

**Member Copayment Schedule 2018**  
**California Dental Network Children's Dental HMO**

	<u>Individual Child</u>	<u>Family (2 or more children)</u>
<b>Deductible</b>	None	None
<b>Out-of-Pocket-Maximum</b>	\$350	\$700
<b>Office Copay</b>	No Charge	No Charge
<b>Waiting Period</b>	None	None
<b>Annual Benefit Limit</b>	None	None

<u>Code</u>	<u>Description</u>	<u>Member Copayment Child Up to Age 19</u>
<b>D0120</b>	periodic oral evaluation	No Charge
<b>D0140</b>	limited oral evaluation	No Charge
<b>D0145</b>	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
<b>D0150</b>	comprehensive oral evaluation	No Charge
<b>D0160</b>	Detailed and extensive oral evaluation - problem focused, by report	No Charge
<b>D0170</b>	Re-evaluation - limited, problem focused (not post-operative visit)	No Charge
<b>D0180</b>	Comprehensive periodontal evaluation	No Charge
<b>D0171</b>	Re-evaluation – post-operative office visit	No Charge
<b>D0190</b>	screening of a patient	Not Covered
<b>D0191</b>	assessment of a patient	Not Covered
<b>D0210</b>	intraoral - complete series (including bitewings) - limited to 1 series every 36 months	No Charge
<b>D0220</b>	intraoral - periapical first film	No Charge
<b>D0230</b>	intraoral - periapical each additional film	No Charge
<b>D0240</b>	intraoral - occlusal film	No Charge
<b>D0250</b>	Extraoral - first film	No Charge
<b>D0251</b>	Extra-oral posterior dental radiographic image	No Charge
<b>D0270</b>	bitewing - single film	No Charge
<b>D0272</b>	bitewings - two films	No Charge
<b>D0273</b>	Bitewings - three films	No Charge
<b>D0274</b>	bitewings - four films - limited to 1 series every 6 months	No Charge
<b>D0277</b>	Vertical bitewings - 7 to 8 films	No Charge
<b>D0310</b>	Sialography	No Charge
<b>D0320</b>	Temporomandibular joint arthrogram, including injection	No Charge
<b>D0322</b>	Tomographic survey	No Charge
<b>D0330</b>	panoramic film	No Charge
<b>D0340</b>	Cephalometric radiographic image	No Charge
<b>D0350</b>	photograph 1st	No Charge
<b>D0351</b>	3D photographic image	No Charge
<b>D0431</b>	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
<b>D0460</b>	pulp vitality tests	No Charge
<b>D0470</b>	Diagnostic casts may be provided only if one of the above conditions is present	No Charge
<b>D0502</b>	Other oral pathology procedures, by report	No Charge
<b>D0601</b>	caries risk assessment and documentation, with a finding of low risk	No Charge
<b>D0602</b>	caries risk assessment and documentation, with a finding of moderate risk	No Charge
<b>D0603</b>	caries risk assessment and documentation, with a finding of high risk	No Charge
<b>D0999</b>	Unspecified diagnostic procedure, by report	No Charge

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D1110	prophylaxis - adult	No Charge
D1120	prophylaxis - child	No Charge
D1206	topical fluoride varnish	No Charge
D1208	topical application of fluoride	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge
D1330	oral hygiene instructions	No Charge
D1351	sealant - per tooth	No Charge
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge
D1353	Sealant repair – per tooth	No Charge
D1510	space maintainer - fixed - unilateral	No Charge
D1515	space maintainer - fixed - bilateral	No Charge
D1520	Space maintainer-removable – unilateral	No Charge
D1525	space maintainer - removable - bilateral	No Charge
D1550	Re-cementation of space maintainer	No Charge
D1555	Removal of fixed space maintainer	No Charge
D1575	Distal shoe space maintainer – fixed – unilateral	No Charge
D2140	amalgam - one surface permanent or primary	\$25
D2150	amalgam - two surfaces permanent or primary	\$30
D2160	amalgam - three surfaces permanent or primary	\$40
D2161	amalgam - four or more surfaces permanent or primary	\$45
D2330	resin-based composite - one surface, anterior	\$30
D2331	resin-based composite - two surfaces, anterior	\$45
D2332	resin-based composite - three surfaces, anterior	\$55
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60
D2390	Resin based composite crown, anterior	\$50
D2391	Resin based composite - one surface, posterior	\$30
D2392	Resin based composite - two surfaces, posterior	\$40
D2393	Resin based composite - three surfaces, posterior	\$50
D2394	Resin based composite - four or more surfaces, posterior	\$70
D2542	onlay - metallic-two surfaces	Not Covered
D2543	onlay - metallic-three surfaces	Not Covered
D2544	onlay - metallic-four or more surfaces	Not Covered
D2642	Onlay - porcelain/ceramic - two surfaces	Not Covered
D2643	Onlay - porcelain/ceramic - three surfaces	Not Covered
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Covered
D2662	Onlay - resin-based composite - two surfaces	Not Covered
D2663	Onlay - resin-based composite - three surfaces	Not Covered
D2664	Onlay - resin-based composite - four or more surfaces	Not Covered
D2710	crown - resin-based composite laboratory	\$140
D2712	Crown - 3/4 resin-based composite (indirect)	\$190
D2720	Crown - resin with high noble metal	Not Covered
D2721	Crown - resin with predominantly base metal	\$300
D2722	Crown - resin with noble metal	Not Covered
D2740	crown - porcelain/ceramic substrate	\$300
D2750	crown - porcelain fused to high noble metal	Not Covered
D2751	crown - porcelain fused to predominantly base metal	\$300
D2752	crown - porcelain fused to noble metal	Not Covered
D2780	Crown - 3/4 cast high noble metal	Not Covered
D2781	crown - 3/4 cast predominantly base metal	\$300
D2782	Crown - 3/4 cast noble metal	Not Covered
D2783	Crown – 3/4 porcelain/ceramic	\$310
D2790	crown - full cast high noble metal	Not Covered
D2791	crown - full cast predominantly base metal	\$300

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<b>D2792</b>	crown - full cast noble metal	Not Covered
<b>D2910</b>	Recement inlay, onlay or partial coverage restoration	\$25
<b>D2915</b>	Recement cast or prefabricated post and core	\$25
<b>D2920</b>	Recement crown	\$25
<b>D2921</b>	Reattachment of tooth fragment, incisal edge or cusp	\$45
<b>D2929</b>	Prefabricated porcelain/ceramic crown - primary tooth	\$95
<b>D2930</b>	prefabricated stainless steel crown - primary tooth	\$65
<b>D2931</b>	prefabricated stainless steel crown - permanent tooth	\$75
<b>D2932</b>	Prefabricated resin crown	\$75
<b>D2933</b>	Prefabricated stainless steel crown with resin window	\$80
<b>D2940</b>	protective restoration	\$25
<b>D2941</b>	Interim therapeutic restoration – primary dentition	\$30
<b>D2949</b>	Restorative foundation for an indirect restoration	\$45
<b>D2950</b>	Core buildup, including any pins	\$20
<b>D2951</b>	pin retention - per tooth, in addition to restoration	\$25
<b>D2952</b>	post and core in addition to crown, indirectly fabricated	\$100
<b>D2953</b>	Each additional indirectly fabricated post, same tooth	\$30
<b>D2954</b>	prefabricated post and core in addition to crown	\$90
<b>D2955</b>	Post removal	\$60
<b>D2957</b>	Each additional prefabricated post - same tooth	\$35
<b>D2971</b>	Additional procedures to construct new crown under existing partial denture framework	\$35
<b>D2980</b>	crown repair, by report	\$50
<b>D2999</b>	Unspecified restorative procedure, by report	\$40
<b>D3110</b>	pulp cap - direct (excluding final restoration)	\$20
<b>D3120</b>	Pulp cap (indirect) excluding final restoration	\$25
<b>D3220</b>	therapeutic pulpotomy (excluding final restoration)	\$40
<b>D3221</b>	Pulpal debridement, primary and permanent teeth	\$40
<b>D3222</b>	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60
<b>D3230</b>	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55
<b>D3240</b>	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$55
<b>D3310</b>	root canal therapy, anterior tooth (excluding final restoration)	\$195
<b>D3320</b>	root canal therapy, bicuspid tooth (excluding final restoration)	\$235
<b>D3330</b>	root canal therapy, molar (excluding final restoration)	\$300
<b>D3331</b>	Treatment of root canal obstruction; non-surgical access	\$50
<b>D3332</b>	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not Covered
<b>D3333</b>	Internal root repair of perforation defects	\$80
<b>D3346</b>	retreatment of previous root canal therapy - anterior	\$240
<b>D3347</b>	retreatment of previous root canal therapy - bicuspid	\$295
<b>D3348</b>	retreatment of previous root canal therapy - molar	\$365
<b>D3351</b>	Apexification/recalcification – initial visit	\$85
<b>D3352</b>	Apexification/recalcification - interim	\$45
<b>D3353</b>	Apexification/recalcification - final visit	Not Covered
<b>D3410</b>	apicoectomy/periradicular surgery - anterior	\$240
<b>D3421</b>	apicoectomy/periradicular surgery - bicuspid (first root)	\$250
<b>D3425</b>	apicoectomy/periradicular surgery - molar (first root)	\$275
<b>D3426</b>	Apicoectomy / periradicular surgery - molar, each additional root	\$110
<b>D3427</b>	Periradicular surgery without apicoectomy	\$160
<b>D3430</b>	retrograde filling - per root	\$90
<b>D3450</b>	root amputation - per root	Not Covered
<b>D3910</b>	Surgical procedure for isolation of tooth with rubber dam	\$30

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<b>D3920</b>	Hemisection (including any root removal; not including root canal therapy)	Not Covered
<b>D3950</b>	Canal preparation and fitting of preformed dowel or post	Not Covered
<b>D3999</b>	Unspecified endodontic procedure, by report	\$100
<b>D4210</b>	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
<b>D4211</b>	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$50
<b>D4240</b>	Gingival flap procedure including root planing four or more teeth per quadrant	Not Covered
<b>D4241</b>	Gingival flap procedure including root planing one to three teeth per quadrant	Not Covered
<b>D4249</b>	Clinical crown lengthening – hard tissue	\$165
<b>D4260</b>	Osseous – muco - gingival surgery per quadrant	\$265
<b>D4261</b>	Osseous surgery (including flap entry and closures) - one to three contiguous teeth or tooth bounded spaces - per quadrant	\$140
<b>D4263</b>	Bone replacement graft - first site in quadrant	Not Covered
<b>D4264</b>	Bone replacement graft - each additional site in quadrant	Not Covered
<b>D4265</b>	Biologic materials to aid in soft and osseous tissue regeneration	\$80
<b>D4266</b>	Guided tissue regeneration - resorbable barrier - per site	Not Covered
<b>D4267</b>	Guided tissue regeneration - non-resorbable barrier - per site (includes membrane removal)	Not Covered
<b>D4270</b>	Pedicle soft tissue graft procedure	Not Covered
<b>D4273</b>	Sub epithelial connective tissue graft procedure - per tooth	Not Covered
<b>D4283</b>	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered
<b>D4285</b>	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered
<b>D4341</b>	periodontal scaling and root planing - four or more teeth per quadrant	\$55
<b>D4342</b>	periodontal scaling and root planing - one to three teeth per quadrant	\$30
<b>D4346</b>	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$220
<b>D4355</b>	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
<b>D4381</b>	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10
<b>D4910</b>	Periodontal maintenance	\$30
<b>D4920</b>	Unscheduled dressing change (by someone other than treating dentist)	\$15
<b>D4999</b>	Unspecified periodontal procedure, by report	\$350
<b>D5110</b>	complete denture – upper	\$300
<b>D5120</b>	complete denture – lower	\$300
<b>D5130</b>	immediate denture - upper	\$300
<b>D5140</b>	immediate denture - lower	\$300
<b>D5211</b>	upper partial denture - resin based with conventional clasps, rests and teeth	\$300
<b>D5212</b>	lower partial denture - resin based with conventional clasps, rests and teeth	\$300
<b>D5213</b>	upper partial denture - cast metal resin based with conventional clasps, rests and teeth	\$335
<b>D5214</b>	lower partial denture - cast metal resin based with conventional clasps, rests and teeth	\$335
<b>D5221</b>	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$275

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D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$275
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	Not Covered
D5410	adjust complete denture - upper	\$20
D5411	adjust complete denture – lower	\$20
D5421	adjust partial denture – upper	\$20
D5422	adjust partial denture – lower	\$20
D5510	repair broken complete denture base	\$40
D5520	replace missing or broken teeth - complete denture (each tooth)	\$40
D5610	repair resin denture base	\$40
D5620	repair cast framework	\$40
D5630	repair or replace broken clasp	\$50
D5640	replace broken teeth - per tooth	\$35
D5650	add tooth to existing partial denture	\$35
D5660	add clasp to existing partial denture	\$60
D5670	Replace all teeth and acrylic on cast framework - maxillary	Not Covered
D5671	Replace all teeth and acrylic on cast framework - mandibular	Not Covered
D5710	Rebase complete maxillary denture	Not Covered
D5711	Rebase complete mandibular denture	Not Covered
D5720	Rebase maxillary partial denture	Not Covered
D5721	Rebase mandibular partial denture	Not Covered
D5730	reline complete upper denture (chairside)	\$60
D5731	reline complete lower denture (chairside)	\$60
D5740	reline upper partial denture (chairside)	\$60
D5741	reline lower partial denture (chairside)	\$60
D5750	reline complete upper denture (laboratory)	\$90
D5751	reline complete lower denture (laboratory)	\$90
D5760	reline upper partial denture (laboratory)	\$80
D5761	reline lower partial denture (laboratory)	\$80
D5850	tissue conditioning, upper	\$30
D5851	tissue conditioning, lower	\$30
D5862	Precision attachment, by report	\$90
D5863	Overdenture – Complete Maxillary	\$300
D5864	Overdenture – partial maxillary	\$300
D5865	Overdenture – Complete Mandibular	\$300
D5866	Overdenture – partial mandibular	\$300
D5899	Unspecified removable prosthodontic procedure, by report	\$350
D5911	Facial moulage (sectional)	\$285
D5912	Facial moulage (complete)	\$350
D5913	Nasal prosthesis	\$350
D5914	Auricular prosthesis	\$350
D5915	Orbital prosthesis	\$350
D5916	Ocular prosthesis	\$350
D5919	Facial prosthesis	\$350
D5922	Nasal septal prosthesis	\$350
D5923	Ocular prosthesis, interim	\$350

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<b>D5924</b>	Cranial prosthesis	\$350
<b>D5925</b>	Facial augmentation implant prosthesis	\$200
<b>D5926</b>	Nasal prosthesis, replacement	\$200
<b>D5927</b>	Auricular prosthesis, replacement	\$200
<b>D5928</b>	Orbital prosthesis, replacement	\$200
<b>D5929</b>	Facial prosthesis, replacement	\$200
<b>D5931</b>	Obturator prosthesis, surgical	\$350
<b>D5932</b>	Obturator prosthesis, definitive	\$350
<b>D5933</b>	Obturator prosthesis, modification	\$150
<b>D5934</b>	Mandibular resection prosthesis with guide flange	\$350
<b>D5935</b>	Mandibular resection prosthesis without guide flange	\$350
<b>D5936</b>	Obturator prosthesis, interim	\$350
<b>D5937</b>	Trismus appliance (not for TMD treatment)	\$85
<b>D5951</b>	Feeding aid	\$135
<b>D5952</b>	Speech aid prosthesis, pediatric	\$350
<b>D5953</b>	Speech aid prosthesis, adult	\$350
<b>D5954</b>	Palatal augmentation prosthesis	\$135
<b>D5955</b>	Palatal lift prosthesis, definitive	\$350
<b>D5958</b>	Palatal lift prosthesis, interim	\$350
<b>D5959</b>	Palatal lift prosthesis, modification	\$145
<b>D5960</b>	Speech aid prosthesis, modification	\$145
<b>D5982</b>	Surgical stent	\$70
<b>D5983</b>	Radiation carrier	\$55
<b>D5984</b>	Radiation shield	\$85
<b>D5985</b>	Radiation cone locator	\$135
<b>D5986</b>	Fluoride gel carrier	\$35
<b>D5987</b>	Commissure splint	\$85
<b>D5988</b>	Surgical splint	\$95
<b>D5991</b>	Topical Medicament Carrier	\$70
<b>D5999</b>	Unspecified maxillofacial prosthesis, by report	\$350
<b>D6010</b>	Surgical placement of implant body: endosteal implant	\$350
<b>D6011</b>	Second stage implant surgery	\$350
<b>D6013</b>	Surgical placement of mini implant	\$350
<b>D6040</b>	Surgical placement: eposteal implant	\$350
<b>D6050</b>	Surgical placement: transosteal implant	\$350
<b>D6052</b>	Semi-precision attachment abutment	\$350
<b>D6055</b>	Connecting bar - implant supported or abutment supported	\$350
<b>D6056</b>	Prefabricated abutment - includes modification and placement	\$135
<b>D6057</b>	Custom fabricated abutment - includes placement	\$180
<b>D6058</b>	Abutment supported porcelain/ceramic crown	\$320
<b>D6059</b>	Abutment supported porcelain fused to metal crown (high noble metal)	\$315
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$295
<b>D6061</b>	Abutment supported porcelain fused to metal crown (noble metal)	\$300
<b>D6062</b>	Abutment supported cast metal crown (high noble metal)	\$315
<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)	\$300
<b>D6064</b>	Abutment supported cast metal crown (noble metal)	\$315
<b>D6065</b>	Implant supported porcelain/ceramic crown	\$340
<b>D6066</b>	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$335
<b>D6067</b>	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$340
<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD	\$320
<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$315



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<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$290
<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$300
<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)	\$315
<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$290
<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)	\$320
<b>D6075</b>	Implant supported retainer for ceramic FPD	\$335
<b>D6076</b>	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$330
<b>D6077</b>	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$350
<b>D6080</b>	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$30
<b>D6081</b>	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	\$30
<b>D6085</b>	Provisional implant crown	\$300
<b>D6090</b>	Repair implant supported prosthesis, by report	\$65
<b>D6091</b>	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$40
<b>D6092</b>	Recement implant/abutment supported crown	\$25
<b>D6093</b>	Recement implant/abutment supported fixed partial denture	\$35
<b>D6094</b>	Abutment supported crown (titanium)	\$295
<b>D6095</b>	Repair implant abutment, by report	\$65
<b>D6100</b>	Implant removal, by report	\$110
<b>D6110</b>	Implant/abutment supported removable denture for edentulous arch - maxillary	\$350
<b>D6111</b>	Implant/abutment supported removable denture for edentulous arch - mandibular	\$350
<b>D6112</b>	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$350
<b>D6113</b>	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$350
<b>D6114</b>	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$350
<b>D6115</b>	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$350
<b>D6116</b>	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	\$350
<b>D6117</b>	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	\$350
<b>D6190</b>	Radiographic/Surgical implant index, by report	\$75
<b>D6194</b>	Abutment supported retainer crown for FPD (titanium)	\$265
<b>D6199</b>	Unspecified implant procedure, by report	\$350
<b>D6205</b>	Pontic - indirect resin based composite	Not Covered
<b>D6210</b>	pontic - cast high noble metal	Not Covered
<b>D6211</b>	pontic - cast predominantly base metal	\$300
<b>D6212</b>	pontic - cast noble metal	Not Covered
<b>D6214</b>	Pontic - cast titanium metal	Not Covered
<b>D6240</b>	pontic - porcelain fused to high noble metal	Not Covered
<b>D6241</b>	pontic - porcelain fused to predominantly base metal	\$300
<b>D6242</b>	pontic - porcelain fused to noble metal	Not Covered
<b>D6245</b>	Pontic - porcelain/ceramic	\$300
<b>D6250</b>	Pontic - resin with high noble metal	Not Covered
<b>D6251</b>	pontic - resin with predominantly base metal	\$300
<b>D6252</b>	Pontic - resin with noble metal	Not Covered
<b>D6545</b>	retainer - cast metal for resin bonded fixed prosthesis	Not Covered
<b>D6548</b>	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Covered
<b>D6549</b>	Retainer – for resin bonded fixed prosthesis	Not Covered
<b>D6608</b>	Onlay - porcelain/ceramic - two surfaces	Not Covered

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<b>D6609</b>	Onlay - porcelain/ceramic - three or more surfaces	Not Covered
<b>D6610</b>	Onlay - cast high noble metal - two surfaces	Not Covered
<b>D6611</b>	Onlay - cast high noble metal - three or more surfaces	Not Covered
<b>D6612</b>	Onlay - cast predominantly base metal - two surfaces	Not Covered
<b>D6613</b>	Onlay - cast predominantly base metal - three or more surfaces	Not Covered
<b>D6614</b>	Onlay - cast noble metal- two surfaces	Not Covered
<b>D6615</b>	Onlay - cast noble metal - three or more surfaces	Not Covered
<b>D6634</b>	Onlay – titanium	Not Covered
<b>D6710</b>	Crown - indirect resin based composite	Not Covered
<b>D6720</b>	crown - resin with high noble metal	Not Covered
<b>D6721</b>	crown - resin with predominantly base metal	\$300
<b>D6722</b>	crown - resin with noble metal	Not Covered
<b>D6740</b>	crown - porcelain/ceramic	\$300
<b>D6751</b>	crown - porcelain fused to predominantly base metal	\$300
<b>D6781</b>	crown - 3/4 cast predominantly base metal	\$300
<b>D6782</b>	crown - 3/4 cast noble metal	Not Covered
<b>D6783</b>	crown - 3/4 porcelain/ceramic	\$300
<b>D6791</b>	crown - full cast predominantly base metal	\$300
<b>D6930</b>	recement bridge	\$40
<b>D6980</b>	fixed partial denture repair necessitated by restorative material failure	\$95
<b>D6999</b>	Unspecified fixed prosthodontic procedure, by report	\$350
<b>D7111</b>	Extraction, coronal remnants - deciduous tooth	\$40
<b>D7140</b>	extraction, erupted tooth or exposed root	\$65
<b>D7210</b>	surgical removal of erupted tooth requiring elevation of flap and removal of bone and/or sectioning of tooth	\$120
<b>D7220</b>	removal of impacted tooth - soft tissue	\$95
<b>D7230</b>	removal of impacted tooth - partially bony	\$145
<b>D7240</b>	removal of impacted tooth - completely bony	\$160
<b>D7241</b>	Removal of impacted tooth - complete bony with unusual surgical complications	\$175
<b>D7250</b>	surgical removal of residual tooth roots requiring cutting of soft tissue and bone and removal of tooth structure and closure.	\$80
<b>D7260</b>	Oral Antral Fistula Closure	\$280
<b>D7261</b>	Primary closure of a sinus perforation	\$285
<b>D7270</b>	tooth reimplantation / stabilization	\$185
<b>D7280</b>	Surgical access of an unerupted tooth	\$220
<b>D7283</b>	Placement of device to facilitate eruption of impacted tooth	\$85
<b>D7285</b>	biopsy of oral tissue - hard (bone, tooth)	\$180
<b>D7286</b>	biopsy of oral tissue – soft	\$110
<b>D7287</b>	Exfoliative cytological sample collection	Not Covered
<b>D7288</b>	Brush biopsy transepithelial sample collection	Not Covered
<b>D7290</b>	Surgical repositioning of teeth	\$185
<b>D7291</b>	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80
<b>D7310</b>	alveoloplasty in conjunction with extractions – per quadrant	\$85
<b>D7311</b>	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50
<b>D7320</b>	alveoloplasty not in conjunction with extractions – per quadrant	\$120
<b>D7321</b>	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
<b>D7340</b>	Vestibuloplasty – ridge extension (secondary epithelialization)	\$350
<b>D7350</b>	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$350
<b>D7410</b>	excision of benign lesion up to 1.25 cm	\$75
<b>D7411</b>	excision of benign lesion greater than 1.25 cm	\$115
<b>D7412</b>	Excision of benign lesion, complicated	\$175



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<b>D7413</b>	Excision of malignant lesion up to 1.25 cm	\$95
<b>D7414</b>	Excision of malignant lesion greater than 1.25 cm	\$120
<b>D7415</b>	Excision of malignant lesion, complicated	\$255
<b>D7440</b>	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$105
<b>D7441</b>	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$185
<b>D7450</b>	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$180
<b>D7451</b>	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$330
<b>D7460</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$155
<b>D7461</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$250
<b>D7465</b>	Destruction of lesion(s) by physical or chemical method, by report	\$40
<b>D7471</b>	Removal of lateral exostosis (maxilla or mandible)	\$140
<b>D7472</b>	Removal of Torus Palatinus	\$145
<b>D7473</b>	Removal of torus mandibularis	\$140
<b>D7485</b>	Surgical reduction of osseous tuberosity	\$105
<b>D7490</b>	Radical resection of maxilla or mandible	\$350
<b>D7510</b>	incision and drainage of abscess - intraoral soft tissue	\$70
<b>D7511</b>	Incision & drainage of abscess - intraoral soft tissue - complicated	\$70
<b>D7520</b>	incision and drainage of abscess - extraoral soft tissue	\$70
<b>D7521</b>	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$80
<b>D7530</b>	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$45
<b>D7540</b>	Removal of reaction producing foreign bodies, musculoskeletal system	\$75
<b>D7550</b>	Partial ostectomy /sequestrectomy for removal of non-vital bone	\$125
<b>D7560</b>	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$235
<b>D7610</b>	Maxilla – open reduction (teeth immobilized, if present)	\$140
<b>D7620</b>	Maxilla – closed reduction (teeth immobilized, if present)	\$250
<b>D7630</b>	Mandible – open reduction (teeth immobilized, if present)	\$350
<b>D7640</b>	Mandible – closed reduction (teeth immobilized, if present)	\$350
<b>D7650</b>	Malar and/or zygomatic arch – open reduction	\$350
<b>D7660</b>	Malar and/or zygomatic arch – closed reduction	\$350
<b>D7670</b>	Alveolus – closed reduction, may include stabilization of teeth	\$170
<b>D7671</b>	Alveolus – open reduction, may include stabilization of teeth	\$230
<b>D7680</b>	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350
<b>D7710</b>	Maxilla – open reduction	\$110
<b>D7720</b>	Maxilla – closed reduction	\$180
<b>D7730</b>	Mandible – open reduction	\$350
<b>D7740</b>	Mandible – closed reduction	\$290
<b>D7750</b>	Malar and/or zygomatic arch – open reduction	\$220
<b>D7760</b>	Malar and/or zygomatic arch – closed reduction	\$350
<b>D7770</b>	Alveolus – open reduction stabilization of teeth	\$135
<b>D7771</b>	Alveolus, closed reduction stabilization of teeth	\$160
<b>D7780</b>	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350
<b>D7810</b>	Open reduction of dislocation	\$350
<b>D7820</b>	Closed reduction of dislocation	\$80
<b>D7830</b>	Manipulation under anesthesia	\$85
<b>D7840</b>	Condylectomy	\$350
<b>D7850</b>	Surgical discectomy, with/without implant	\$350
<b>D7852</b>	Disc repair	\$350
<b>D7854</b>	Synovectomy	\$350
<b>D7856</b>	Myotomy	\$350
<b>D7858</b>	Joint reconstruction	\$350

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<b>D7860</b>	Arthroscopy	\$350
<b>D7865</b>	Arthroplasty	\$350
<b>D7870</b>	Arthrocentesis	\$90
<b>D7871</b>	Non-arthroscopic lysis and lavage	\$150
<b>D7872</b>	Arthroscopy – diagnosis, with or without biopsy	\$350
<b>D7873</b>	Arthroscopy – surgical: lavage and lysis of adhesions	\$350
<b>D7874</b>	Arthroscopy – surgical: disc repositioning and stabilization	\$350
<b>D7875</b>	Arthroscopy – surgical: synovectomy	\$350
<b>D7876</b>	Arthroscopy – surgical: discectomy	\$350
<b>D7877</b>	Arthroscopy – surgical: debridement	\$350
<b>D7880</b>	Occlusal orthotic device, by report	\$120
<b>D7881</b>	Occlusal orthotic device adjustment	\$30
<b>D7899</b>	Unspecified TMD therapy, by report	\$350
<b>D7910</b>	Suture of recent small wounds up to 5 cm	\$35
<b>D7911</b>	Complicated suture – up to 5 cm	\$55
<b>D7912</b>	Complicated suture – greater than 5 cm	\$130
<b>D7920</b>	Skin graft (identify defect covered, location and type of graft)	\$120
<b>D7940</b>	Osteoplasty – for orthognathic deformities	\$160
<b>D7941</b>	Osteotomy – mandibular rami	\$350
<b>D7943</b>	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$350
<b>D7944</b>	Osteotomy – segmented or subapical	\$275
<b>D7945</b>	Osteotomy – body of mandible	\$350
<b>D7946</b>	LeFort I (maxilla – total)	\$350
<b>D7947</b>	LeFort I (maxilla – segmented)	\$350
<b>D7948</b>	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$350
<b>D7949</b>	LeFort II or LeFort III – with bone graft	\$350
<b>D7950</b>	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$190
<b>D7951</b>	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$290
<b>D7952</b>	Sinus augmentation with bone or bone substitute via a vertical approach	\$175
<b>D7955</b>	Repair of maxillofacial soft and/or hard tissue defect	\$200
<b>D7960</b>	frenulectomy – also known as frenectomy or frenotomy – separate procedure	\$120
<b>D7963</b>	Frenuloplasty	\$120
<b>D7970</b>	Excision of hyperplastic tissue - per arch	\$175
<b>D7971</b>	Excision of pericoronary gingival	\$80
<b>D7972</b>	Surgical reduction of fibrous tuberosity	\$100
<b>D7980</b>	Sialolithotomy	\$155
<b>D7981</b>	Excision of salivary gland, by report	\$120
<b>D7982</b>	Sialodochoplasty	\$215
<b>D7983</b>	Closure of salivary fistula	\$140
<b>D7990</b>	Emergency tracheotomy	\$350
<b>D7991</b>	Coronoidectomy	\$345
<b>D7995</b>	Synthetic graft – mandible or facial bones, by report	\$150
<b>D7997</b>	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$60
<b>D7999</b>	Unspecified oral surgery procedure, by report	\$350
<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$350
<b>D8210</b>	Removable appliance therapy	
<b>D8220</b>	Fixed appliance therapy	
<b>D8660</b>	Pre-orthodontic treatment visit	
<b>D8670</b>	Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion	

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<b>D8680</b>	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	
<b>D8681</b>	Removable orthodontic retainer adjustment	
<b>D8691</b>	Repair of orthodontic appliance	
<b>D8692</b>	Replacement of lost or broken retainer	
<b>D8693</b>	Rebonding or recementing: and/or repair, as required, of fixed retainers	
<b>D8694</b>	Repair of fixed retainers, includes reattachment	
<b>D8999</b>	Unspecified orthodontic procedure, by report	
<b>D9110</b>	palliative (emergency) treatment of dental pain - minor procedure	\$30
<b>D9120</b>	Fixed partial denture sectioning	\$95
<b>D9210</b>	Local anesthesia not in conjunction with outpatient surgical procedures	\$10
<b>D9211</b>	Regional block anesthesia	\$20
<b>D9212</b>	Trigeminal division block anesthesia	\$60
<b>D9215</b>	local anesthesia	\$15
<b>D9223</b>	Deep sedation/general anesthesia - each 15 minute increment	\$45
<b>D9230</b>	analgesia nitrous oxide	\$15
<b>D9243</b>	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$60
<b>D9248</b>	non-intravenous conscious sedation	\$65
<b>D9310</b>	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50
<b>D9311</b>	Consultation with a medical health professional	No Charge
<b>D9410</b>	House/Extended care facility call	\$50
<b>D9420</b>	Hospital or ambulatory surgical center call	\$135
<b>D9430</b>	office visit for observation (during regularly scheduled hours) - no other services performed	\$20
<b>D9440</b>	office visit - after regularly scheduled hours	\$45
<b>D9450</b>	Case presentation	Not Covered
<b>D9610</b>	Therapeutic parenteral drug, single administration	\$30
<b>D9612</b>	Therapeutic parenteral drug, two or more administrations, different medications	\$40
<b>D9910</b>	Application of desensitizing medicament	\$20
<b>D9930</b>	treatment of complications (post-surgical) - unusual circumstances, by report	\$35
<b>D9940</b>	Occlusal guards, by report	Not Covered
<b>D9942</b>	Repair and/or reline of occlusal guard	Not Covered
<b>D9943</b>	Occlusal guard adjustment	Not Covered
<b>D9950</b>	Occlusion analysis – mounted case	\$120
<b>D9951</b>	Occlusal adjustment - limited	\$45
<b>D9952</b>	Occlusal adjustment - complete	\$210
<b>D9999</b>	unspecified adjunctive procedure, by report	\$0

Endnotes to 2018 Dental Standard Benefit Plan Designs

Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan, Family Dental Plan or Group Dental Plan)

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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.

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- 5) The requirements set forth in 10 CCR 6522 (a)(4)(A) and (a)(5)(A) shall apply to the Group Dental Plan design.
- 6) 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.