

Schedule of Benefits 100

The following procedures are covered benefits when performed by a California Dental participating dentist and are subject to exclusion, limitations and administrative policies, which are detailed in the Plan's Combined Evidence of Coverage and Disclosure Form.

If you have any questions about your eligibility, the Plan benefits or need assistance in selecting a dentists, please call California Dental's Customer Service Department, toll-free at: (877) 4DENTAL

Please discuss all treatment options with your dentist before starting treatment. Failure to do so may limit the patient's options once treatment has started.

Code	Description	Copayments
Diagnostic Services		
D0120	Periodic oral evaluation	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0170	Re-evaluation - limited, problem focused	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0210	Intraoral - complete series (including bitewings)	\$0
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral - periapical each additional film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extraoral - first film	\$0
D0260	Extraoral - each additional film	\$0
D0270	Bitewing - single film	\$0
D0272	Bitewings - two films	\$0
D0274	Bitewings - four films	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0350	Oral/facial photographic images	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
Preventive Services		
* - Procedures limited to once every 6 months		
D1110	Prophylaxis - adult *	\$0
D1110	Prophylaxis - adult (each additional)	\$45
D1120	Prophylaxis - child *	\$0
D1120	Prophylaxis - child (each additional)	\$35
D1201	Topical application of fluoride (including prophylaxis) - child *	\$0
D1203	Topical application of fluoride (prophylaxis not included) - child *	\$0
D1204	Topical application of fluoride (prophylaxis not included) - adult *	\$0
D1205	Topical application of fluoride (including prophylaxis) - adult *	\$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
D1510	Space maintainer - fixed - unilateral	\$35
D1515	Space maintainer - fixed - bilateral	\$45
D1520	Space maintainer - removable - unilateral	\$35

Code	Description	Copayments
D1525	Space maintainer - removable - bilateral	\$55
D1550	Re-cementation of space maintainer	\$0

Restorative Services

D2140	Amalgam - 1 surface, primary or permanent	\$0
D2150	Amalgam - 2 surfaces, primary or permanent	\$0
D2160	Amalgam - 3 surfaces, primary or permanent	\$0
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$0
D2330	Resin-based composite - 1 surface, anterior	\$10
D2331	Resin-based composite - 2 surfaces, anterior	\$12
D2332	Resin-based composite - 3 surfaces, anterior	\$14
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$20
D2390	Resin-based composite crown, anterior	\$75
D2391	Resin-based composite - 1surface, posterior	\$65
D2392	Resin-based composite - 2 surfaces, posterior	\$85
D2393	Resin-based composite - 3 surfaces, posterior	\$100
D2394	Resin-based composite - 4 or more surfaces, posterior	\$120

Inlays/Onlays

D2510	Inlay - metallic - 1 surface	\$85
D2520	Inlay - metallic - 2 surfaces	\$90
D2530	Inlay - metallic - 3 or more surfaces	\$95
D2542	Onlay - metallic - 2 surfaces	\$90
D2543	Onlay - metallic - 3 surfaces	\$95
D2544	Onlay - metallic - 4 or more surfaces	\$100
D2610	Inlay - porcelain/ceramic - 1 surface	\$185
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$200
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$215
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$200
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$215
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$225
D2650	Inlay - resin-based composite - 1 surface	\$75
D2651	Inlay - resin-based composite - 2 surfaces	\$80
D2652	Inlay - resin-based composite - 3 or more surfaces	\$85
D2662	Onlay - resin-based composite - 2 surfaces	\$80
D2663	Onlay - resin-based composite - 3 surfaces	\$85
D2664	Onlay - resin-based composite - 4 or more surfaces	\$90

Crowns

Porcelian (tooth colored) crowns on molars cost \$75 extra per crown		
D2740	Crown - porcelain/ceramic substrate	\$250
D2750	Crown - porcelain fused to high noble metal	\$250
D2751	Crown - porcelain fused to predominantly base metal	\$100
D2752	Crown - porcelain fused to noble metal	\$200
D2780	Crown - 3/4 cast high noble metal	\$250
D2781	Crown - 3/4 cast predominantly base metal	\$100
D2782	Crown - 3/4 cast noble metal	\$200
D2783	Crown - 3/4 porcelain/ceramic	\$250
D2790	Crown - full cast high noble metal	\$250
D2791	Crown - full cast predominantly base metal	\$100
D2792	Crown - full cast noble metal	\$200
D2794	Crown - titanium	\$250
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0

Code	Description	Copayments
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$25
D2931	Prefabricated stainless steel crown - permanent tooth	\$35
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins	\$10
D2951	Pin retention - per tooth, in addition to restoration	\$5
D2952	Cast post and core in addition to crown	\$50
D2953	Each additional cast post - same tooth	\$0
D2954	Prefabricated post and core in addition to crown	\$50
D2955	Post removal (not in conjunction with endodontic therapy)	\$15
D2957	Each additional prefabricated post - same tooth	\$0

Alternative Crowns

Most dental offices offer alternative to the porcelain/ceramic substrate and porcelain fused to metal crowns which are marketed under different brand names and maybe available through your California Dental participating provider for the following copayments:

Porcelain/ceramic substrate crown	
Lava	\$700
Empress	\$650
Procera	\$700
In-Ceram	\$650
Porcelain fused to high noble crown	
Captek	\$625
Bio - 2000	\$625
Ceramco II	\$625
Occlusal Gold	\$625

Call California Dental for a updated list of brand names covered

LABIAL Veneers (replaced once every 5 years)

D2961	Labial veneer (resin laminate) - laboratory	\$300
D2962	Labial veneer (porcelain laminate) - laboratory	\$300

Endodontics (excluding final restorations)

D3110	Pulp cap - direct	\$0
D3120	Pulp cap - indirect	\$0
D3220	Therapeutic pulpotomy	\$0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth	\$10
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$15
D3310	Root canal - anterior per tooth	\$75
D3320	Root canal - bicuspid per tooth	\$85
D3330	Root canal - molar per tooth	\$200
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$75
D3346	Retreatment of previous root canal therapy - anterior	\$95
D3347	Retreatment of previous root canal therapy - bicuspid	\$120
D3348	Retreatment of previous root canal therapy - molar	\$210
D3351	Apexification/recalcification - initial visit	\$75
D3352	Apexification/recalcification - interim medication replacement	\$65
D3353	Apexification/recalcification - final visit (includes completed root canal)	\$75
D3410	Apicoectomy/periradicular surgery - anterior	\$200
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$200
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$200

Code	Description	Copayments
D3426	Apicoectomy/periradicular surgery (each additional root)	\$100
D3430	Retrograde filling - per root	\$150
D3450	Root amputation - per root	\$100
D3920	Hemisection (including any root removal), not including root canal therapy	\$115

Periodontics

* - Covered only when preformed by the member's primary general dentist

D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$50
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$40
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$300
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$225
D4249	Clinical crown lengthening - hard tissue*	\$125
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	\$300
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	\$225
D4263	Bone replacement graft - first site in quadrant	\$225
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$25
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$20
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$25
D4381	Localized delivery of antimicrobial agents, per tooth	\$60
D4910	Periodontal maintenance - once every 6 months	\$25
D4910	Periodontal maintenance - each additional	\$50

Removable Prosthodontics

Replaced once every 5 years & relined once every 24 months

D5110	Complete upper denture	\$125
D5120	Complete lower denture	\$125
D5130	Immediate upper denture	\$125
D5140	Immediate lower denture	\$125
D5211	Upper partial denture - resin base	\$150
D5212	Lower partial denture - resin base	\$150
D5213	Upper partial denture - cast metal framework with resin denture bases	\$150
D5214	Lower partial denture - cast metal framework with resin denture bases	\$150
D5225	Upper partial denture - flexible base	\$150
D5226	Lower partial denture - flexible base	\$150
D5410	Adjust complete denture - upper	\$0
D5411	Adjust complete denture - lower	\$0
D5421	Adjust partial denture - upper	\$0
D5422	Adjust partial denture - lower	\$0
D5510	Repair broken complete denture base	\$15
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$15
D5610	Repair resin denture base	\$15
D5620	Repair cast framework	\$15
D5630	Repair or replace broken clasp	\$15
D5640	Replace broken teeth - per tooth	\$15
D5650	Add tooth to existing partial denture	\$15
D5660	Add clasp to existing partial denture	\$15
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$100
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$100
D5710	Rebase complete upper denture	\$50
D5711	Rebase complete lower denture	\$50
D5720	Rebase upper partial denture	\$50
D5721	Rebase lower partial denture	\$50
D5730	Reline complete upper denture (chairside)	\$40
D5731	Reline complete lower denture (chairside)	\$40

Code	Description	Copayments
D5740	Reline upper partial denture (chairside)	\$40
D5741	Reline lower partial denture (chairside)	\$40
D5750	Reline complete upper denture (laboratory)	\$40
D5751	Reline complete lower denture (laboratory)	\$40
D5760	Reline upper partial denture (laboratory)	\$40
D5761	Reline lower partial denture (laboratory)	\$40
D5820	Interim partial denture (upper)	\$40
D5821	Interim partial denture (lower)	\$40
D5850	Tissue conditioning, upper	\$10
D5851	Tissue conditioning, lower	\$10
Alternative Dentures, Bridges & Relines		
Most dental offices offer alternative to complete and partial dentures and relines which are marketed under different brand names and maybe available through your California Dental participating provider for the following copayments:		
Complete Denture		
	Comfort Flex - Complete Upper Denture	\$550
	Comfort Flex - Complete Lower Denture	\$550
	Geneva - Complete Upper Denture	\$550
	Geneva - Complete Lower Denture	\$550
Simply Natural		
Partial Denture - Resin Base		
	Comfort Flex - Upper Partial	\$600
	Comfort Flex - Lower Partial	\$600
	Geneva - Upper Partial	\$600
	Geneva - Lower Partial	\$600
	EstheticClasp - Upper Partial	\$600
	EstheticClasp - Lower Partial	\$600
	CuSil - Upper Partial	\$600
	CuSil - Lower Partial	\$600
	Valplast - Upper Partial	\$600
	Valplast - Lower Partial	\$600
Partial Denture - Cast Metal Base with Resin Saddles		
	Comfort Flex - Upper Partial	\$600
	Comfort Flex - Lower Partial	\$600
	Valplast - Upper Partial	\$600
	Valplast - Lower Partial	\$600
Denture Relines		
	PermaSoft - Complete Upper Denture (Laboratory)	\$100
	PermaSoft - Complete Lower Denture (Laboratory)	\$100
	PermaSoft - Partial Upper Denture (Laboratory)	\$100
	PermaSoft - Partial Lower Denture (Laboratory)	\$100
D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered		
D6000 - D6199 VIII Implant Services - Not Covered		
Fixed Prosthodontics		
D6210	Pontic - cast high noble metal	\$250
D6211	Pontic - cast predominantly base metal	\$100
D6212	Pontic - cast noble metal	\$200
D6214	Pontic - titanium	\$250
D6240	Pontic - porcelain fused to high noble metal	\$250

Code	Description	Copayments
D6241	Pontic - porcelain fused to predominantly base metal	\$100
D6242	Pontic - porcelain fused to noble metal	\$200
D6600	Inlay - porcelain/ceramic, 2 surfaces	\$200
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	\$215
D6602	Inlay - cast high noble metal, 2 surfaces	\$250
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$300
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$150
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$200
D6606	Inlay - cast noble metal, 2 surfaces	\$200
D6607	Inlay - cast noble metal, 3 or more surface	\$250
D6608	Onlay -porcelain/ceramic, 2 surfaces	\$200
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	\$215
D6610	Onlay - cast high noble metal, 2 surfaces	\$250
D6611	Onlay - cast high noble metal, 3 or more surfaces	\$300
D6612	Onlay - cast predominantly base metal, 2 surfaces	\$150
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	\$200
D6614	Onlay - cast noble metal, 2 surfaces	\$200
D6615	Onlay - cast noble metal, 3 or more surfaces	\$250
D6624	Inlay - titanium	\$250
D6634	Onlay - titanium	\$250
D6750	Crown - porcelain fused to high noble metal	\$250
D6751	Crown - porcelain fused to predominantly base metal	\$100
D6752	Crown - porcelain fused to noble metal	\$200
D6780	Crown - 3/4 cast high noble metal	\$250
D6781	Crown - 3/4 cast predominantly base metal	\$100
D6782	Crown - 3/4 cast noble metal	\$200
D6783	Crown - 3/4 porcelain/ceramic	\$250
D6790	Crown - full cast high noble metal	\$250
D6791	Crown - full cast predominantly base metal	\$100
D6792	Crown - full cast noble metal	\$200
D6794	Crown - titanium	\$250
D6930	Recement fixed partial denture	\$0
D6970	Cast post and core in addition to fixed partial denture retainer	\$40
D6971	Cast post as part of fixed partial denture retainer	\$40
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$40
D6973	Core build up for retainer, including any pins	\$10
D6976	Each additional cast post - same tooth	\$40
D6977	Each additional prefabricated post - same tooth	\$40
D6980	Fixed partial denture repair, by report	\$50
Oral Surgery		
D7111	Extraction, coronal remnants - deciduous tooth	\$0
D7140	Extraction, erupted tooth or exposed root	\$0
D7210	Surgical removal of erupted tooth	\$20
D7220	Removal of impacted tooth - soft tissue	\$50
D7230	Removal of impacted tooth - partially bony	\$100
D7240	Removal of impacted tooth - completely bony	\$125
D7241	Removal of impacted tooth - completely bony, with unusual complications	\$130
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$50
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	\$110
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	\$0

Code	Description	Copayments
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40
Orthodontics		
* - Covered for up to 24 months of active treatment		
D8020	Limited orthodontic treatment of the transitional dentition*	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition*	\$1,000
D8040	Limited orthodontic treatment of the adult dentition*	\$1,000
D8050	Interceptive orthodontic treatment of the primary dentition*	\$1,150
D8060	Interceptive orthodontic treatment of the transitional dentition*	\$1,150
D8070	Comprehensive orthodontic treatment of the transitional dentition*	\$1,775
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$1,775
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$1,975
D8660	Pre-orthodontic treatment visit	\$0
D8680	Orthodontic retention - Per Arch	\$125
D8999	Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models)	\$250
D8999	Active Orthodontic Treatment beyond 24 months - Per Visit	\$75

Adjunctive General Services

* - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32)		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes*	\$175
D9221	Deep sedation/general anesthesia - each additional 15 minutes*	\$85
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide*	\$15
D9241	Intravenous conscious sedation/analgesia - first 30 minutes*	\$150
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes*	\$65
D9310	Consultation & Second Opinion, with prior authorization from Plan	\$25
D9430	Office visit for observation (during regularly scheduled hours)	\$0
D9440	Office visit - after regularly scheduled hours	\$30
D9999	Office visit - during regular office hours in addition to other charges	\$0
D9630	Other drugs and/or medicaments, (including antimicrobial irrigation)	\$20
D9910	Application of desensitizing medicament	\$15
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$15
D9940	Occlusal guard - Soft	\$150
D9942	Repair/reline occlusal guard	\$40
D9951	Occlusal adjustment - limited	\$15
D9972	External bleaching - per arch	\$125
D9973	External bleaching - per tooth	\$25
D9999	Broken Appointment - less than 24 notice	\$25



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