

**Member Copayment Schedule 2023**  
**California Dental Network Family Dental HMO**

<u>Family Dental HMO</u>	<u>Children (up to Age 19)</u>	<u>Adult (Age 19 and older)</u>	
<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>	
<u>Code</u>	<u>Description</u>	<u>Child (up to Age 19)</u>	<u>Adult (Age 19 and older)</u>
<b><u>Diagnostic</u></b>			
<b>D0120</b>	periodic oral evaluation	No Charge	No Charge
<b>D0140</b>	limited oral evaluation	No Charge	No Charge
<b>D0145</b>	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge	Not Covered
<b>D0150</b>	comprehensive oral evaluation	No Charge	No Charge
<b>D0160</b>	Detailed and extensive oral evaluation - problem focused, by report	No Charge	No Charge
<b>D0170</b>	Re-evaluation - limited, problem focused (not post-operative visit)	No Charge	No Charge
<b>D0171</b>	Re-evaluation – post-operative office visit	No Charge	No Charge
<b>D0180</b>	Comprehensive periodontal evaluation	No Charge	No Charge
<b>D0190</b>	screening of a patient	Not Covered	No Charge
<b>D0191</b>	assessment of a patient	Not Covered	No Charge
<b>D0210</b>	intraoral - complete series (including bitewings) - limited to 1 series every 36 months	No Charge	No Charge
<b>D0220</b>	intraoral - periapical first film	No Charge	No Charge
<b>D0230</b>	intraoral - periapical each additional film	No Charge	No Charge
<b>D0240</b>	intraoral - occlusal film	No Charge	No Charge
<b>D0250</b>	Extraoral - first film	No Charge	No Charge
<b>D0251</b>	Extra-oral posterior dental radiographic image	No Charge	Not Covered
<b>D0270</b>	bitewing - single film	No Charge	No Charge
<b>D0272</b>	bitewings - two films	No Charge	No Charge
<b>D0273</b>	Bitewings - three films	No Charge	No Charge
<b>D0274</b>	bitewings - four films - limited to 1 series every 6 months	No Charge	No Charge
<b>D0277</b>	Vertical bitewings - 7 to 8 films	No Charge	No Charge
<b>D0310</b>	Sialography	No Charge	No Charge
<b>D0320</b>	Temporomandibular joint arthrogram, including injection	No Charge	No Charge
<b>D0322</b>	Tomographic survey	No Charge	No Charge
<b>D0330</b>	panoramic film	No Charge	No Charge
<b>D0340</b>	Cephalometric radiographic image	No Charge	No Charge
<b>D0350</b>	2D oral/facial photographic image obtained intra-orally or extra-orally	No Charge	No Charge
<b>D0351</b>	3D photographic image	No Charge	No Charge
<b>D0419</b>	Assessment of salivary flow by measurement	Not Covered	No Charge

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<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	No Charge
<b>D0460</b>	pulp vitality tests	No Charge	No Charge
<b>D0470</b>	Diagnostic casts may be provided only if one of the above conditions is present	No Charge	No Charge
<b>D0502</b>	Other oral pathology procedures, by report	No Charge	No Charge
<b>D0601</b>	caries risk assessment and documentation, with a finding of low risk	No Charge	No Charge
<b>D0602</b>	caries risk assessment and documentation, with a finding of moderate risk	No Charge	No Charge
<b>D0603</b>	caries risk assessment and documentation, with a finding of high risk	No Charge	No Charge
<b>D0701</b>	Panoramic radiographic image – image capture only	No Charge	No Charge
<b>D0702</b>	2-D cephalometric radiographic image – image capture only	No Charge	No Charge
<b>D0703</b>	2-D oral/facial photographic image obtained intra-orally or extra-orally –image capture only	No Charge	No Charge
<b>D0704</b>	3-D photographic image – image capture only	No Charge	No Charge
<b>D0705</b>	Extra-oral posterior dental radiographic image – image capture only	No Charge	Not Covered
<b>D0706</b>	Intraoral – occlusal radiographic image – image capture only	No Charge	No Charge
<b>D0707</b>	Intraoral – periapical radiographic image – image capture only	No Charge	No Charge
<b>D0708</b>	Intraoral – bitewing radiographic image – image capture only	No Charge	No Charge
<b>D0709</b>	Intraoral – complete series of radiographic images – image capture only	No Charge	No Charge
<b>D0999</b>	Unspecified diagnostic procedure, by report	No Charge	No Charge
<b>Preventive</b>			
<b>D1110</b>	prophylaxis - adult	No Charge	No Charge
<b>D1120</b>	prophylaxis - child	No Charge	Not Covered
<b>D1206</b>	topical fluoride varnish	No Charge	No Charge
<b>D1208</b>	topical application of fluoride	No Charge	No Charge
<b>D1310</b>	Nutritional counseling for control of dental disease	No Charge	No Charge
<b>D1320</b>	Tobacco counseling for the control and prevention of oral disease	No Charge	No Charge
<b>D1321</b>	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	No Charge	No Charge
<b>D1330</b>	oral hygiene instructions	No Charge	No Charge
<b>D1351</b>	sealant - per tooth	No Charge	No Charge
<b>D1352</b>	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No Charge	Not Covered
<b>D1353</b>	Sealant repair – per tooth	No Charge	No Charge
<b>D1354</b>	Interim caries arresting medicament application—per tooth	No Charge	No Charge
<b>D1355</b>	Caries preventive medicament application – per tooth	No Charge	No Charge
<b>D1510</b>	space maintainer - fixed – unilateral -per quadrant	No Charge	No Charge
<b>D1516</b>	space maintainer - fixed – bilateral, maxillary	No Charge	No Charge
<b>D1517</b>	space maintainer - fixed – bilateral, mandibular	No Charge	No Charge
<b>D1520</b>	Space maintainer-removable – unilateral- per quadrant	No Charge	No Charge
<b>D1526</b>	space maintainer - removable – bilateral, maxillary	No Charge	No Charge
<b>D1527</b>	space maintainer - removable – bilateral, mandibular	No Charge	No Charge
<b>D1551</b>	Re-cement or re-bond bilateral space maintainer-maxillary	No Charge	No Charge

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<b>D1552</b>	Re-cement or re-bond bilateral space maintainer- mandibular	No Charge	No Charge
<b>D1553</b>	Re-cement or re-bond unilateral space maintainer- per quadrant	No Charge	No Charge
<b>D1556</b>	Removal of fixed unilateral space maintainer-per quadrant	No Charge	No Charge
<b>D1557</b>	Removal of fixed space maintainer-maxillary	No Charge	No Charge
<b>D1558</b>	Removal of fixed space maintainer-mandibular	No Charge	No Charge
<b>D1575</b>	Distal shoe space maintainer – fixed – unilateral, per quadrant	No Charge	No Charge
<b>Restorative</b>			
<b>D2140</b>	amalgam - one surface permanent or primary	\$25	\$25
<b>D2150</b>	amalgam - two surfaces permanent or primary	\$30	\$30
<b>D2160</b>	amalgam - three surfaces permanent or primary	\$40	\$40
<b>D2161</b>	amalgam - four or more surfaces permanent or primary	\$45	\$45
<b>D2330</b>	resin-based composite - one surface, anterior	\$30	\$30
<b>D2331</b>	resin-based composite - two surfaces, anterior	\$45	\$45
<b>D2332</b>	resin-based composite - three surfaces, anterior	\$55	\$55
<b>D2335</b>	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60	\$60
<b>D2390</b>	Resin based composite crown, anterior	\$50	\$50
<b>D2391</b>	Resin based composite - one surface, posterior	\$30	\$30
<b>D2392</b>	Resin based composite - two surfaces, posterior	\$40	\$40
<b>D2393</b>	Resin based composite - three surfaces, posterior	\$50	\$50
<b>D2394</b>	Resin based composite - four or more surfaces, posterior	\$70	\$70
<b>D2542</b>	onlay - metallic-two surfaces	Not Covered	\$185
<b>D2543</b>	onlay - metallic-three surfaces	Not Covered	\$200
<b>D2544</b>	onlay - metallic-four or more surfaces	Not Covered	\$215
<b>D2642</b>	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$250
<b>D2643</b>	Onlay - porcelain/ceramic - three surfaces	Not Covered	\$275
<b>D2644</b>	Onlay - porcelain/ceramic - four or more surfaces	Not Covered	\$300
<b>D2662</b>	Onlay - resin-based composite - two surfaces	Not Covered	\$160
<b>D2663</b>	Onlay - resin-based composite - three surfaces	Not Covered	\$180
<b>D2664</b>	Onlay - resin-based composite - four or more surfaces	Not Covered	\$200
<b>D2710</b>	crown - resin-based composite laboratory	\$140	\$140
<b>D2712</b>	Crown - 3/4 resin-based composite (indirect)	\$190	\$200
<b>D2720</b>	Crown - resin with high noble metal	Not Covered	\$300
<b>D2721</b>	Crown - resin with predominantly base metal	\$300	\$300
<b>D2722</b>	Crown - resin with noble metal	Not Covered	\$300
<b>D2740</b>	crown - porcelain/ceramic substrate	\$300	\$300
<b>D2750</b>	crown - porcelain fused to high noble metal	Not Covered	\$300
<b>D2751</b>	crown - porcelain fused to predominantly base metal	\$300	\$300
<b>D2752</b>	crown - porcelain fused to noble metal	Not Covered	\$300
<b>D2753</b>	crown - porcelain fused to titanium and titanium alloys	Not Covered	\$300
<b>D2780</b>	Crown - 3/4 cast high noble metal	Not Covered	\$300
<b>D2781</b>	crown - 3/4 cast predominantly base metal	\$300	\$300
<b>D2782</b>	Crown - 3/4 cast noble metal	Not Covered	\$300
<b>D2783</b>	Crown – 3/4 porcelain/ceramic	\$310	\$310
<b>D2790</b>	crown - full cast high noble metal	Not Covered	\$300
<b>D2791</b>	crown - full cast predominantly base metal	\$300	\$300
<b>D2792</b>	crown - full cast noble metal	Not Covered	\$300

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<b>D2794</b>	crown - titanium and titanium alloys	Not Covered	\$300
<b>D2910</b>	Recement inlay, onlay or partial coverage restoration	\$25	\$25
<b>D2915</b>	Recement cast or prefabricated post and core	\$25	\$25
<b>D2920</b>	Recement crown	\$25	\$15
<b>D2921</b>	Reattachment of tooth fragment, incisal edge or cusp	\$45	\$45
<b>D2928</b>	Prefabricated porcelain/ceramic crown – permanent tooth	\$120	Not Covered
<b>D2929</b>	Prefabricated porcelain/ceramic crown - primary tooth	\$95	Not Covered
<b>D2930</b>	prefabricated stainless steel crown - primary tooth	\$65	Not Covered
<b>D2931</b>	prefabricated stainless steel crown - permanent tooth	\$75	\$75
<b>D2932</b>	Prefabricated resin crown	\$75	Not Covered
<b>D2933</b>	Prefabricated stainless steel crown with resin window	\$80	Not Covered
<b>D2940</b>	protective restoration	\$25	\$20
<b>D2941</b>	Interim therapeutic restoration – primary dentition	\$30	Not Covered
<b>D2949</b>	Restorative foundation for an indirect restoration	\$45	Not Covered
<b>D2950</b>	Core buildup, including any pins	\$20	\$20
<b>D2951</b>	pin retention - per tooth, in addition to restoration	\$25	\$20
<b>D2952</b>	post and core in addition to crown, indirectly fabricated	\$100	\$60
<b>D2953</b>	Each additional indirectly fabricated post, same tooth	\$30	\$30
<b>D2954</b>	prefabricated post and core in addition to crown	\$90	\$60
<b>D2955</b>	Post removal	\$60	Not Covered
<b>D2957</b>	Each additional prefabricated post - same tooth	\$35	\$35
<b>D2971</b>	Additional procedures to customize crown to fit under an existing partial denture framework	\$35	Not Covered
<b>D2980</b>	crown repair, by report	\$50	\$50
<b>D2999</b>	Unspecified restorative procedure, by report	\$40	\$40
<b>Endodontics</b>			
<b>D3110</b>	pulp cap - direct (excluding final restoration)	\$20	\$20
<b>D3120</b>	Pulp cap (indirect) excluding final restoration	\$25	\$25
<b>D3220</b>	therapeutic pulpotomy (excluding final restoration)	\$40	\$35
<b>D3221</b>	Pulpal debridement, primary and permanent teeth	\$40	\$50
<b>D3222</b>	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60	\$60
<b>D3230</b>	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$55	Not Covered
<b>D3240</b>	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$55	Not Covered
<b>D3310</b>	root canal therapy, anterior tooth (excluding final restoration)	\$195	\$200
<b>D3320</b>	root canal therapy, bicuspid tooth (excluding final restoration)	\$235	\$235
<b>D3330</b>	root canal therapy, molar (excluding final restoration)	\$300	\$300
<b>D3331</b>	Treatment of root canal obstruction; non-surgical access	\$50	\$50
<b>D3332</b>	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not Covered	\$85
<b>D3333</b>	Internal root repair of perforation defects	\$80	\$80
<b>D3346</b>	retreatment of previous root canal therapy - anterior	\$240	\$245
<b>D3347</b>	retreatment of previous root canal therapy - bicuspid	\$295	\$295
<b>D3348</b>	retreatment of previous root canal therapy - molar	\$365	\$365
<b>D3351</b>	apexification/recalcification – initial visit	\$85	\$85

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D3352	apexification/recalcification - interim	\$45	\$50
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
D3471	Surgical repair of root resorption - anterior	\$160	\$160
D3472	Surgical repair of root resorption - premolar	\$160	\$160
D3473	Surgical repair of root resorption - molar	\$160	\$160
D3910	Surgical procedure for isolation of tooth with rubber dam	\$30	\$50
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	\$100
<b>Periodontics</b>			
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	\$200
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, per site.	\$80	\$80
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
D4275	Non-autogenous connective tissue graft procedure (including recipient site and donor material) – first tooth, implant or edentulous tooth position in same graft site	Not Covered	\$190
D4283	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	\$185
D4285	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	\$175
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

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<b>D4346</b>	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$40	\$40
<b>D4355</b>	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40	\$40
<b>D4381</b>	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10	\$10
<b>D4910</b>	Periodontal maintenance	\$30	\$30
<b>D4920</b>	Unscheduled dressing change (by someone other than treating dentist)	\$15	Not Covered
<b>D4999</b>	Unspecified periodontal procedure, by report	\$350	\$350
<b>Prosthodontics, Removable</b>			
<b>D5110</b>	complete denture - maxillary	\$300	\$400
<b>D5120</b>	complete denture - mandibular	\$300	\$400
<b>D5130</b>	immediate denture - maxillary	\$300	\$400
<b>D5140</b>	immediate denture - mandibular	\$300	\$400
<b>D5211</b>	maxillary partial denture - resin based (including retentive/clasping materials, rests, and teeth)	\$300	\$325
<b>D5212</b>	mandibular partial denture - resin based (including retentive/clasping materials, rests, and teeth)	\$300	\$325
<b>D5213</b>	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials any conventional clasps, rests and teeth)	\$335	\$375
<b>D5214</b>	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials any conventional clasps, rests and teeth)	\$335	\$375
<b>D5221</b>	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$275	\$300
<b>D5222</b>	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$275	\$300
<b>D5223</b>	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330	\$370
<b>D5224</b>	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330	\$370
<b>D5225</b>	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375
<b>D5226</b>	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	\$375
<b>D5282</b>	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	Not Covered	\$250
<b>D5283</b>	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	Not Covered	\$250
<b>D5284</b>	Removable unilateral partial denture – one piece flexible base (including clasps and teeth), per quadrant	Not Covered	\$250
<b>D5286</b>	Removable unilateral partial denture – one piece resin (including clasps and teeth), per quadrant	Not Covered	\$250
<b>D5410</b>	adjust complete denture - maxillary	\$20	\$20
<b>D5411</b>	adjust complete denture – mandibular	\$20	\$20
<b>D5421</b>	adjust partial denture – maxillary	\$20	\$20
<b>D5422</b>	adjust partial denture – mandibular	\$20	\$20
<b>D5511</b>	repair broken complete denture base-mandibular	\$40	\$30
<b>D5512</b>	repair broken complete denture base-maxillary	\$40	\$30

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D5520	replace missing or broken teeth - complete denture (each tooth)	\$40	\$30
D5611	repair resin denture base-mandibular	\$40	\$30
D5612	repair resin denture base-maxillary	\$40	\$30
D5621	repair cast framework-mandibular	\$40	\$35
D5622	repair cast framework-maxillary	\$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
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 maxillary denture (chairside)	\$60	\$80
D5731	reline complete mandibular denture (chairside)	\$60	\$80
D5740	reline maxillary partial denture (chairside)	\$60	\$75
D5741	reline mandibular partial denture (chairside)	\$60	\$75
D5750	reline complete maxillary denture (laboratory)	\$90	\$120
D5751	reline complete mandibular denture (laboratory)	\$90	\$120
D5760	reline maxillary partial denture (laboratory)	\$80	\$110
D5761	reline mandibular partial denture (laboratory)	\$80	\$110
D5850	tissue conditioning, maxillary	\$30	\$35
D5851	tissue conditioning, mandibular	\$30	\$35
D5862	Precision attachment, by report	\$90	\$100
D5863	Overdenture – Complete Maxillary	\$300	\$300
D5864	Overdenture – partial maxillary	\$300	\$300
D5865	Overdenture – Complete Mandibular	\$300	\$300
D5866	Overdenture – partial mandibular	\$300	\$300
D5876	Add metal substructure to acrylic full denture (per arch)	Not Covered	\$30
D5899	Unspecified removable prosthodontic procedure, by report	\$350	\$400
<b>Maxillofacial Prosthetics</b>			
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

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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
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
<b>Implant Services</b>			
D6010	Surgical placement of implant body: endosteal implant	\$350	Not Covered
D6011	Surgical access to an implant body (second stage implant surgery)	\$350	Not Covered
D6013	Surgical placement of mini implant	\$350	Not Covered
D6040	Surgical placement: eposteal 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 crown (porcelain fused to high noble alloys)	\$335	Not Covered
D6067	Implant supported crown (high noble alloys)	\$340	Not Covered



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<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD	\$320	Not Covered
<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$315	Not Covered
<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$290	Not Covered
<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$300	Not Covered
<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)	\$315	Not Covered
<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$290	Not Covered
<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)	\$320	Not Covered
<b>D6075</b>	Implant supported retainer for ceramic FPD	\$335	Not Covered
<b>D6076</b>	Implant supported retainer for FPD (porcelain fused to high noble alloys )	\$330	Not Covered
<b>D6077</b>	Implant supported retainer for metal FPD (high noble alloys)	\$350	Not Covered
<b>D6080</b>	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$30	Not Covered
<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	Not Covered
<b>D6082</b>	Implant supported crown - porcelain fused to predominantly base alloys	\$335	Not Covered
<b>D6083</b>	Implant supported crown - porcelain fused to noble alloys	\$335	Not Covered
<b>D6084</b>	Implant supported crown - porcelain fused to titanium and titanium alloys	\$335	Not Covered
<b>D6085</b>	Provisional implant crown	\$300	Not Covered
<b>D6086</b>	Implant supported crown - predominantly base alloys	\$340	Not Covered
<b>D6087</b>	Implant supported crown - noble alloys	\$340	Not Covered
<b>D6088</b>	Implant supported crown - titanium and titanium alloys	\$340	Not Covered
<b>D6090</b>	Repair implant supported prosthesis, by report	\$65	Not Covered
<b>D6091</b>	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$40	Not Covered
<b>D6092</b>	Recent implant/abutment supported crown	\$25	Not Covered
<b>D6093</b>	Recent implant/abutment supported fixed partial denture	\$35	Not Covered
<b>D6094</b>	Abutment supported crown (titanium)	\$295	Not Covered
<b>D6095</b>	Repair implant abutment, by report	\$65	Not Covered
<b>D6096</b>	Remove broken implant retaining screw	\$60	Not Covered
<b>D6097</b>	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$315	Not Covered
<b>D6098</b>	Implant supported retainer - porcelain fused to predominantly base alloys	\$330	Not Covered
<b>D6099</b>	Implant supported retainer for FPD - porcelain fused to noble alloys	\$330	Not Covered
<b>D6100</b>	Surgical removal of implant body	\$110	Not Covered
<b>D6110</b>	Implant/abutment supported removable denture for edentulous arch - maxillary	\$350	Not Covered
<b>D6111</b>	Implant/abutment supported removable denture for edentulous arch - mandibular	\$350	Not Covered

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<b>D6112</b>	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$350	Not Covered
<b>D6113</b>	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$350	Not Covered
<b>D6114</b>	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$350	Not Covered
<b>D6115</b>	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$350	Not Covered
<b>D6116</b>	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$350	Not Covered
<b>D6117</b>	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$350	Not Covered
<b>D6120</b>	Implant supported retainer – porcelain fused to titanium and titanium alloys	\$330	Not Covered
<b>D6121</b>	Implant supported retainer for metal FPD – predominantly base alloys	\$350	Not Covered
<b>D6122</b>	Implant supported retainer for metal FPD – noble alloys	\$350	Not Covered
<b>D6123</b>	Implant supported retainer for metal FPD – titanium and titanium alloys	\$350	Not Covered
<b>D6190</b>	Radiographic/Surgical implant index, by report	\$75	Not Covered
<b>D6191</b>	Semi-precision abutment – placement	\$350	Not Covered
<b>D6192</b>	Semi-precision attachment – placement	\$350	Not Covered
<b>D6194</b>	Abutment supported retainer crown for FPD (titanium and titanium alloys)	\$265	Not Covered
<b>D6195</b>	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$315	Not Covered
<b>D6199</b>	Unspecified implant procedure, by report	\$350	Not Covered
<b>Prosthodontics, fixed</b>			
<b>D6205</b>	Pontic - indirect resin based composite	Not Covered	\$165
<b>D6210</b>	pontic - cast high noble metal	Not Covered	\$300
<b>D6211</b>	pontic - cast predominantly base metal	\$300	\$300
<b>D6212</b>	pontic - cast noble metal	Not Covered	\$300
<b>D6214</b>	Pontic - cast titanium and titanium alloys	Not Covered	\$300
<b>D6240</b>	pontic - porcelain fused to high noble metal	Not Covered	\$300
<b>D6241</b>	pontic - porcelain fused to predominantly base metal	\$300	\$300
<b>D6242</b>	pontic - porcelain fused to noble metal	Not Covered	\$300
<b>D6243</b>	Pontic - porcelain fused to titanium and titanium alloys	Not Covered	\$300
<b>D6245</b>	Pontic - porcelain/ceramic	\$300	\$300
<b>D6250</b>	Pontic - resin with high noble metal	Not Covered	\$300
<b>D6251</b>	pontic - resin with predominantly base metal	\$300	\$300
<b>D6252</b>	Pontic - resin with noble metal	Not Covered	\$300
<b>D6545</b>	retainer - cast metal for resin bonded fixed prosthesis	Not Covered	\$130
<b>D6548</b>	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Covered	\$145
<b>D6549</b>	Retainer – for resin bonded fixed prosthesis	Not Covered	\$130
<b>D6608</b>	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$200
<b>D6609</b>	Onlay - porcelain/ceramic - three or more surfaces	Not Covered	\$200
<b>D6610</b>	Onlay - cast high noble metal - two surfaces	Not Covered	\$200
<b>D6611</b>	Onlay - cast high noble metal - three or more surfaces	Not Covered	\$200

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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
D6750	Retainer crown - porcelain fused to high noble metal	Not Covered	\$300
D6751	crown - porcelain fused to predominantly base metal	\$300	\$300
D6752	Retainer crown - porcelain fused to noble metal	Not Covered	\$300
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Not Covered	\$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
D6784	Retainer crown ¾ - titanium and titanium alloys	\$300	\$300
D6791	crown - full cast predominantly base metal	\$300	\$300
D6794	Retainer crown - titanium and titanium alloys	Not Covered	\$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	\$400
<b>Oral Maxillofacial Surgery</b>			
D7111	Extraction, coronal remnants - deciduous tooth	\$40	\$40
D7140	extraction, erupted tooth or exposed root	\$65	\$65
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	\$285
D7270	tooth reimplantation / stabilization	\$185	\$185
D7280	Surgical access of an unerupted tooth	\$220	\$220
D7283	Placement of device to facilitate eruption of impacted tooth	\$85	\$85
D7285	biopsy of oral tissue - hard (bone, tooth)	\$180	\$180
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	\$185
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80	\$80
D7310	alveoplasty in conjunction with extractions – per quadrant	\$85	\$85

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<b>D7311</b>	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per	\$50	\$50
<b>D7320</b>	alveoplasty not in conjunction with extractions – per quadrant	\$120	\$120
<b>D7321</b>	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65	\$65
<b>D7340</b>	Vestibuloplasty – ridge extension (secondary epithelialization)	\$350	\$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	\$350
<b>D7410</b>	excision of benign lesion up to 1.25 cm	\$75	\$75
<b>D7411</b>	excision of benign lesion greater than 1.25 cm	\$115	\$115
<b>D7412</b>	Excision of benign lesion, complicated	\$175	\$175
<b>D7413</b>	Excision of malignant lesion up to 1.25 cm	\$95	\$95
<b>D7414</b>	Excision of malignant lesion greater than 1.25 cm	\$120	\$120
<b>D7415</b>	Excision of malignant lesion, complicated	\$255	\$255
<b>D7440</b>	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$105	\$105
<b>D7441</b>	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$185	\$200
<b>D7450</b>	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$180	\$180
<b>D7451</b>	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$330	\$330
<b>D7460</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$155	\$180
<b>D7461</b>	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$250	\$250
<b>D7465</b>	Destruction of lesion(s) by physical or chemical method, by report	\$40	\$50
<b>D7471</b>	Removal of lateral exostosis (maxilla or mandible)	\$140	\$140
<b>D7472</b>	Removal of Torus Palatinus	\$145	\$140
<b>D7473</b>	Removal of torus mandibularis	\$140	\$140
<b>D7485</b>	Surgical reduction of osseous tuberosity	\$105	\$105
<b>D7490</b>	Radical resection of maxilla or mandible	\$350	\$350
<b>D7510</b>	incision and drainage of abscess - intraoral soft tissue	\$70	\$55
<b>D7511</b>	Incision & drainage of abscess - intraoral soft tissue - complicated	\$70	\$69
<b>D7520</b>	incision and drainage of abscess - extraoral soft tissue	\$70	\$70
<b>D7521</b>	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$80	\$80
<b>D7530</b>	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$45	\$45
<b>D7540</b>	Removal of reaction producing foreign bodies, musculoskeletal system	\$75	\$75
<b>D7550</b>	Partial ostectomy /sequestrectomy for removal of non-vital bone	\$125	\$125
<b>D7560</b>	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$235	\$235
<b>D7610</b>	Maxilla – open reduction (teeth immobilized, if present)	\$140	\$140
<b>D7620</b>	Maxilla – closed reduction (teeth immobilized, if present)	\$250	\$250
<b>D7630</b>	Mandible – open reduction (teeth immobilized, if present)	\$350	\$580
<b>D7640</b>	Mandible – closed reduction (teeth immobilized, if present)	\$350	\$480
<b>D7650</b>	Malar and/or zygomatic arch – open reduction	\$350	\$270
<b>D7660</b>	Malar and/or zygomatic arch – closed reduction	\$350	\$580
<b>D7670</b>	Alveolus – closed reduction, may include stabilization of teeth	\$170	\$170
<b>D7671</b>	Alveolus – open reduction, may include stabilization of teeth	\$230	\$230

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<b>D7680</b>	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350	\$500
<b>D7710</b>	Maxilla – open reduction	\$110	\$110
<b>D7720</b>	Maxilla – closed reduction	\$180	\$180
<b>D7730</b>	Mandible – open reduction	\$350	\$390
<b>D7740</b>	Mandible – closed reduction	\$290	\$290
<b>D7750</b>	Malar and/or zygomatic arch – open reduction	\$220	\$220
<b>D7760</b>	Malar and/or zygomatic arch – closed reduction	\$350	\$1,100
<b>D7770</b>	Alveolus – open reduction stabilization of teeth	\$135	\$135
<b>D7771</b>	Alveolus, closed reduction stabilization of teeth	\$160	\$160
<b>D7780</b>	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$350	\$440
<b>D7810</b>	Open reduction of dislocation	\$350	\$730
<b>D7820</b>	Closed reduction of dislocation	\$80	\$80
<b>D7830</b>	Manipulation under anesthesia	\$85	\$85
<b>D7840</b>	Condylectomy	\$350	\$930
<b>D7850</b>	Surgical discectomy, with/without implant	\$350	\$900
<b>D7852</b>	Disc repair	\$350	\$400
<b>D7854</b>	Synovectomy	\$350	\$390
<b>D7856</b>	Myotomy	\$350	\$600
<b>D7858</b>	Joint reconstruction	\$350	\$860
<b>D7860</b>	Arthroscopy	\$350	\$350
<b>D7865</b>	Arthroplasty	\$350	\$510
<b>D7870</b>	Arthrocentesis	\$90	\$90
<b>D7871</b>	Non-arthroscopic lysis and lavage	\$150	\$150
<b>D7872</b>	Arthroscopy – diagnosis, with or without biopsy	\$350	\$350
<b>D7873</b>	Arthroscopy – surgical: lavage and lysis of adhesions	\$350	\$1,200
<b>D7874</b>	Arthroscopy – surgical: disc repositioning and stabilization	\$350	\$410
<b>D7875</b>	Arthroscopy – surgical: synovectomy	\$350	\$410
<b>D7876</b>	Arthroscopy – surgical: discectomy	\$350	\$270
<b>D7877</b>	Arthroscopy – surgical: debridement	\$350	\$430
<b>D7880</b>	Occlusal orthotic device, by report	\$120	\$120
<b>D7881</b>	Occlusal orthotic device adjustment	\$30	\$50
<b>D7899</b>	Unspecified TMD therapy, by report	\$350	\$350
<b>D7910</b>	Suture of recent small wounds up to 5 cm	\$35	\$50
<b>D7911</b>	Complicated suture – up to 5 cm	\$55	\$75
<b>D7912</b>	Complicated suture – greater than 5 cm	\$130	\$150
<b>D7920</b>	Skin graft (identify defect covered, location and type of graft)	\$120	Not Covered
<b>D7922</b>	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$80	\$80
<b>D7940</b>	Osteoplasty – for orthognathic deformities	\$160	Not Covered
<b>D7941</b>	Osteotomy – mandibular rami	\$350	Not Covered
<b>D7943</b>	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$350	Not Covered
<b>D7944</b>	Osteotomy – segmented or subapical	\$275	Not Covered
<b>D7945</b>	Osteotomy – body of mandible	\$350	Not Covered
<b>D7946</b>	LeFort I (maxilla – total)	\$350	Not Covered
<b>D7947</b>	LeFort I (maxilla – segmented)	\$350	Not Covered

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<b>D7948</b>	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$350	Not Covered
<b>D7949</b>	LeFort II or LeFort III – with bone graft	\$350	Not Covered
<b>D7950</b>	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$190	Not Covered
<b>D7951</b>	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$290	Not Covered
<b>D7952</b>	Sinus augmentation with bone or bone substitute via a vertical approach	\$175	Not Covered
<b>D7955</b>	Repair of maxillofacial soft and/or hard tissue defect	\$200	Not Covered
<b>D7961</b>	Buccal / labial frenectomy (frenulectomy)	\$120	\$120
<b>D7962</b>	Lingual frenectomy (frenulectomy)	\$120	\$120
<b>D7963</b>	Frenuloplasty	\$120	\$120
<b>D7970</b>	Excision of hyperplastic tissue - per arch	\$175	\$176
<b>D7971</b>	Excision of pericoronal gingival	\$80	\$80
<b>D7972</b>	Surgical reduction of fibrous tuberosity	\$100	Not Covered
<b>D7979</b>	Non-surgical Sialolithotomy	\$155	\$155
<b>D7980</b>	Sialolithotomy	\$155	\$155
<b>D7981</b>	Excision of salivary gland, by report	\$120	\$120
<b>D7982</b>	Sialodochoplasty	\$215	\$215
<b>D7983</b>	Closure of salivary fistula	\$140	\$140
<b>D7990</b>	Emergency tracheotomy	\$350	Not Covered
<b>D7991</b>	Coronoidectomy	\$345	Not Covered
<b>D7995</b>	Synthetic graft – mandible or facial bones, by report	\$150	Not Covered
<b>D7997</b>	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$60	Not Covered
<b>D7999</b>	Unspecified oral surgery procedure, by report	\$350	\$350
<b>Orthodontics</b>			
<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$350	Not Covered
<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		
<b>D8680</b>	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		
<b>D8681</b>	Removable orthodontic retainer adjustment		
<b>D8696</b>	Repair of orthodontic appliance – maxillary		
<b>D8697</b>	Repair of orthodontic appliance – mandibular		
<b>D8698</b>	Re-cement or re-bond fixed retainer – maxillary		
<b>D8699</b>	Re-cement or re-bond fixed retainer – mandibular		
<b>D8701</b>	Repair of fixed retainer, includes reattachment – maxillary		
<b>D8702</b>	Repair of fixed retainer, includes reattachment – mandibular		
<b>D8703</b>	Replacement of lost or broken retainer – maxillary		
<b>D8704</b>	Replacement of lost or broken retainer – mandibular		
<b>D8999</b>	Unspecified orthodontic procedure, by report		
<b>Adjunctive General Services</b>			

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<b>D9110</b>	palliative (emergency) treatment of dental pain - minor procedure	\$30	\$28
<b>D9120</b>	Fixed partial denture sectioning	\$95	\$95
<b>D9210</b>	Local anesthesia not in conjunction with outpatient surgical procedures	\$10	\$10
<b>D9211</b>	Regional block anesthesia	\$20	\$20
<b>D9212</b>	Trigeminal division block anesthesia	\$60	\$60
<b>D9215</b>	local anesthesia	\$15	\$15
<b>D9222</b>	Deep sedation/analgesia - first 15 minute	\$45	\$45
<b>D9223</b>	Deep sedation/general anesthesia - each 15 minute increment	\$45	\$45
<b>D9230</b>	analgesia nitrous oxide	\$15	Not Covered
<b>D9239</b>	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$60	\$45
<b>D9243</b>	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$60	\$45
<b>D9248</b>	non-intravenous conscious sedation	\$65	Not Covered
<b>D9310</b>	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50	\$45
<b>D9311</b>	Consultation with a medical health professional	No Charge	No Charge
<b>D9410</b>	House/Extended care facility call	\$50	Not Covered
<b>D9420</b>	Hospital or ambulatory surgical center call	\$135	Not Covered
<b>D9430</b>	office visit for observation (during regularly scheduled hours) - no other services performed	\$20	\$12
<b>D9440</b>	office visit - after regularly scheduled hours	\$45	\$40
<b>D9450</b>	Case presentation	Not Covered	No Charge
<b>D9610</b>	Therapeutic parenteral drug, single administration	\$30	Not Covered
<b>D9612</b>	Therapeutic parenteral drug, two or more administrations, different medications	\$40	Not Covered
<b>D9910</b>	Application of desensitizing medicament	\$20	\$22
<b>D9930</b>	treatment of complications (post-surgical) - unusual circumstances, by report	\$35	\$50
<b>D9942</b>	Repair and/or relines of occlusal guard	Not Covered	\$35
<b>D9943</b>	Occlusal guard adjustment	Not Covered	\$35
<b>D9944</b>	Occlusal guard hard appliance, full arch	Not Covered	\$115
<b>D9945</b>	Occlusal guard soft appliance, full arch	Not Covered	\$115
<b>D9946</b>	Occlusal guard hard appliance, partial arch	Not Covered	\$115
<b>D9950</b>	Occlusion analysis – mounted case	\$120	Not Covered
<b>D9951</b>	Occlusal adjustment - limited	\$45	\$45
<b>D9952</b>	Occlusal adjustment - complete	\$210	\$210
<b>D9995</b>	Teledentistry - synchronous; real-time encounter	Not Covered	No Charge
<b>D9996</b>	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not Covered	No Charge
<b>D9997</b>	Dental case management - patients with special health care needs	No Charge	No Charge
<b>D9999</b>	unspecified adjunctive procedure, by report	No Charge	No Charge

Endnotes to 2023 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.

**Member Copayment Schedule 2023**  
**California Dental Network Family Dental HMO**

- 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.
- 5) 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.

Adult Dental Benefit Notes (only applicable to the Family Dental Plan and Group Dental Plan)

- 6) Tooth whitening, adult orthodontia, implants, veneers, and adult services noted as Not Covered on the Copayment Schedule are not covered services.
- 7) The six-month waiting period for major services must be waived upon a member's provision of proof of prior comparable dental coverage. This waiting period shall be prorated on a one to one monthly basis upon a member's provision of proof of prior comparable dental coverage of less than six months. Covered California leaves it to the plan to determine acceptable documentation to verify prior proof of coverage. Covered California leaves it to the plan to determine the maximum allowable gap in coverage before proration of the six-month waiting period would no longer occur. Dental services obtained via a discount health plan are not considered "comparable" dental coverage for purposes of counting towards the waiting period.