

# SCHEDULE OF BENEFITS





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ADA Code	Dental Procedure Description	Plan Copayment
<b>CLINICAL ORAL EVALUATIONS</b>		
D0120	Periodic oral examination - established patient .....	\$0
D0140	Limited oral evaluation - problem focused .....	\$0
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver .....	\$0
D0150	Comprehensive oral evaluation - new or established patient .....	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report .....	\$0
D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit) .....	\$0
D0180	Comprehensive periodontal evaluation - new or established patient .....	\$0
<b>RADIOGRAPHS/DIAGNOSTIC IMAGING</b>		
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
D0270	Bitewing - single film .....	\$0
D0272	Bitewings - two films .....	\$0
D0273	Bitewings - three films .....	\$0
D0274	Bitewings - four films .....	\$0
D0277	Vertical bitewings - 7 to 8 films .....	\$0
D0330	Panoramic film .....	\$0
D0340	Cephalometric Film .....	\$0
D0350	Oral/Facial Images .....	\$0
<b>TESTS AND EXAMINATIONS</b>		
D0460	Pulp vitality tests .....	\$0
D0470	Diagnostic casts .....	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk .....	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk .....	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk .....	\$0
<b>ORAL PATHOLOGY LABORATORY</b>		
D0472	Accession of tissue, gross examination, preparation and transmission of written report .....	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report .....	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease and transmission of written report .....	\$0
<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis - adult .....	\$0
D1120	Prophylaxis - child .....	\$0
<b>TOPICAL FLUORIDE TREATMENT (office procedure)</b>		
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients .....	\$0
D1208	Topical application of fluoride .....	\$0

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### OTHER PREVENTATIVE SERVICES

D1310	Nutritional Counseling for control of dental disease .....	\$0
D1320	Tobacco Counseling .....	\$0
D1330	Oral hygiene instructions .....	\$0
D1351	Sealant - per tooth .....	\$0

### SPACE MAINTENANCE (passive appliances)

D1510	Space maintainer - fixed - unilateral .....	\$0
D1515	Space maintainer - fixed - bilateral .....	\$0
D1520	Space maintainer - removable - unilateral .....	\$0
D1525	Space maintainer - removable - bilateral .....	\$0
D1550	Re-cementation of space maintainer .....	\$0
D1575	Distal shoe space maintainer- fixed unilateral .....	\$0

### AMALGAM RESTORATIONS

D2140	Amalgam - one surface, primary or permanent .....	\$0
D2150	Amalgam - two surfaces, primary or permanent .....	\$0
D2160	Amalgam - three surfaces, primary or permanent .....	\$0
D2161	Amalgam - four or more surfaces, primary or permanent .....	\$0

### RESIN-BASED COMPOSITE RESTORATIONS- DIRECT

D2330	Resin-based composite - one surface, anterior .....	\$0
D2331	Resin-based composite - two surfaces, anterior .....	\$0
D2332	Resin-based composite - three surfaces, anterior .....	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	\$0
D2390	resin-based composite crown, anterior .....	\$0
D2391	Resin-based composite - one surface, posterior .....	\$85
D2392	Resin-based composite - two surfaces, posterior .....	\$109
D2393	Resin-based composite - three surfaces, posterior .....	\$133
D2394	Resin-based composite - four or more surfaces, posterior .....	\$140

### INLAY / ONLY RESTORATIONS

D2510	Inlay - metallic - one surface .....	\$20
D2520	Inlay - metallic - two surfaces .....	\$145
D2530	Inlay - metallic - three or more surfaces .....	\$145
D2542	Onlay - metallic - two surfaces .....	\$145
D2543	Onlays - metallic - three surfaces .....	\$145
D2544	Onlays - metallic - four or more surfaces .....	\$145

### CROWNS- SINGLE RESTORATIONS ONLY

D2710	Crown - resin-based composite (indirect) .....	\$20
D2712	Crown - 3/4 resin-based composite (indirect) .....	\$20
D2740	Crown - porcelain/ceramic substrate .....	\$30
D2750	Crown - porcelain fused to high noble metal .....	\$165
D2751	Crown - porcelain fused to predominantly base metal .....	\$40
D2752	Crown - porcelain fused to noble metal .....	\$165
D2780	Crown - 3/4 cast high noble metal .....	\$165
D2781	Crown - 3/4 cast predominantly base metal .....	\$40
D2782	Crown - 3/4 cast noble metal .....	\$165
D2783	Crown - 3/4 porcelain/ceramic .....	\$30
D2790	Crown - full cast high noble metal .....	\$165
D2791	Crown - full cast predominantly base metal .....	\$40
D2792	Crown - full cast noble metal .....	\$165
D2794	Crown - titanium .....	\$40
D2799	Provisional crown - further treatment or completion of diagnosis .....	\$0

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### OTHER RESTORATIVE SERVICES

D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$0
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$0
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$0
D2940	Sedative filling	\$0
D2950	Core buildup, involving and including any pins	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$0
D2953	Each additional indirectly fabricated post - same tooth	\$10
D2954	Prefabricated post and core in addition to crown	\$0
D2955	Post removal	\$0
D2957	Each additional prefabricated post - same tooth	\$10
D2971	Additional procedures to construct new crown under existing partial denture framework	\$25
D2980	Crown repair, by report	\$0

### PULP CAPPING

D3110	Pulp cap - direct (excluding final restoration)	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$0

### PULPOTOMY

D3220	Therapeutic pulpotomy (excluding final restoration)	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0

### ENDODONTIC THERAPY ON PRIMARY TEETH

D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0

### ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)

D3310	Anterior (excluding final restoration)	\$20
D3320	Bicuspid (excluding final restoration)	\$30
D3330	Molar (excluding final restoration)	\$40

### ENDODONTIC RETREATMENT

D3346	Retreatment of previous root canal therapy - anterior	\$0
D3347	Retreatment of previous root canal therapy - bicuspid	\$0
D3348	Retreatment of previous root canal therapy - molar	\$0

### APICOECTOMY / PERIRADICULAR SERVICES

D3410	Apicoectomy/periradicular surgery - anterior	\$0
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$0
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$0
D3426	Apicoectomy/periradicular surgery (each additional root)	\$0
D3430	Retrograde filling - per root	\$0
D3450	Root amputation - per root	\$0

### OTHER ENDODONTIC PROCEDURES

D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$0
D3950	Canal preparation and fitting of preformed dowel or post	\$0

ADA Code	Dental Procedure Description	Plan Copayment
<b>SURGICAL SERVICES (including usual postoperative care)</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$0
D4245	Apically positioned flap .....	\$0
D4249	Clinical crown lengthening - hard tissue .....	\$0
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$0
D4263	Bone replacement graft - first site in quadrant .....	\$120
D4264	Bone replacement graft - each additional site in quadrant .....	\$92
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) .....	\$0
<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant .....	\$0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant .....	\$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation .....	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis .....	\$0
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report .....	\$43
<b>OTHER PERIODONTAL SERVICES</b>		
D4910	Periodontal maintenance .....	\$0
<b>COMPLETE DENTURES (including routine post-delivery care)</b>		
D5110	Complete denture - maxillary .....	\$50
D5120	Complete denture - mandibular .....	\$50
D5130	Immediate denture - maxillary .....	\$50
D5140	Immediate denture - mandibular .....	\$50
<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$50
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$50
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$55
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$55

ADA Code	Dental Procedure Description	Plan Copayment
<b>PARTIAL DENTURES (continued)</b>		
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$50
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$50
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps rests and teeth) .....	\$55
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$55
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$63
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$63
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) .....	\$25

#### ADJUSTMENTS TO DENTURES

D5410	Adjust complete denture - maxillary .....	\$0
D5411	Adjust complete denture - mandibular .....	\$0
D5421	Adjust partial denture - maxillary .....	\$0
D5422	Adjust partial denture - mandibular .....	\$0

#### REPAIRS TO COMPLETE DENTURES

D5510	Repair broken complete denture base .....	\$0
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$0
D5610	Repair resin denture base .....	\$0
D5620	Repair cast framework .....	\$0
D5630	Repair or replace broken clasp .....	\$0
D5640	Replace broken teeth - per tooth .....	\$0
D5642	Replace missing/broke tooth each additional .....	\$0
D5650	Add tooth to existing partial denture .....	\$0
D5660	Add clasp to existing partial denture .....	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$36
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$36

#### DENTURE REBASE PROCEDURES

D5710	Rebase complete maxillary denture .....	\$0
D5711	Rebase complete mandibular denture .....	\$0
D5720	Rebase maxillary partial denture .....	\$0
D5721	Rebase mandibular partial denture .....	\$0

#### DENTURE RELINE PROCEDURES

D5730	Reline complete maxillary denture (chairside) .....	\$0
D5731	Reline complete mandibular denture (chairside) .....	\$0
D5740	Reline maxillary partial denture (chairside) .....	\$0
D5741	Reline mandibular partial denture (chairside) .....	\$0
D5750	Reline complete maxillary denture (laboratory) .....	\$15
D5751	Reline complete mandibular denture (laboratory) .....	\$15
D5760	Reline maxillary partial denture (laboratory) .....	\$15
D5761	Reline mandibular partial denture (laboratory) .....	\$15

#### OTHER REMOVABLE PROSTHETIC SERVICES

D5850	Tissue conditioning, maxillary .....	\$0
D5851	Tissue conditioning, mandibular .....	\$0
D5862	Precision Attachment, by report .....	\$600

ADA Code	Dental Procedure Description	Plan Copayment
<b>IMPLANT SERVICES</b>		
D6010	Surgical placement of implant body: endosteal implant .....	\$1,299
D6053	Implant/Abutment supported removable denture for completely edentulous arch .....	\$1,200
D6056	Prefabricated abutment - includes placement .....	\$425
D6057	Custom abutment - includes placement .....	\$525
D6058	Abutment supported porcelain/ceramic crown .....	\$790
D6059	Abutment supported porcelain fused to metal crown (high noble metal) .....	\$799
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal) .....	\$690
D6062	Abutment supported cast metal crown (high noble metal) .....	\$799
D6065	Implant supported porcelain/ceramic crown .....	\$890
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) .....	\$867
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal) .....	\$841
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure .....	\$0
D6100	Implant removal .....	\$499

#### **FIXED PARTIAL DENTURE PONTICS**

D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis .....	\$40
D6210	Pontic - cast high noble metal .....	\$165
D6211	Pontic - cast predominantly base metal .....	\$40
D6212	Pontic - cast noble metal .....	\$165
D6214	Pontic - titanium .....	\$40
D6240	Pontic - porcelain fused to high noble metal .....	\$165
D6241	Pontic - porcelain fused to predominantly base metal .....	\$40
D6242	Pontic - porcelain fused to noble metal .....	\$165
D6245	Pontic - porcelain/ceramic .....	\$40

#### **FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS**

D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	\$40
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#### **FIXED PARTIAL DENTURE RETAINERS - CROWNS**

D6710	Crown - indirect resin based composite .....	\$40
D6740	Crown - porcelain/ceramic .....	\$40
D6750	Crown - porcelain fused to high noble metal .....	\$165
D6751	Crown - porcelain fused to predominantly base metal .....	\$40
D6752	Crown - porcelain fused to noble metal .....	\$165
D6780	Crown - 3/4 cast high noble metal.....	\$165
D6781	Crown - 3/4 cast predominantly base metal .....	\$40
D6782	Crown - 3/4 cast noble metal .....	\$165
D6783	Crown - 3/4 cast porcelain/ceramic .....	\$40
D6790	Crown - full cast high noble metal .....	\$165
D6791	Crown - full cast predominantly base metal .....	\$40
D6792	Crown - full cast noble metal .....	\$165
D6794	Crown - titanium .....	\$40

#### **OTHER FIXED PARTIAL DENTURE SERVICES**

D6930	Recement fixed partial denture .....	\$0
D6971	Crown - full cast predominantly base metal .....	\$0
D6980	Fixed partial denture repair, by report .....	\$0

ADA Code	Dental Procedure Description	Plan Copayment
<b>EXTRACTIONS (includes local anesthesia, suturing, If needed, and routine postoperative care)</b>		
D7111	Coronal remnants - deciduous tooth .....	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$0
<b>SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)</b>		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperisteval flap and removal of bone and/or section of tooth .....	\$0
D7220	Removal of impacted tooth - soft tissue .....	\$0
D7230	Removal of impacted tooth - partially bony .....	\$0
D7240	Removal of impacted tooth - completely bony .....	\$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$0
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	\$0
<b>OTHER SURGICAL PROCEDURES</b>		
D7280	Surgical access of an unerupted tooth .....	\$0
D7283	Placement of device to facilitate eruption of impacted tooth .....	\$0
D7285	Biopsy of oral tissue - hard (bone, tooth) .....	\$0
D7286	Biopsy of oral tissue - soft (all others) .....	\$0
D7288	Brush biopsy - transepithelial sample collection .....	\$45
<b>ALVEOLOPLASTY</b>		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$0
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm .....	\$0
<b>SURGICAL INCISION</b>		
D7510	Incision and drainage of abscess - intraoral soft tissue .....	\$0
D7520	Incision and drainage of abscess - extraoral soft tissue.....	\$0
<b>OTHER REPAIR PROCEDURES</b>		
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure .....	\$0
D7963	Frenuloplasty .....	\$0
D7970	Excision of hyperplastic tissue - per arch .....	\$0
D7971	Excision of pericoronal gingiva.....	\$0
<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition .....	\$1,000
D8080	Comprehensive orthodontic treatment of the adolescent dentition .....	\$1,000
D8090	Comprehensive orthodontic treatment of the adult dentition .....	\$1,000

ADA Code	Dental Procedure Description	Plan Copayment
<b>OTHER ORTHODONTIC SERVICES</b>		
D8660	Pre-orthodontic treatment visit .....	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) .....	\$240
D8999	Orthodontic records fee .....	\$265
<b>UNCLASSIFIED TREATMENT</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$0
<b>ANESTHESIA</b>		
D9210	Local anesthesia not in conjunction with operative or surgical procedures .....	\$0
D9211	Regional block anesthesia .....	\$0
D9212	Trigeminal division block anesthesia .....	\$0
D9215	Local anesthesia .....	\$0
D9222	Deep sedation/general anesthesia - first 15 minute increment .....	\$80
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment .....	\$68
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment .....	\$80
<b>PROFESSIONAL CONSULTATION</b>		
D9310	Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician) .....	\$0
<b>PROFESSIONAL VISITS</b>		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	\$0
D9440	Office visit, after regularly scheduled hours .....	\$40
<b>MISCELLANEOUS SERVICES</b>		
D9932	Cleaning and inspection of removable complete denture, maxillary .....	\$0
D9933	Cleaning and inspection of removable complete denture, mandibular .....	\$0
D9934	Cleaning and inspection of removable partial denture, maxillary .....	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular .....	\$0
D9940	Occlusal guard, by report .....	\$85
D9951	Occlusal adjustment - limited .....	\$0
D9952	Occlusal adjustment - complete .....	\$0
D9972	External bleaching - per arch - take home trays .....	\$125
<b>NON- CLINICAL PROCEDURES</b>		
D9986	Missed appointment .....	\$20
D9987	Cancelled appointment .....	\$20



# LIMITATIONS AND EXCLUSIONS

## LIMITATIONS

The following Limitations apply to Services Covered in the Schedule of Benefits:

### **Diagnostic**

Full Mouth X-Ray, Panoramic Film, Cephalometric Film, and Oral/Facial Images- once in a two-year period.

Coverage for bitewing X-rays - no more than one series of four (4) films in any six-month period.

### **Preventive**

Prophylaxis covered twice in twelve (12) months. Examples of situations where an additional prophylaxis within the twelve (12) month period may be necessary for the dental health of the Member and may be covered subject to the determination of the treating provider are:

1. Pregnancy,
2. Pre-radiation therapy as ordered by an oncologist,
3. Gingival hyperplasia due to the use of Dilantin or other medications,
4. Inflammation due to syphilis or tuberculosis,
5. Chronic menopausal gingivostomatitis,
6. Leukemia or HIV induced gingivitis.

Fluoride Treatments (Topical Application and Fluoride Varnish).

Topical Fluoride Treatments are limited to three (3) treatments in a 12 consecutive month period for members through age 18.

### **Restorative Services**

Crowns, Inlays and Onlays

Will be covered when a filling cannot adequately restore the dental health of a Member in accordance with professionally recognized standards of dental care (Example: buccal or lingual walls are either fractured or decayed to the extent that the tooth cannot hold a filling).

## **Endodontics**

Endodontic Re-treatments (ADA Codes D3346, D3347 and D3348) are limited to one (1) per tooth per lifetime.

Apicoectomies (ADA Codes D3410, D3421, D3425 and D3426) are limited to one (1) per root per lifetime.

## **Periodontics**

Scaling and Root Planing (per quadrant) and Full Mouth Debridement are covered once every twelve (12) months.

Crown lengthening (ADA Code D4249) is limited to one (1) per tooth per lifetime.

## **Complete and Partial Dentures**

Replacement of an existing appliance will be covered if the appliance is over five years old and cannot be made serviceable by reline, rebase or repair.

Tooth Additions and Repair to Existing Denture, Repair of appliances damaged due to Member abuse, Denture Reline and Rebase and Relines of full or partial dentures are limited to twice in a calendar year.

## **Fixed Bridge(s), Pontics, and Crowns**

Replacement of an existing appliance will be covered if the appliance is over five years old, is defective and cannot be made serviceable

Fixed bridges are a covered benefit when a removable partial denture cannot satisfactorily restore the arch in accordance with professionally recognized standards of dental practice

If the Member elects a fixed bridge instead of the covered removable partial denture, the Member's benefit for the partial denture will be applied to the Member's cost for the fixed bridge as follows:

Copayment for the fixed bridge = UCR Cost of the Fixed Bridge – UCR Cost of the Removable Partial Denture + the Copayment of the Removable Partial Denture

If the Member has unreplaced missing teeth on opposite sides of the same arch, a removable partial denture is considered the covered benefit

The Plan provides coverage for up to six units for crown and/or fixed bridges in the same treatment plan.

Each tooth treated with a crown and replaced tooth in a fixed bridge (“pontic”) included in the treatment plan is referred to as a “unit”. When a treatment plan consists of more than six units of crowns and/or bridges, the term “full mouth reconstruction” is used to describe the treatment plan, and units in excess of six are not a Covered Service, and the Member will be charged at the Participating Provider’s usual and customary rate.

### **Pediatric Dentistry Referrals**

Referral for pediatric dentistry services for children under the age of six years must be pre-authorized by the Plan. Exceptions for physical or mental handicaps or medically compromised individuals, when confirmed by the treating physician, may be considered on an individual basis with prior approval from the Plan

Limitations apply unless the treating Participating Provider can document that such services are necessary for the dental health of the Member consistent with professionally recognized standards of dental practice, at which point such services will be covered as set forth in the accompanying Schedule of Benefits.

## **EXCLUSIONS**

The following dental procedures and services are excluded from this coverage by the Benefit Plan:

### **Preventive**

Supplies used for oral hygiene, plaque control, oral physiotherapy instruction, and chemical analysis of saliva.

### **Restorative Services**

#### **Crowns, Inlays and Onlays**

Crowns, inlays or onlays that are only for cosmetic purposes.

Crowns, inlays or onlays that are lost, stolen, or damaged due to Member abuse, misuse or neglect.

Charges for specialized techniques involving precision attachments, and personalization or characterization of such appliances, except as specifically allowed under the Implant Services section of the schedule of benefits.

### **Periodontics**

Soft Tissue Grafts.

### **Complete and Partial Dentures**

Replacement or repair of a lost, stolen, or damaged appliance due to Member abuse.

Removable Prosthetic Services and supplies that are only for cosmetic purposes.

### **Fixed Bridges**

Replacement or repair of a lost, stolen, or damaged bridge due to Member abuse.

Distal extension posterior cantilever pontics, which are supported at the front end only.

## **Oral Surgery**

Removal of third molars (wisdom teeth), supernumerary teeth or other teeth that are impacted that do not have associated pathology.

Removal of teeth for orthodontic purposes only.

## **General Exclusions**

Treatment by someone other than a Participating Provider or dental auxiliary under the direction of a Participating Provider, except for Emergency treatment as provided in the EOC (Evidence of Coverage) or upon prior authorization by the Plan.

Charges for medical treatment, prescriptions or other charges not directly related to dental services provided.

Hospitalization costs for any dental procedure, including all hospital services, anesthesia and medications.

Any dental treatment that is determined by the Plan to be the responsibility of Worker's Compensation, employer, the health care plan, payable under any Federal Government or state program, or for treatment of any automobile related injury in which the Member is entitled to payment under an automobile insurance policy, or for services for which benefits are payable under any other insurance.

Treatment of malignancies, neoplasms, and cysts, unless specifically listed as a Covered Service on the Schedule of Benefits.

Treatment of Myofacial pain or disturbances of the Temporomandibular Joint (TMJ), including correction of occlusion or "occlusal equilibration".

Procedures, restorations, and appliances to correct congenital or developmental malformations.

Services and supplies that are not deemed necessary for a Member's dental health in accordance with professionally recognized standards of dental practice.

Dental expenses incurred in connection with any portion of the dental services provided prior to the effective date of the Plan.

tive date of coverage or dental expenses incurred in connection with any dental procedure started after termination of coverage.

Services and/or appliances that alter the vertical dimension or alter, restore or maintain the occlusion, including, but not limited to, full mouth rehabilitation, splinting, appliances or any other method.

Appliances to correct and control harmful habits (e.g. tongue thrust and thumb sucking).

## **ORTHODONTIC COVERAGES**

The Plan's orthodontic benefit covers only basic orthodontic treatment to resolve malocclusion and establish optimal dental and facial esthetics. Orthodontic treatment may involve the primary, transitional or permanent dentition. All orthodontic services must be provided by a Participating Provider to be covered under the Benefit Plan. Refer to the "Orthodontics" category of your Schedule of Benefits to determine which specific procedures are Covered Services and their Copayment amounts.

## **ORTHODONTIC LIMITATIONS**

Benefits for any phase of Orthodontic treatment are limited to a maximum of 24 months. Treatment extending beyond the 24th month may be charged a monthly continuation fee per the Member's Orthodontic contract with the provider.

## **ORTHODONTIC EXCLUSIONS**

The following dental procedures and services are excluded from this coverage:

Special appliances (including, but not limited to, head-gear, orthopedic appliances, bite planes, functional appliances or palatal expanders).

**TMJ/Myofunctional Therapy** – Therapy for treatment of jaw joint problems, and teaching and therapy for improper swallowing and tongue posture.

**Surgical Orthodontics** – Orthodontic treatment in conjunction with Orthognathic surgery.

**Orthognathic Surgery** – Surgery to move the jaw bones into alignment.

**Treatment of Cleft Palate** – Treatment for problems involving holes or voids in the bone that forms the roof of the mouth.

**Removable Orthodontic Appliance Therapy** – The use of appliances that are removable from the mouth by the Member and which are used to hold or move and align teeth.

**Treatment of Hormonal Imbalances** – The treatment of hormone imbalances that influence growth and influence the ability of teeth to move without root damage.

**Retreatment of Orthodontic Cases** – The treatment of orthodontic problems that have been treated before.

Repair or replacement of lost, stolen, damaged or broken appliances, including retainers, brackets, bands, wires or other materials supplied by the orthodontist.

**Extractions for Orthodontic Purposes** – Removal of teeth specifically to correct orthodontic problems or due to lack of eruptive space are not covered.

**Post-treatment Records** - X-rays, photographs and models following orthodontic treatment.





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