

## Covered Dental Services And Patient Charges - Plan 55 M

The services covered by this *plan* are named in this list. If a procedure is not on this list, it is not covered. All services must be provided by the *PCD* selected by the *member*. The *member* must pay the listed *patient charge*. The benefits we provide are subject to all of the terms of this *plan*, including the Limitations on Benefits for Specific Covered Services, Additional Conditions on Covered Services, and Exclusions.

These *patient charges* are only valid for covered services rendered by *participating dentists* in the state of California.

MDG Codes+	Description of Service	Patient Charge
<b>Appointments and Diagnostic Services</b>		
	0101 Office Visit - during regular hours - participating general dentist only . .	\$5.00
	0102 Broken Appointment (without 24 hours' notice) . . . . .	\$25.00
0120, 0140, 0150	Oral evaluation . . . . .	No Charge
0460	Pulp vitality tests . . . . .	No Charge
0470	Diagnostic casts . . . . .	No Charge
9310	Consultation (by dentist other than practitioner providing treatment) . . . . .	No Charge
9430	Office visit for observation - regular hours - no other service performed . . . . .	No Charge
9440	Emergency office visit - after regularly scheduled office hours . . . . .	\$50.00
<b>Radiographs</b>		
	0210 Intraoral - complete series (including bitewings) . . . . .	No Charge
0220, 0230, 0240	Intraoral - periapical or occlusal - single film . . . . .	No Charge
0270, 0272, 0274	Bitewings . . . . .	No Charge
0330	Panoramic film . . . . .	No Charge
<b>Preventive Services &amp; Space Maintenance</b>		
1110, 1120	Prophylaxis . . . . .	No Charge
1201, 1203	Topical application of fluoride (may include prophylaxis) - child . .	No Charge
1310	Nutritional counseling for control of dental diseases . . . . .	No Charge
1330	Oral hygiene instruction . . . . .	No Charge
1351	Sealant - per tooth . . . . .	\$5.00
1510	Space maintainer - fixed - unilateral . . . . .	\$30.00
1515	Space maintainer - fixed - bilateral . . . . .	\$55.00
1550	Recementation of space maintainer . . . . .	\$5.00
<b>Restorative</b>		
2110	Amalgam - one surface - primary . . . . .	No Charge
2120	Amalgam - two surfaces - primary . . . . .	\$5.00
2130	Amalgam - three surfaces - primary . . . . .	\$10.00
2131	Amalgam - four or more surfaces - primary . . . . .	\$10.00
2140	Amalgam - one surface - permanent . . . . .	\$5.00
2150	Amalgam - two surfaces - permanent . . . . .	\$5.00
2160	Amalgam - three surfaces - permanent . . . . .	\$10.00
2161	Amalgam - four or more surfaces - permanent . . . . .	\$10.00
2210	Silicate cement - per restoration . . . . .	\$10.00

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2330	Resin/composite - one surface, anterior	\$15.00
2331	Resin/composite - two surfaces, anterior	\$20.00
2332	Resin/composite - three surfaces, anterior	\$20.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$25.00
2336	Composite resin crown, anterior - primary	\$20.00
2380	Resin/composite - one surface, posterior - primary	\$15.00
2381	Resin/composite - two surfaces, posterior - primary	\$20.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$25.00
2385	Resin/composite - one surface, posterior - permanent	\$15.00
2386	Resin/composite - two surfaces, posterior - permanent	\$25.00
2387	Resin/composite - three or more surfaces, posterior - permanent	\$30.00

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### Crown, Bridge & Other Cast Restorations

2510	Inlay - metallic - one surface*	\$100.00
2520, 6520	Inlay - metallic - two surfaces*	\$130.00
2530, 6530	Inlay - metallic - three or more surfaces*	\$130.00
2543, 6543	Onlay - metallic - three surfaces*	\$140.00
2544, 6544	Onlay - metallic - four or more surfaces*	\$145.00
2702	Crown supporting existing partial denture - in addition to crown	\$125.00
2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
2740	Crown - porcelain/ceramic substrate	\$175.00
2750, 2751, 2752	Crown - porcelain fused to metal*	\$180.00
2790, 2791, 2792	Crown - full cast metal*	\$160.00
2810, 6780	Crown - 3/4 cast metallic*	\$170.00
6210, 6211, 6212	Pontic - cast metal*	\$160.00
6240, 6241, 6242	Pontic - porcelain fused to metal*	\$180.00
6750, 6751, 6752	Crown - abutment - porcelain fused to metal*	\$180.00
6790, 6791, 6792	Crown - abutment - full cast metal*	\$150.00

### Other Restorative Services

2910, 2920, 6930	Recementation inlay, crown, bridge	\$5.00
2930, 2931	Prefabricated stainless steel crown	\$15.00
2932	Prefabricated resin crown	\$40.00
2940	Sedative filling	\$5.00
2950, 6973	Core buildup, including any pins	\$35.00
2951	Pin retention - per tooth, in addition to restoration	No Charge
2952, 6970	Cast post & core	\$50.00
2954, 6972	Prefabricated post & core	\$40.00
2960	Labial veneer (lamine) - chairside	\$70.00

### Endodontics

3110, 3120	Pulp cap	\$5.00
3220	Therapeutic pulpotomy	\$15.00
3310	Root canal - anterior	\$75.00
3320	Root canal - bicuspid	\$85.00
3330	Root canal - molar	\$150.00
3346	Root canal - retreatment - anterior	\$90.00
3347	Root canal - retreatment - bicuspid	\$100.00
3348	Root canal - retreatment - molar	\$170.00
3410	Apicoectomy/periradicular surgery - anterior	\$100.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$100.00

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3425	Apicoectomy/periradicular surgery - molar - first root . . . . .	\$110.00
3426	Apicoectomy/periradicular surgery - each additional root . . . . .	\$45.00
3430	Retrograde filling - per root . . . . .	\$15.00

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### Periodontics

4210	Gingivectomy or gingivoplasty - per quadrant . . . . .	\$75.00
4211	Gingivectomy or gingivoplasty - per tooth . . . . .	\$25.00
4240	Gingival flap procedure - including root planing - per quadrant . . . .	\$130.00
4249	Clinical crown lengthening - hard tissue . . . . .	\$105.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth . . . . .	\$195.00
4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth . . . . .	\$120.00
4270	Pedicle soft tissue graft procedure . . . . .	\$125.00
4271	Free soft tissue graft procedure (including donor site surgery) . . . .	\$140.00
4341	Periodontal scaling & root planing - per quadrant . . . . .	\$30.00
4355	Full mouth debridement to enable evaluation and diagnosis . . . . .	\$15.00
4910	Periodontal maintenance procedures (following active therapy) . . . .	\$15.00
4920	Unscheduled dressing change (by other than treating dentist) . . .	No Charge
9951	Occlusal adjustment - limited - per visit . . . . .	\$10.00

### Prosthodontics (Removable)

5110, 5120	Complete denture (including routine post delivery care) . . . . .	\$190.00
5130, 5140	Immediate denture (including routine post delivery care) . . . . .	\$190.00

#### Partial dentures (including routine post delivery care):

5211, 5212	Resin base - including clasps, rests, teeth . . . . .	\$155.00
5213, 5214	Cast metal framework with resin base - including clasps, rests, teeth . . . . .	\$220.00

#### Repairs and adjustments:

5410, 5411, 5421, 5422	Denture adjustments . . . . .	\$10.00
5510, 5610	Repair denture base . . . . .	\$10.00
5520, 5640	Replace missing or broken teeth -per tooth . . . . .	\$10.00
5630	Repair or replace clasp . . . . .	\$15.00
5650	Add tooth to existing partial . . . . .	\$15.00
5660	Add clasp to existing partial . . . . .	\$15.00
5710, 5711, 5720, 5721	Rebase denture . . . . .	\$45.00
5730, 5731, 5740, 5741	Reline denture (chairside) . . . . .	\$20.00
5750, 5751, 5760, 5761	Reline denture (laboratory) . . . . .	\$35.00
5820, 5821	Interim partial denture (stayplate) . . . . .	\$80.00
5850, 5851	Tissue conditioning . . . . .	\$10.00

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### Oral Surgery

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<b>7110, 7120</b>	Extraction - single tooth . . . . .	\$5.00
<b>7130</b>	Root removal - exposed roots . . . . .	\$10.00
<b>7210</b>	Surgical removal of erupted tooth . . . . .	\$30.00
<b>7220</b>	Removal of impacted tooth - soft tissue . . . . .	\$45.00
<b>7230</b>	Removal of impacted tooth - partially bony . . . . .	\$60.00
<b>7240</b>	Removal of impacted tooth - completely bony . . . . .	\$70.00
<b>7241</b>	Removal of impacted tooth - completely bony, with unusual surgical complications . . . . .	\$75.00
<b>7250</b>	Surgical removal of residual tooth roots (cutting procedure) . . . . .	\$35.00
<b>7270</b>	Tooth reimplantation and/or stabilization of accidentally evulsed tooth . . . . .	\$55.00
<b>7280</b>	Surgical exposure of impacted or unerupted tooth for orthodontic reasons . . . . .	\$80.00
<b>7281</b>	Surgical exposure of impacted or unerupted tooth to aid eruption . . . . .	\$55.00
<b>7285</b>	Biopsy of oral tissue - hard . . . . .	\$35.00
<b>7286</b>	Biopsy of oral tissue - soft . . . . .	\$35.00
<b>7310</b>	Alveoplasty in conjunction with extractions - per quadrant . . . . .	\$30.00
<b>7320</b>	Alveoplasty not in conjunction with extractions - per quadrant . . . . .	\$40.00
<b>7450</b>	Removal of odontogenic cyst/tumor - up to 1.25 cm . . . . .	\$50.00
<b>7451</b>	Removal of odontogenic cyst/tumor - over 1.25 cm . . . . .	\$100.00
<b>7470</b>	Removal of exostosis - maxilla or mandible . . . . .	\$75.00
<b>7510</b>	Incision & drainage of intraoral abscess . . . . .	\$20.00
<b>7960</b>	Frenectomy (separate procedure) . . . . .	\$50.00

### Miscellaneous Services

<b>9110</b>	Palliative (emergency) treatment . . . . .	No Charge
<b>9215</b>	Local anesthesia . . . . .	No Charge

+ Covered services are subject to this plan's exclusions, limitations and *plan* provisions. Other codes may be used to describe covered services.

\* There will be an additional *patient charge* for the actual cost of gold/high noble metal for these procedures.

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MDC CODES+	DESCRIPTION OF SERVICE	PATIENT CHARGE
<b>Orthodontics</b>		
<b>8601</b>	Orthodontic evaluation and consultation . . . . .	\$100.00
<b>8602</b>	Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos . . . . .	\$150.00
<b>8070, 8080, 8090</b>	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months: dependent child to age 18 (as determined by the <i>member's</i> age on the date of banding) . . . . .	\$1975.00
<b>8070, 8080, 8090</b>	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months: employee, spouse and dependent child over age 18 (as determined by the <i>member's</i> age on the date of banding) . . . . .	\$2175.00
<b>8670</b>	Periodic comprehensive orthodontic treatment visit . . . . .	No Charge
<b>8680</b>	Orthodontic retention . . . . .	\$300.00