

**Member Copayment Schedule**  
**California Dental Network Family Dental HMO**

<b><u>Family Dental HMO</u></b>		<b><u>Children (up to Age 19)</u></b>	<b><u>Adult (Age 19 and older)</u></b>	
<b>Deductibles</b>		None	None	
<b>Out of Pocket Maximums</b>		Individual Child- \$350	Not Applicable	
		Two or more Children in a family - \$700	Not Applicable	
<b>Office Copay</b>		No Charge	No Charge	
<b>Waiting Period</b>		None	None	
<b>Annual Benefit Limit</b>		None	None	
		<b><u>Member Copayment</u></b>		
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Child (up to Age 19)</u></b>	<b><u>Adult (Age 19 and older)</u></b>	
D0120	periodic oral evaluation	No Charge	No Charge	
D0140	limited oral evaluation	No Charge	No Charge	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge	Not Covered	
D0150	comprehensive oral evaluation	No Charge	No Charge	
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge	No Charge	
D0170	Re-evaluation - limited, problem focused (not post-operative visit)	No Charge	No Charge	
D0180	Comprehensive periodontal evaluation	No Charge	No Charge	
D0190	screening of a patient	Not Covered	No Charge	
D0191	assessment of a patient	Not Covered	No Charge	
D0210	intraoral - complete series (including bitewings) - limited to 1 series every 36 months	No Charge	No Charge	
D0220	intraoral - periapical first film	No Charge	No Charge	
D0230	intraoral - periapical each additional film	No Charge	No Charge	
D0240	intraoral - occlusal film	No Charge	No Charge	
D0250	Extraoral - first film	No Charge	No Charge	
D0270	bitewing - single film	No Charge	No Charge	
D0272	bitewings - two films	No Charge	No Charge	
D0273	Bitewings - three films	No Charge	No Charge	
D0274	bitewings - four films - limited to 1 series every 6 months	No Charge	No Charge	
D0277	Vertical bitewings - 7 to 8 films	No Charge	No Charge	
D0290	Posterior - anterior or lateral skull and facial bone survey radiographic image	No Charge	Not Covered	
D0310	Sialography	No Charge	Not Covered	
D0320	Temporomandibular joint arthrogram, including injection	No Charge	Not Covered	
D0322	Tomographic survey	No Charge	Not Covered	
D0330	panoramic film	No Charge	No Charge	
D0340	Cephalometric radiographic image	No Charge	Not Covered	
D0350	photograph 1st	No Charge	Not Covered	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not Covered	No Charge	
D0460	pulp vitality tests	No Charge	No Charge	
D0470	Diagnostic casts may be provided only if one of the above conditions is present	No Charge	No Charge	
D0502	Other oral pathology procedures, by report	No Charge	Not Covered	
D0601	caries risk assessment and documentation, with a finding of low risk	No Charge	Not Covered	
D0602	caries risk assessment and documentation, with a finding of moderate risk	No Charge	Not Covered	
D0603	caries risk assessment and documentation, with a finding of high risk	No Charge	Not Covered	
D0999	Unspecified diagnostic procedure, by report	No Charge	Not Covered	
D1110	prophylaxis - adult	No Charge	No Charge	

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D1120	prophylaxis - child	No Charge	Not Covered
D1206	topical fluoride varnish	No Charge	Not Covered
D1208	topical application of fluoride	No Charge	Not Covered
D1310	Nutritional counseling for control of dental disease	No Charge	Not Covered
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	Not Covered
D1330	oral hygiene instructions	No Charge	No Charge
D1351	sealant - per tooth	No Charge	Not Covered
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge	Not Covered
D1510	space maintainer - fixed - unilateral	No Charge	Not Covered
D1515	space maintainer - fixed - bilateral	No Charge	Not Covered
D1520	Space maintainer-removable – unilateral	No Charge	Not Covered
D1525	space maintainer - removable - bilateral	No Charge	Not Covered
D1550	Re-cementation of space maintainer	No Charge	Not Covered
D1555	Removal of fixed space maintainer	No Charge	Not Covered
D2140	amalgam - one surface permanent or primary	\$25	\$25
D2150	amalgam - two surfaces permanent or primary	\$30	\$30
D2160	amalgam - three surfaces permanent or primary	\$40	\$40
D2161	amalgam - four or more surfaces permanent or primary	\$45	\$45
D2330	resin-based composite - one surface, anterior	\$30	\$30
D2331	resin-based composite - two surfaces, anterior	\$45	\$45
D2332	resin-based composite - three surfaces, anterior	\$55	\$55
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60	\$60
D2390	Resin based composite crown, anterior	\$50	\$50
D2391	Resin based composite - one surface, posterior	\$30	\$30
D2392	Resin based composite - two surfaces, posterior	\$40	\$40
D2393	Resin based composite - three surfaces, posterior	\$50	\$50
D2394	Resin based composite - four or more surfaces, posterior	\$70	\$70
D2542	onlay - metallic-two surfaces	Not Covered	\$185
D2543	onlay - metallic-three surfaces	Not Covered	\$200
D2544	onlay - metallic-four or more surfaces	Not Covered	\$215
D2642	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$250
D2643	Onlay - porcelain/ceramic - three or more surfaces	Not Covered	\$275
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Covered	\$300
D2662	Onlay - resin-based composite - two surfaces	Not Covered	\$160
D2663	Onlay - resin-based composite - three surfaces	Not Covered	\$180
D2664	Onlay - resin-based composite - four or more surfaces	Not Covered	\$200
D2710	crown - resin-based composite laboratory	\$140	\$140
D2712	Crown - 3/4 resin-based composite (indirect)	\$190	Not Covered
D2720	Crown - resin with high noble metal	Not Covered	\$300
D2721	Crown - resin with predominantly base metal	\$300	\$300
D2722	Crown - resin with noble metal	Not Covered	\$300
D2740	crown - porcelain/ceramic substrate	\$300	\$300
D2750	crown - porcelain fused to high noble metal	Not Covered	\$300
D2751	crown - porcelain fused to predominantly base metal	\$300	\$300
D2752	crown - porcelain fused to noble metal	Not Covered	\$300
D2780	Crown - 3/4 cast high noble metal	Not Covered	\$300
D2781	crown - 3/4 cast predominantly base metal	\$300	\$300
D2782	Crown - 3/4 cast noble metal	Not Covered	\$300

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D2783	Crown – 3/4 porcelain/ceramic	\$310	Not Covered
D2790	crown - full cast high noble metal	Not Covered	\$300
D2791	crown - full cast predominantly base metal	\$300	\$300
D2792	crown - full cast noble metal	Not Covered	\$300
D2910	Recement inlay, onlay or partial coverage restoration	\$25	\$25
D2915	Recement cast or prefabricated post and core	\$25	\$25
D2920	Recement crown	\$25	\$15
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$95	Not Covered
D2930	prefabricated stainless steel crown - primary tooth	\$65	Not Covered
D2931	prefabricated stainless steel crown - permanent tooth	\$75	\$75
D2932	Prefabricated resin crown	\$75	Not Covered
D2933	Prefabricated stainless steel crown with resin window	\$80	Not Covered
D2940	protective restoration	\$25	\$20
D2950	Core buildup, including any pins	\$20	\$20
D2951	pin retention - per tooth, in addition to restoration	\$25	\$20
D2952	post and core in addition to crown, indirectly fabricated	\$100	\$60
D2953	Each additional indirectly fabricated post, same tooth	\$30	\$30
D2954	prefabricated post and core in addition to crown	\$90	\$60
D2955	Post removal	\$60	Not Covered
D2957	Each additional prefabricated post - same tooth	\$35	\$35
D2971	Additional procedures to construct new crown under existing partial denture framework	\$35	Not Covered
D2980	crown repair, by report	\$50	\$50
D2999	Unspecified restorative procedure, by report	\$40	Not Covered
D3110	pulp cap - direct (excluding final restoration)	\$20	\$20
D3120	Pulp cap (indirect) excluding final restoration	\$25	\$25
D3220	therapeutic pulpotomy (excluding final restoration)	\$40	\$35
D3221	Pulpal debridement, primary and permanent teeth	\$40	Not Covered
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60	Not Covered
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55	Not Covered
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$55	Not Covered
D3310	root canal therapy, anterior tooth (excluding final restoration)	\$195	\$200
D3320	root canal therapy, bicuspid tooth (excluding final restoration)	\$235	\$235
D3330	root canal therapy, molar (excluding final restoration)	\$300	\$300
D3331	Treatment of root canal obstruction; non-surgical access	\$50	\$50
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50	\$85
D3333	Internal root repair of perforation defects	\$80	Not Covered
D3346	retreatment of previous root canal therapy - anterior	\$240	\$245
D3347	retreatment of previous root canal therapy - bicuspid	\$295	\$295
D3348	retreatment of previous root canal therapy - molar	\$365	\$365
D3351	apexification/recalcification – initial visit	\$85	Not Covered
D3352	apexification/recalcification - interim	\$45	Not Covered
D3353	apexification/recalcification - final visit	Not Covered	Not Covered
D3410	apicoectomy/periradicular surgery - anterior	\$240	\$240
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$250	\$250
D3425	apicoectomy/periradicular surgery - molar (first root)	\$275	\$275
D3426	Apicoectomy / periradicular surgery - molar, each additional root	\$110	\$110
D3430	retrograde filling - per root	\$90	\$90
D3450	root amputation - per root	Not Covered	\$110

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D3910	Surgical procedure for isolation of tooth with rubber dam	\$30	Not Covered
D3920	Hemisection (including any root removal; not including root canal therapy)	Not Covered	\$120
D3950	Canal preparation and fitting of preformed dowel or post	Not Covered	\$60
D3999	Unspecified endodontic procedure, by report	\$100	Not Covered
D4210	gingivectomy or gingivoplasty - -- four or more contiguous teeth or tooth bounded spaces per quadrant	\$150	\$150
D4211	gingivectomy or gingivoplasty -- one to three contiguous teeth or tooth bounded spaces per quadrant	\$50	\$50
D4240	Gingival flap procedure including root planing four or more teeth per quadrant	Not Covered	\$135
D4241	Gingival flap procedure including root planing one to three teeth per quadrant	Not Covered	\$70
D4249	Clinical crown lengthening -- hard tissue	\$165	Not Covered
D4260	Osseous -- muco - gingival surgery per quadrant	\$265	\$265
D4261	Osseous surgery (including flap entry and closures) - one to three contiguous teeth or tooth bounded spaces - per quadrant	\$140	\$140
D4263	Bone replacement graft - first site in quadrant	Not Covered	\$105
D4264	Bone replacement graft - each additional site in quadrant	Not Covered	\$75
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$80	Not Covered
D4266	Guided tissue regeneration - resorbable barrier - per site	Not Covered	\$145
D4267	Guided tissue regeneration - non-resorbable barrier - per site (includes membrane removal)	Not Covered	\$175
D4270	Pedicle soft tissue graft procedure	Not Covered	\$155
D4273	Subepithelial connective tissue graft procedure - per tooth	Not Covered	\$220
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$55	\$55
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$30	\$25
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10	Not Covered
D4910	Periodontal maintenance	\$30	\$30
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$15	Not Covered
D4999	Unspecified periodontal procedure, by report	\$350	Not Covered
D5110	complete denture - upper	\$300	\$400
D5120	complete denture - lower	\$300	\$400
D5130	immediate denture - upper	\$300	\$400
D5140	immediate denture - lower	\$300	\$400
D5211	upper partial denture - resin based with conventional clasps, rests and teeth	\$300	\$325
D5212	lower partial denture - resin based with conventional clasps, rests and teeth	\$300	\$325
D5213	upper partial denture - cast metal resin based with conventional clasps, rests and teeth	\$335	\$375
D5214	lower partial denture - cast metal resin based with conventional clasps, rests and teeth	\$335	\$375
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	Not Covered	\$250
D5410	adjust complete denture - upper	\$20	\$20
D5411	adjust complete denture -- lower	\$20	\$20
D5421	adjust partial denture -- upper	\$20	\$20
D5422	adjust partial denture -- lower	\$20	\$20
D5510	repair broken complete denture base	\$40	\$30
D5520	replace missing or broken teeth - complete denture (each tooth)	\$40	\$30
D5610	repair resin denture base	\$40	\$30
D5620	repair cast framework	\$40	\$35
D5630	repair or replace broken clasp	\$50	\$30
D5640	replace broken teeth - per tooth	\$35	\$30
D5650	add tooth to existing partial denture	\$35	\$35

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D5660	add clasp to existing partial denture	\$60	\$45
D5670	Replace all teeth and acrylic on cast framework - maxillary	Not Covered	\$195
D5671	Replace all teeth and acrylic on cast framework - mandibular	Not Covered	\$195
D5710	Rebase complete maxillary denture	Not Covered	\$155
D5711	Rebase complete mandibular denture	Not Covered	\$155
D5720	Rebase maxillary partial denture	Not Covered	\$150
D5721	Rebase mandibular partial denture	Not Covered	\$150
D5730	reline complete upper denture (chairside)	\$60	\$80
D5731	reline complete lower denture (chairside)	\$60	\$80
D5740	reline upper partial denture (chairside)	\$60	\$75
D5741	reline lower partial denture (chairside)	\$60	\$75
D5750	reline complete upper denture (laboratory)	\$90	\$120
D5751	reline complete lower denture (laboratory)	\$90	\$120
D5760	reline upper partial denture (laboratory)	\$80	\$110
D5761	reline lower partial denture (laboratory)	\$80	\$110
D5850	tissue conditioning, upper	\$30	\$35
D5851	tissue conditioning, lower	\$30	\$35
D5862	Precision attachment, by report	\$90	Not Covered
D5863	Overdenture – Complete Maxillary	\$300	\$300
D5865	Overdenture – Complete Mandibular	\$300	\$300
D5899	Unspecified removable prosthodontic procedure, by report	\$350	Not Covered
D5911	Facial moulage (sectional)	\$285	Not Covered
D5912	Facial moulage (complete)	\$350	Not Covered
D5913	Nasal prosthesis	\$350	Not Covered
D5914	Auricular prosthesis	\$350	Not Covered
D5915	Orbital prosthesis	\$350	Not Covered
D5916	Ocular prosthesis	\$350	Not Covered
D5919	Facial prosthesis	\$350	Not Covered
D5922	Nasal septal prosthesis	\$350	Not Covered
D5923	Ocular prosthesis, interim	\$350	Not Covered
D5924	Cranial prosthesis	\$350	Not Covered
D5925	Facial augmentation implant prosthesis	\$200	Not Covered
D5926	Nasal prosthesis, replacement	\$200	Not Covered
D5927	Auricular prosthesis, replacement	\$200	Not Covered
D5928	Orbital prosthesis, replacement	\$200	Not Covered
D5929	Facial prosthesis, replacement	\$200	Not Covered
D5931	Obturator prosthesis, surgical	\$350	Not Covered
D5932	Obturator prosthesis, definitive	\$350	Not Covered
D5933	Obturator prosthesis, modification	\$150	Not Covered
D5934	Mandibular resection prosthesis with guide flange	\$350	Not Covered
D5935	Mandibular resection prosthesis without guide flange	\$350	Not Covered
D5936	Obturator prosthesis, interim	\$350	Not Covered
D5937	Trismus appliance (not for TMD treatment)	\$85	Not Covered
D5951	Feeding aid	\$135	Not Covered
D5952	Speech aid prosthesis, pediatric	\$350	Not Covered
D5953	Speech aid prosthesis, adult	\$350	Not Covered
D5954	Palatal augmentation prosthesis	\$135	Not Covered
D5955	Palatal lift prosthesis, definitive	\$350	Not Covered

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D5958	Palatal lift prosthesis, interim	\$350	Not Covered
D5959	Palatal lift prosthesis, modification	\$145	Not Covered
D5960	Speech aid prosthesis, modification	\$145	Not Covered
D5982	Surgical stent	\$70	Not Covered
D5983	Radiation carrier	\$55	Not Covered
D5984	Radiation shield	\$85	Not Covered
D5985	Radiation cone locator	\$135	Not Covered
D5986	Fluoride gel carrier	\$35	Not Covered
D5987	Commissure splint	\$85	Not Covered
D5988	Surgical splint	\$95	Not Covered
D5991	Topical Medicament Carrier	\$70	Not Covered
D5999	Unspecified maxillofacial prosthesis, by report	\$350	Not Covered
D6010	Surgical placement of implant body: endosteal implant	\$350	Not Covered
D6040	Surgical placement: eosteal implant	\$350	Not Covered
D6050	Surgical placement: transosteal implant	\$350	Not Covered
D6055	Connecting bar - implant supported or abutment supported	\$350	Not Covered
D6056	Prefabricated abutment - includes modification and placement	\$135	Not Covered
D6057	Custom fabricated abutment - includes placement	\$180	Not Covered
D6058	Abutment supported porcelain/ceramic crown	\$320	Not Covered
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$315	Not Covered
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$295	Not Covered
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$300	Not Covered
D6062	Abutment supported cast metal crown (high noble metal)	\$315	Not Covered
D6063	Abutment supported cast metal crown (predominantly base metal)	\$300	Not Covered
D6064	Abutment supported cast metal crown (noble metal)	\$315	Not Covered
D6065	Implant supported porcelain/ceramic crown	\$340	Not Covered
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$335	Not Covered
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$340	Not Covered
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$320	Not Covered
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$315	Not Covered
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$290	Not Covered
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$300	Not Covered
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$315	Not Covered
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$290	Not Covered
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$320	Not Covered
D6075	Implant supported retainer for ceramic FPD	\$335	Not Covered
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$330	Not Covered
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$350	Not Covered
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$30	Not Covered
D6090	Repair implant supported prosthesis, by report	\$65	Not Covered
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$40	Not Covered
D6092	Recement implant/abutment supported crown	\$25	Not Covered
D6093	Recement implant/abutment supported fixed partial denture	\$35	Not Covered
D6094	Abutment supported crown (titanium)	\$295	Not Covered
D6095	Repair implant abutment, by report	\$65	Not Covered
D6100	Implant removal, by report	\$110	Not Covered
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$350	Not Covered

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D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$350	Not Covered
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$350	Not Covered
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$350	Not Covered
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$350	Not Covered
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$350	Not Covered
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$350	Not Covered
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$350	Not Covered
D6190	Radiographic/Surgical implant index, by report	\$75	Not Covered
D6194	Abutment supported retainer crown for FPD (titanium)	\$265	Not Covered
D6199	Unspecified implant procedure, by report	\$350	Not Covered
D6205	Pontic - indirect resin based composite	Not Covered	\$165
D6210	pontic - cast high noble metal	Not Covered	\$300
D6211	pontic - cast predominantly base metal	\$300	\$300
D6212	pontic - cast noble metal	Not Covered	\$300
D6214	Pontic - cast titanium metal	Not Covered	\$300
D6240	pontic - porcelain fused to high noble metal	Not Covered	\$300
D6241	pontic - porcelain fused to predominantly base metal	\$300	\$300
D6242	pontic - porcelain fused to noble metal	Not Covered	\$300
D6245	Pontic - porcelain/ceramic	\$300	\$300
D6250	Pontic - resin with high noble metal	Not Covered	\$300
D6251	pontic - resin with predominantly base metal	\$300	\$300
D6252	Pontic - resin with noble metal	Not Covered	\$300
D6545	retainer - cast metal for resin bonded fixed prosthesis	Not Covered	\$130
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Covered	\$145
D6608	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$200
D6609	Onlay - porcelain/ceramic - three or more surfaces	Not Covered	\$200
D6610	Onlay - cast high noble metal - two surfaces	Not Covered	\$200
D6611	Onlay - cast high noble metal - three or more surfaces	Not Covered	\$200
D6612	Onlay - cast predominantly base metal - two surfaces	Not Covered	\$200
D6613	Onlay - cast predominantly base metal - three or more surfaces	Not Covered	\$200
D6614	Onlay - cast noble metal- two surfaces	Not Covered	\$200
D6615	Onlay - cast noble metal - three or more surfaces	Not Covered	\$200
D6634	Onlay - titanium	Not Covered	\$200
D6710	Crown - indirect resin based composite	Not Covered	\$200
D6720	crown - resin with high noble metal	Not Covered	\$300
D6721	crown - resin with predominantly base metal	\$300	\$300
D6722	crown - resin with noble metal	Not Covered	\$300
D6740	crown - porcelain/ceramic	\$300	\$300
D6751	crown - porcelain fused to predominantly base metal	\$300	\$300
D6781	crown - 3/4 cast predominantly base metal	\$300	\$300
D6782	crown - 3/4 cast noble metal	Not Covered	\$300
D6783	crown - 3/4 porcelain/ceramic	\$300	\$300
D6791	crown - full cast predominantly base metal	\$300	\$300
D6930	Recement bridge	\$40	\$40
D6980	fixed partial denture repair necessitated by restorative material failure	\$95	\$95
D6999	Unspecified fixed prosthodontic procedure, by report	\$350	Not Covered
D7111	Extraction, coronal remnants - deciduous tooth	\$40	\$40
D7140	extraction, erupted tooth or exposed root	\$65	\$65

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D7210	surgical removal of erupted tooth requiring elevation of flap and removal of bone and/or sectioning of tooth	\$120	\$115
D7220	removal of impacted tooth - soft tissue	\$95	\$85
D7230	removal of impacted tooth - partially bony	\$145	\$145
D7240	removal of impacted tooth - completely bony	\$160	\$160
D7241	Removal of impacted tooth - complete bony with unusual surgical complications	\$175	\$175
D7250	surgical removal of residual tooth roots requiring cutting of soft tissue and bone and	\$80	\$75
D7260	Oral Antral Fistula Closure	\$280	\$280
D7261	Primary closure of a sinus perforation	\$285	Not Covered
D7270	tooth reimplantation / stabilization	\$185	Not Covered
D7280	Surgical access of an unerupted tooth	\$220	Not Covered
D7283	Placement of device to facilitate eruption of impacted tooth	\$85	Not Covered
D7285	biopsy of oral tissue - hard (bone, tooth)	\$180	Not Covered
D7286	biopsy of oral tissue - soft	\$110	\$110
D7287	Exfoliative cytological sample collection	Not Covered	\$35
D7288	Brush biopsy transepithelial sample collection	Not Covered	\$35
D7290	Surgical repositioning of teeth	\$185	Not Covered
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80	Not Covered
D7310	alveoloplasty in conjunction with extractions – per quadrant	\$85	\$85
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per	\$50	\$50
D7320	alveoloplasty not in conjunction with extractions – per quadrant	\$120	\$120
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65	\$65
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$350	Not Covered
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$350	Not Covered
D7410	excision of benign lesion up to 1.25 cm	\$75	Not Covered
D7411	excision of benign lesion greater than 1.25 cm	\$115	Not Covered
D7412	Excision of benign lesion, complicated	\$175	Not Covered
D7413	Excision of malignant lesion up to 1.25 cm	\$95	Not Covered
D7414	Excision of malignant lesion greater than 1.25 cm	\$120	Not Covered
D7415	Excision of malignant lesion, complicated	\$255	Not Covered
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$105	Not Covered
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$185	Not Covered
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$180	Not Covered
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$330	Not Covered
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$155	Not Covered
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$250	Not Covered
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$40	Not Covered
D7471	Removal of lateral exostosis (maxilla or mandible)	\$140	\$140
D7472	Removal of Torus Palatinus	\$145	\$140
D7473	Removal of torus mandibularis	\$140	\$140
D7485	Surgical reduction of osseous tuberosity	\$105	Not Covered
D7490	Radical resection of maxilla or mandible	\$350	Not Covered
D7510	incision and drainage of abscess - intraoral soft tissue	\$70	55
D7511	Incision & drainage of abscess - intraoral soft tissue - complicated	\$70	\$69
D7520	incision and drainage of abscess - extraoral soft tissue	\$70	Not Covered
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$80	Not Covered
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$45	Not Covered
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$75	Not Covered



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D7550	Partial osteotomy /sequestrectomy for removal of non-vital bone	\$125	125
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$235	Not Covered
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$140	Not Covered
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$250	Not Covered
D7630	Mandible – open reduction (teeth immobilized, if present)	\$350	Not Covered
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$350	Not Covered
D7650	Malar and/or zygomatic arch – open reduction	\$350	Not Covered
D7660	Malar and/or zygomatic arch – closed reduction	\$350	Not Covered
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$170	Not Covered
D7671	Alveolus – open reduction, may include stabilization of teeth	\$230	Not Covered
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350	Not Covered
D7710	Maxilla – open reduction	\$110	Not Covered
D7720	Maxilla – closed reduction	\$180	Not Covered
D7730	Mandible – open reduction	\$350	Not Covered
D7740	Mandible – closed reduction	\$290	Not Covered
D7750	Malar and/or zygomatic arch – open reduction	\$220	Not Covered
D7760	Malar and/or zygomatic arch – closed reduction	\$350	Not Covered
D7770	Alveolus – open reduction stabilization of teeth	\$135	Not Covered
D7771	Alveolus, closed reduction stabilization of teeth	\$160	Not Covered
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350	Not Covered
D7810	Open reduction of dislocation	\$350	Not Covered
D7820	Closed reduction of dislocation	\$80	Not Covered
D7830	Manipulation under anesthesia	\$85	Not Covered
D7840	Condylectomy	\$350	Not Covered
D7850	Surgical discectomy, with/without implant	\$350	Not Covered
D7852	Disc repair	\$350	Not Covered
D7854	Synovectomy	\$350	Not Covered
D7856	Myotomy	\$350	Not Covered
D7858	Joint reconstruction	\$350	Not Covered
D7860	Arthroscopy	\$350	Not Covered
D7865	Arthroplasty	\$350	Not Covered
D7870	Arthrocentesis	\$90	Not Covered
D7871	Non-arthroscopic lysis and lavage	\$150	Not Covered
D7872	Arthroscopy – diagnosis, with or without biopsy	\$350	Not Covered
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$350	Not Covered
D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$350	Not Covered
D7875	Arthroscopy – surgical: synovectomy	\$350	Not Covered
D7876	Arthroscopy – surgical: discectomy	\$350	Not Covered
D7877	Arthroscopy – surgical: debridement	\$350	Not Covered
D7880	Occlusal orthotic device, by report	\$120	Not Covered
D7899	Unspecified TMD therapy, by report	\$350	Not Covered
D7910	Suture of recent small wounds up to 5 cm	\$35	Not Covered
D7911	Complicated suture – up to 5 cm	\$55	Not Covered
D7912	Complicated suture – greater than 5 cm	\$130	Not Covered
D7920	Skin graft (identify defect covered, location and type of graft)	\$120	Not Covered
D7940	Osteoplasty – for orthognathic deformities	\$160	Not Covered
D7941	Osteotomy – mandibular rami	\$350	Not Covered
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$350	Not Covered

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D7944	Osteotomy – segmented or subapical	\$275	Not Covered
D7945	Osteotomy – body of mandible	\$350	Not Covered
D7946	LeFort I (maxilla – total)	\$350	Not Covered
D7947	LeFort I (maxilla – segmented)	\$350	Not Covered
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$350	Not Covered
D7949	LeFort II or LeFort III – with bone graft	\$350	Not Covered
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$190	Not Covered
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$290	Not Covered
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$175	Not Covered
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$200	Not Covered
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure	\$120	\$120
D7963	Frenuloplasty	\$120	\$120
D7970	Excision of hyperplastic tissue - per arch	\$175	\$176
D7971	Excision of pericoronal gingival	\$80	\$80
D7972	Surgical reduction of fibrous tuberosity	\$100	Not Covered
D7980	Sialolithotomy	\$155	Not Covered
D7981	Excision of salivary gland, by report	\$120	Not Covered
D7982	Sialodochoplasty	\$215	Not Covered
D7983	Closure of salivary fistula	\$140	Not Covered
D7990	Emergency tracheotomy	\$350	Not Covered
D7991	Coronoidectomy	\$345	Not Covered
D7995	Synthetic graft – mandible or facial bones, by report	\$150	Not Covered
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$60	Not Covered
D7999	Unspecified oral surgery procedure, by report	\$350	Not Covered
D8080	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$350	Not Covered
D8210	Removable appliance therapy		
D8220	Fixed appliance therapy		
D8660	Pre-orthodontic treatment visit		
D8670	Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion		
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		
D8691	Repair of orthodontic appliance		
D8692	Replacement of lost or broken retainer		
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers		
D8999	Unspecified orthodontic procedure, by report		
D9110	palliative (emergency) treatment of dental pain - minor procedure		
D9120	Fixed partial denture sectioning	\$95	\$95
D9210	Local anesthesia not in conjunction with outpatient surgical procedures	\$10	\$10
D9211	Regional block anesthesia	\$20	\$20
D9212	Trigeminal division block anesthesia	\$60	\$60
D9215	local anesthesia	\$15	\$15
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$45	\$45
D9230	analgesia nitrous oxide	\$15	Not Covered
D9241	Intravenous moderate (conscious) sedation/analgesia-first 30 minutes	\$60	\$45
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$60	\$45
D9248	non-intravenous conscious sedation	\$65	Not Covered
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50	\$45
D9410	House/Extended care facility call	\$50	Not Covered

**Member Copayment Schedule**  
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D9420	Hospital or ambulatory surgical center call	\$135	Not Covered
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$20	\$12
D9440	office visit - after regularly scheduled hours	\$45	\$40
D9450	Case presentation	Not Covered	\$0
D9610	Therapeutic parenteral drug, single administration	\$30	Not Covered
D9612	Therapeutic parenteral drug, two or more administrations, different medications	\$40	Not Covered
D9910	Application of desensitizing medicament	\$20	\$22
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$35	Not Covered
D9940	Occlusal guards, by report	Not Covered	\$115
D9241	Intravenous moderate (conscious) sedation/analgesia—first 30 minutes	\$60	\$60
D9942	Repair and/or reline of occlusal guard	Not Covered	\$35
D9950	Occlusion analysis – mounted case	\$120	Not Covered
D9951	Occlusal adjustment - limited	\$45	\$45
D9952	Occlusal adjustment - complete	\$210	\$210
D9999	unspecified adjunctive procedure, by report	\$0	Not Covered

**Endnotes to 2017 Dental Standard Benefit Plan Designs**

- 1) Deductible is waived for Diagnostic and Preventive Services.
- 2) Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
- 3) In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family in-network deductible, if applicable, as well as the family out-of-pocket maximum.
- 4) In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
- 5) Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
- 6) The requirements set forth in 10 CCR 6522 (a)(4)(A) and (a)(5)(A) shall apply to the Group Dental Plan design.
- 7) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.
- 8) Each adult is responsible for an individual deductible.
- 9) Tooth whitening, adult orthodontia and implants are not covered services.