charge | D3120 | Indirect (Excluding Final Restoration) | \$17.00 |
| D0270 | Bitewings, Single Film | No Charge | Pulpotomy | | |
| D0272 | Bitewings, Two Films | No Charge | D3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | \$28.00 |
| 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 | Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-Up Care) | | |
| D0350 | Oral/Facial Images, Includes Intra & Extraoral Images, Non-Orthodontic | No Charge | D3310 | Anterior (Excluding Final Restoration) | \$138.00 |
| Tests And Laboratory Examinations | | | D3320 | Bicuspid (Excluding Final Restoration) | \$165.00 |
| D0460 | Pulp Vitality Tests | No Charge | D3330 | Molar (Excluding Final Restoration) | \$204.00 |
| D0470 | Diagnostic Casts, Non-Orthodontic | \$10.00 | D3332 | Incomplete Endodontic Therapy, Inoperable or Fractured Tooth | \$35.00 |
| PREVENTIVE, D1000-D1999 | | | Endodontic Retreatment | | |
| Dental Prophylaxis, Coronal Scaling & Polish | | | 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* |
| Topical Fluoride Treatment (Office Procedure) | | | Apicoectomy/Periradicular Services | | |
| D1201 | Topical Application of Fluoride, Child, With Prophylaxis | No Charge | D3410 | Surgery, Anterior | \$99.00 |
| D1203 | Topical Application of Fluoride, Child, Without Prophylaxis | No Charge | D3421 | Surgery, Bicuspid (First Root) | \$99.00 |
| Other Preventive Services | | | D3425 | Surgery, Molar (First Root) | \$99.00 |
| D1310 | Nutritional Counseling for Control of Dental Disease | No Charge | D3426 | Surgery, Each Additional Root | \$99.00 |
| D1320 | Tobacco Counseling for the Control & Prevention of Oral Disease | No Charge | D3430 | Retrograde Filling, Per Root | \$69.00 |
| 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 | \$140.00 |
| D1525 | Removable Bilateral | 70% of UCR* | D4240 | Gingival Flap Procedure, Including Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$165.00 |
| 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 | | | Non-Surgical Periodontal Service | | |
| Amalgam Restorations (Including Polishing) | | | 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 | \$22.00 | D4342 | Periodontal Scaling and Root Planing, One to Three Teeth, Per Quadrant | \$30.00 |
| D2150 | Two Surfaces, Primary or Permanent | \$28.00 | D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis, <u>Separate Visit from Prophylaxis</u> | \$10.00 |
| D2160 | Three Surfaces, Primary or Permanent | \$31.00 | Other Periodontal Services | | |
| D2161 | Four or More Surfaces, Primary or Permanent | \$35.00 | D4910 | Periodontal Maintenance Procedures (Following Active Therapy), With Prophylaxis | \$25.00 |
| Resin-Based Composite Restorations | | | D4920 | Unscheduled Dressing Change, By Someone Other Than Treating Dentist | No Charge |
| D2330 | One Surface, Anterior | \$35.00 | PROSTHODONTICS (Removable), D5000-D5899 | | |
| D2331 | Two Surfaces, Anterior | \$35.00 | Complete Dentures, (Including Routine Post-Delivery Care) | | |
| D2332 | Three Surfaces Anterior | \$35.00 | D5110 | Maxillary | \$308.00 |
| D2335 | Four or More Surfaces, or Involving Incisal Angle, Anterior | \$37.00 | D5120 | Mandibular | \$308.00 |
| D2390 | Resin-Based Composite Crown, Anterior | \$45.00 | D5130 | Immediate, Maxillary | \$308.00 |
| D2391 | Resin-Based Composite, One Surface, Posterior, Covered for Facial Surfaces of Bicuspids Only, When Caries or Failing Restoration Exists | \$45.00 | D5140 | Immediate, Mandibular | \$308.00 |
| Inlay/Onlay Restorations # | | | Partial Dentures, (Including Routine Post-Delivery Care) | | |
| D2510 | Inlay, Metallic, One Surface | \$115.00 | D5211 | Maxillary, Resin Base (Including any Conventional Clasps, Rests & Teeth) | \$275.00 |
| D2520 | Inlay, Metallic, Two Surfaces | \$115.00 | D5212 | Mandibular, Resin Base (Including any Conventional Clasps, Rests & Teeth) | \$275.00 |
| D2530 | Inlay, Metallic, Three or More Surfaces | \$115.00 | D5213 | Maxillary, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth) | \$308.00 |
| D2542 | Onlay, Metallic, Two Surfaces | \$154.00 | D5214 | Mandibular, Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests & Teeth) | \$308.00 |
| D2543 | Onlay, Metallic, Three Surfaces | \$154.00 | Adjustments to Dentures | | |
| D2544 | Onlay, Metallic, Four or More Surfaces | \$154.00 | D5410 | Adjust Complete Denture, Maxillary | \$22.00 |
| Crowns, Single Restoration Only # | | | | | |
| D2710 | Resin, Laboratory | \$115.00 | | | |
| D2720 | Resin with High Noble Metal | \$154.00 | | | |
| D2721 | Resin with Predominantly Base Metal | \$154.00 | | | |
| D2722 | Resin with Noble Metal | \$154.00 | | | |
| 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 | \$275.00 | | | |
| 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 | \$45.00 | | | |

CALIFORNIA DENTAL NETWORK, INC.
Principal Benefits & Coverage – PLAN 530

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> |
|---|---|--------------------|---|--|--------------------|
| Adjustments to Dentures (continued) | | | Other Fixed Partial Denture (Bridge) Services (continued) | | |
| D5411 | Adjust Complete Denture, Mandibular | \$22.00 | D6972 | Prefabricated Post & Core In Addition to Fixed Partial Denture Retainer | \$75.00 |
| D5421 | Adjust Partial Denture, Maxillary | \$22.00 | D6973 | Core Build-Up for Retainer, Including Any Pins | \$18.00 |
| D5422 | Adjust Partial Denture, Mandibular | \$22.00 | D6975 | Coping, Metal | No Charge |
| Repairs to Complete Dentures | | | D6980 | Fixed Partial Denture Repair, By Report | \$50.00 |
| D5510 | Repair Broken Complete Base | \$41.00 | ORAL AND MAXILLOFACIAL SURGERY, D7000-D7999 | | |
| D5520 | Replace Missing or Broken Teeth (Each Tooth) | \$44.00 | Extractions (Includes Local Anesthesia, Suturing, If Needed, & Routine Post-Operative Care) | | |
| Repairs to Partial Dentures | | | D7111 | Coronal Remnants, Deciduous Tooth | \$21.00 |
| D5610 | Repair Resin Denture Base | \$41.00 | D7140 | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) | \$21.00 |
| D5620 | Repair Cast Framework | \$41.00 | Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, & Routine Post-Operative Care) | | |
| D5630 | Repair or Replace Broken Clasp | \$28.00 | 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 | \$28.00 | D7220 | Removal of Impacted Tooth, Soft Tissue | \$65.00 |
| D5650 | Add Tooth to Existing Partial | \$44.00 | D7230 | Removal of Impacted Tooth, Partially Bony | \$93.00 |
| D5660 | Add Clasp to Existing Partial | \$44.00 | D7240 | Removal of Impacted Tooth, Completely Bony | 70% of UCR* |
| D5670 | Replace All Teeth & Acrylic on Cast Metal Framework, Maxillary | \$150.00 | D7241 | Removal of Impacted Tooth, Completely Bony, With Unusual Surgical Complications | 70% of UCR* |
| D5671 | Replace All Teeth & acrylic on Cast Metal Framework, Mandibular | \$150.00 | D7250 | Surgical Removal of Residual Tooth Roots (Cutting Procedure) | 70% of UCR* |
| Denture Reline Procedures | | | Alveoplasty, Surgical Preparation of Ridge for Dentures | | |
| D5730 | Complete Maxillary Denture (Chairside) | \$50.00 | D7310 | In Conjunction with Extractions, Per Quadrant | 70% of UCR* |
| D5731 | Complete Mandibular Denture (Chairside) | \$50.00 | D7320 | Not In Conjunction with Extractions, Per Quadrant | 70% of UCR* |
| D5740 | Partial Maxillary Denture (Chairside) | \$50.00 | Surgical Incision | | |
| D5741 | Partial Mandibular Denture (Chairside) | \$50.00 | D7510 | Incision and Drainage of Abscess, Intraoral 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 | \$1,225.00 |
| D5761 | Partial Mandibular Denture (Laboratory) | \$87.00 | D8030 | Adolescent Dentition | \$1,225.00 |
| Interim Prosthesis (See Plan Guidelines) | | | D8040 | Adult Dentition | \$1,225.00 |
| D5820 | Interim Partial Denture (Maxillary) | \$175.00 | Comprehensive Orthodontic Treatment | | |
| D5821 | Interim Partial Denture (Mandibular) | \$175.00 | D8070 | Transitional Dentition | \$1,845.00 |
| PROSTHODONTICS, FIXED, D6200-D6999 | | | D8080 | Adolescent Dentition | \$1,845.00 |
| Fixed Partial Denture (Bridge) Pontics # | | | D8090 | Adult Dentition | \$2,045.00 |
| D6210 | Pontic, Cast High Noble Metal | \$177.00 | Other Orthodontic Services | | |
| D6211 | Pontic, Cast Predominantly Base Metal | \$177.00 | D8660 | Pre-Orthodontic Treatment Visit | \$20.00 |
| D6212 | Pontic, Cast Noble Metal | \$177.00 | 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. \$350.00 | | |
| D6250 | Pontic, Resin with High Noble Metal | \$154.00 | Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding. When needed..... UCR* | | |
| D6251 | Pontic, Resin with Predominantly Base Metal | \$154.00 | 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. | | |
| D6252 | Pontic, Resin with Noble Metal | \$154.00 | ADJUNCTIVE GENERAL SERVICES, D9000-D9999 | | |
| Fixed Partial Denture (Bridge) Retainers - Inlays/Onlays # | | | D9110 | Palliative (Emergency) Treatment of Dental Pain, Minor Procedure | \$20.00 |
| D6602 | Inlay, Cast High Noble Metal, Two Surfaces | \$115.00 | D9210 | Local Anesthesia, Not In Conjunction With Operative Surgical Procedures | No Charge |
| D6603 | Inlay, Cast High Noble Metal, Three or More Surfaces | \$115.00 | D9215 | Local Anesthesia | No Charge |
| D6604 | Inlay, Cast Predominantly Base Metal, Two Surfaces | \$115.00 | D9310 | Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Practitioner Providing Treatment) Contact Plan 1st | \$10.00 |
| D6605 | Inlay, Cast Predominantly Base Metal, Three or More Surfaces | \$115.00 | D9430 | Office Visit for Observation (During Regularly Scheduled Hours), No Other Services Performed | \$8.00 |
| D6606 | Inlay, Cast Noble Metal, Two Surfaces | \$115.00 | D9440 | Office Visit, After Regularly Scheduled Hours | \$25.00 |
| D6607 | Inlay, Cast Noble Metal, Three or More Surfaces | \$115.00 | D9450 | Case Presentation, Detailed & Extensive Treatment Planning | No Charge |
| D6610 | Onlay, Cast High Noble Metal, Two Surfaces | \$154.00 | D9930 | Treatment of Complication (Post-Surgical), Unusual Circumstances, By Report | No Charge |
| D6611 | Onlay, Cast High Noble Metal, Three or More Surfaces | \$154.00 | D9951 | Occlusal Adjustment, Limited | No Charge |
| D6612 | Onlay, Cast Predominantly Base Metal, Two Surfaces | \$154.00 | Broken Appointments, Without 24-Hour Notice..... \$30.00 | | |
| D6613 | Onlay, Cast Predominantly Base Metal, Three or More Surfaces | \$154.00 | * UCR means the dentist's or specialist's Usual, Customary & Reasonable fees. | | |
| D6614 | Onlay, Cast Noble Metal, Two Surfaces | \$154.00 | # Member is responsible for the payment shown plus the actual lab cost of gold. | | |
| D6615 | Onlay, Cast Noble Metal, Three or More Surfaces | \$154.00 | SPECIALTY REFERRALS | | |
| Fixed Partial Denture (Bridge) Retainers - Crowns # | | | 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. The costs of services provided by dental specialists are NOT covered benefits with this plan. | | |
| D6720 | Crown, Resin with High Noble Metal | \$154.00 | 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%. | | |
| 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 | | | |
| D6780 | Crown, Porcelain Fused to Any Metal For Molars | \$275.00 | | | |
| 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 | \$77.00 | | | |
| D6971 | Cast Post As Part of Fixed Partial Denture Retainer | \$75.00 | | | |