

# Toll Free Customer Service (877) 4DENTAL



*Advantage Plan*

## Schedule of Benefits 150

The following procedures are covered benefits when preformed 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
<b>Diagnostic Services</b>		
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
<b>Preventive Services</b>		
* - 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 addittional)	\$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	\$5
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
<b>Restorative Services</b>		
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	\$15
D2332	Resin-based composite - 3 surfaces, anterior	\$20
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$25
D2390	Resin-based composite crown, anterior	\$85
D2391	Resin-based composite - 1surface, posterior	\$70
D2392	Resin-based composite - 2 surfaces, posterior	\$100
D2393	Resin-based composite - 3 surfaces, posterior	\$125
D2394	Resin-based composite - 4 or more surfaces, posterior	\$150
<b>Inlays/Onlays</b>		
D2510	Inlay - metallic - 1 surface	\$100
D2520	Inlay - metallic - 2 surfaces	\$105
D2530	Inlay - metallic - 3 or more surfaces	\$110
D2542	Onlay - metallic - 2 surfaces	\$105
D2543	Onlay - metallic - 3 surfaces	\$110
D2544	Onlay - metallic - 4 or more surfaces	\$115
D2610	Inlay - porcelain/ceramic - 1 surface	\$210
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$225
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$240
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$225
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$240
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$250
D2650	Inlay - resin-based composite - 1 surface	\$90
D2651	Inlay - resin-based composite - 2 surfaces	\$95
D2652	Inlay - resin-based composite - 3 or more surfaces	\$100
D2662	Onlay - resin-based composite - 2 surfaces	\$95
D2663	Onlay - resin-based composite - 3 surfaces	\$100
D2664	Onlay - resin-based composite - 4 or more surfaces	\$105
<b>Crowns</b>		
Porcelian (tooth colored) crowns on molars cost \$75 extra per crown		
D2740	Crown - porcelain/ceramic substrate	\$300
D2750	Crown - porcelain fused to high noble metal	\$300
D2751	Crown - porcelain fused to predominantly base metal	\$150
D2752	Crown - porcelain fused to noble metal	\$250
D2780	Crown - 3/4 cast high noble metal	\$300
D2781	Crown - 3/4 cast predominantly base metal	\$150
D2782	Crown - 3/4 cast noble metal	\$250
D2783	Crown - 3/4 porcelain/ceramic	\$300
D2790	Crown - full cast high noble metal	\$300
D2791	Crown - full cast predominantly base metal	\$150
D2792	Crown - full cast noble metal	\$250
D2794	Crown - titanium	\$300
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0





