

SCHEDULE OF BENEFITS

DIRECT REFERRAL DENTAL PLAN*

HN Plus DHMO 225

This Schedule of Benefits lists the services available to you under your Health Net plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations.

During the course of treatment, your Health Net selected general dentist may recommend the services of a dental specialist. In addition, non-listed services are available with your Health Net selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

*Your Health Net selected general dentist is responsible for coordinating your dental care, and if necessary, referring you to a Health Net contracted specialist, and will submit all required documentation for any necessary referral. For more information, visit www.healthnet.com.

Benefits provided by Dental Benefit Providers of California, Inc.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0171	Re-evaluation – post operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
Radiographs/Diagnostic Imaging (X-rays)		
D0210	Intraoral - complete series (including bitewings)	\$0
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral - periapical each additional film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extra oral - first film	\$0

Code	Service	Co-payment
D0251	Extra oral posterior dental radiographic image	\$0
D0270	Bitewing - single film	\$0
D0272	Bitewings - two films	\$0
D0273	Bitewings - three films	\$0
D0274	Bitewings - four films	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0350	Oral/facial photographic images	\$0
D0351	3D photographic image	\$0
D0391	Interpretation of diagnostic image by a practitioner	\$0

Tests and Examinations

D0414	Lab processing of microbial specimen	\$0
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0417	Collection and preparation of saliva sample for laboratory diagnosis	\$0
D0418	Analysis of saliva sample	\$0
D0422	Collection and preparation of genetic sample material for lab analysis	\$0
D0423	Genetic test for susceptibility to disease specimen analysis	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination	\$0
D0486	Accession of brush biopsy sample, microscopic exam and preparation	\$0
D0601	Caries risk assessment and documentation with low risk finding	\$0
D0602	Caries risk assessment and documentation with moderate risk finding	\$0
D0603	Caries risk assessment and documentation with high risk finding	\$0

Code	Service	Co-payment
------	---------	------------

Preventive Services

D1110	Prophylaxis - adult	\$0
D1110	Additional adult prophylaxis (maximum of 2 additional per year)	\$35
D1120	Prophylaxis - child	\$0
D1120	Additional child prophylaxis (maximum of 2 additional per year)	\$25
D1120	Prophylaxis - child	\$0
D1120	Additional child prophylaxis (maximum of 2 additional per year)	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1208	Topical application of fluoride excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1354	Interim caries arresting medication application	\$0
D1510	Space maintainer - fixed - unilateral	\$25
D1515	Space maintainer - fixed - bilateral	\$25
D1520	Space maintainer - removable - unilateral	\$35
D1525	Space maintainer - removable - bilateral	\$35
D1550	Recementation of space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
D1575	Distal shoe space maintainer	\$25

Restorative Treatment

D2140	Amalgam - one surface, primary or permanent	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0
D2161	Amalgam - four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite - one surface, anterior	\$0
D2331	Resin-based composite - two surfaces, anterior	\$0
D2332	Resin-based composite - three surfaces, anterior	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0

Code	Service	Co-payment
D2390	Resin-based composite crown, anterior	\$30
D2391	Resin-based composite - one surface, posterior	\$30
D2392	Resin-based composite - two surfaces, posterior	\$45
D2393	Resin-based composite - three surfaces, posterior	\$65
D2394	Resin-based composite - four or more surfaces, posterior	\$65

Crowns

- *An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.*
- *Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/ bridge unit.*

D2510	Inlay - metallic - one surface	\$185
D2520	Inlay - metallic - two surfaces	\$185
D2530	Inlay - metallic - three or more surfaces	\$185
D2542	Onlay - metallic - two surfaces	\$225
D2543	Onlay - metallic - three surfaces	\$225
D2544	Onlay - metallic - four or more surfaces	\$225
D2610	Inlay - porcelain/ceramic - one surface	\$225
D2620	Inlay - porcelain/ceramic - two surfaces	\$225
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$225
D2642	Onlay - porcelain/ceramic - two surfaces	\$225
D2643	Onlay - porcelain/ceramic - three surfaces	\$225
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$225
D2650	Inlay - resin-based composite - one surface	\$225
D2651	Inlay - resin-based composite - two surfaces	\$225
D2652	Inlay - resin-based composite - three or more surfaces	\$225
D2662	Onlay - resin-based composite - two surfaces	\$225
D2663	Onlay - resin-based composite - three surfaces	\$225
D2664	Onlay - resin-based composite - four or more surfaces	\$225
D2710	Crown - resin-based composite (indirect)	\$225
D2712	Crown - 3/4 resin-based composite (indirect)	\$225
D2720	Crown - resin with high noble metal	\$225

Code	Service	Co-payment
D2721	Crown - resin with predominantly base metal	\$225
D2722	Crown - resin with noble metal	\$225
D2740	Crown - porcelain/ceramic substrate	\$225
D2750	Crown - porcelain fused to high noble metal	\$225
D2751	Crown - porcelain fused to predominantly base metal	\$225
D2752	Crown - porcelain fused to noble metal	\$225
D2780	Crown - 3/4 cast high noble metal	\$225
D2781	Crown - 3/4 cast predominantly base metal	\$225
D2782	Crown - 3/4 cast noble metal	\$225
D2783	Crown - 3/4 porcelain/ceramic	\$225
D2790	Crown - full cast high noble metal	\$225
D2791	Crown - full cast predominantly base metal	\$225
D2792	Crown - full cast noble metal	\$225
D2794	Crown - titanium	\$225
D2799	Provisional crown	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$25
D2931	Prefabricated stainless steel crown - permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins	\$70
D2951	Pin retention - per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2953	Each additional indirectly fabricated post - same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each additional prefabricated post - same tooth	\$30
D2960	Labial veneer (resin laminate) - chairside	\$250

Code	Service	Co-payment
D2961	Labial veneer (resin laminate) - laboratory	\$300
D2962	Labial veneer (porcelain laminate) - laboratory	\$350
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown repair, by report	\$0
D2981	Inlay repair necessitated by restorative material failure	\$0
D2982	Onlay repair necessitated by restorative material failure	\$0
D2983	Veneer repair necessitated by restorative material failure	\$350
D2990	Resin infiltration of incipient smooth surface lesions	\$0

Endodontics

All procedures exclude final restoration.

D3110	Pulp cap - direct (excluding final restoration)	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$30
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3230	Pulpal therapy - anterior, primary tooth (excluding final restoration)	\$40
D3240	Pulpal therapy - posterior, primary tooth (excluding final restoration)	\$40
D3310	Anterior (excluding final restoration)	\$80
D3320	Bicuspid (excluding final restoration)	\$125
D3330	Molar (excluding final restoration)	\$210
D3331	Treatment of root canal obstruction; non-surgical access	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy - anterior	\$135
D3347	Retreatment of previous root canal therapy - bicuspid	\$175
D3348	Retreatment of previous root canal therapy - molar	\$275
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$70

Code	Service	Co-payment
D3355	Pulpal regeneration – initial visit	\$70
D3356	Pulpal regeneration – interim medicament replacement	\$70
D3357	Pulpal regeneration – completion of treatment	\$70
D3410	Apicoectomy/periradicular surgery - anterior	\$95
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$95
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$95
D3426	Apicoectomy/periradicular surgery (each additional root)	\$60
D3427	Periradicular surgery without apicoectomy	\$60
D3430	Retrograde filling - per root	\$40
D3450	Root amputation - per root	\$95
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D3920	Hemi section (including any root removal), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$110
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$83
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure	\$19
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4245	Apically positioned flap	\$165
D4249	Clinical crown lengthening - hard tissue	\$120
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$295
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$210
D4263	Bone replacement graft - first site in quadrant	\$180
D4264	Bone replacement graft - each additional site in quadrant	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes	\$255

Code	Service	Co-payment
	membrane removal)	
D4270	Pedicle soft tissue graft procedure	\$245
D4273	Sub epithelial connective tissue graft procedures, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70
D4275	Soft tissue allograft	\$380
D4277	Free soft tissue graft procedure ea. additional contiguous tooth	\$245
D4278	Free soft tissue graft procedure ea. additional	\$0
D4283	Autogenous connective tissue graft ea. additional contiguous tooth	\$75
D4285	Non-autogenous connective tissue graft	\$380
D4320	Provisional splinting - intracoronal	\$95
D4321	Provisional splinting - extracoronal	\$85
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$40
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$30
D4346	Scaling in presence of generalized gingival inflammation, full mouth	\$55
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60
D4910	Periodontal maintenance	\$30
D4910	Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
D4921	Gingival irrigation – per quadrant	\$0
D4999	Periodontal charting for planning treatment of periodontal disease	\$0
D4999	Periodontal hygiene instruction	\$0

Removable Prosthodontics

Includes up to 3 adjustments within 6 months of delivery.

D5110	Complete denture - maxillary	\$260
D5120	Complete denture - mandibular	\$260
D5130	Immediate denture - maxillary	\$240
D5140	Immediate denture - mandibular	\$240
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$240
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$240

Code	Service	Co-payment
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
D5221	Immediate maxillary partial denture – resin base	\$60
D5222	Immediate mandibular partial denture – resin base	\$60
D5223	Immediate maxillary partial denture – cast metal framework	\$60
D5224	Immediate mandibular partial denture – cast metal framework	\$60
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250
D5410	Adjust complete denture - maxillary	\$10
D5411	Adjust complete denture - mandibular	\$10
D5421	Adjust partial denture - maxillary	\$10
D5422	Adjust partial denture - mandibular	\$10
D5510	Repair broken complete denture base	\$30
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$30
D5610	Repair resin denture base	\$30
D5620	Repair cast framework	\$30
D5630	Repair or replace broken clasp	\$35
D5640	Replace broken teeth - per tooth	\$30
D5650	Add tooth to existing partial denture	\$30
D5660	Add clasp to existing partial denture	\$35
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710	Rebase complete maxillary denture	\$60
D5711	Rebase complete mandibular denture	\$60
D5720	Rebase maxillary partial denture	\$60
D5721	Rebase mandibular partial denture	\$60
D5730	Reline complete maxillary denture (chairside)	\$35
D5731	Reline complete mandibular denture (chairside)	\$35

Code	Service	Co-payment
D5740	Reline maxillary partial denture (chairside)	\$35
D5741	Reline mandibular partial denture (chairside)	\$35
D5750	Reline complete maxillary denture (laboratory)	\$60
D5751	Reline complete mandibular denture (laboratory)	\$60
D5760	Reline maxillary partial denture (laboratory)	\$60
D5761	Reline mandibular partial denture (laboratory)	\$60
D5810	Interim complete denture (maxillary)	\$230
D5811	Interim complete denture (mandibular)	\$230
D5820	Interim partial denture (maxillary)	\$60
D5821	Interim partial denture (mandibular)	
D5850	Tissue conditioning, maxillary	\$20
D5851	Tissue conditioning, mandibular	\$20
D5862	Precision attachment, by report	\$160
D5863	Over denture – complete maxillary	\$260
D5864	Over denture – partial maxillary	\$260
D5865	Over denture – complete mandibular	\$260
D5866	Over denture – partial mandibular	\$260

Implant Services

D6010	Surgical placement of implant body – endosteal implant	\$1950
D6013	Surgical placement of mini-implant	\$1950
D6052	Semi-precision attachment abutment	\$368
D6055	Connecting bar - implant supported or abutment supported	\$540
D6056	Prefabricated abutment - includes modification and placement	\$368
D6057	Custom fabricated abutment - includes placement	\$610
D6058	Abutment supported porcelain/ceramic crown	\$1050
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$915
D6060	Abutment supported porcelain fused to metal crown (predominately base metal)	\$1050
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$946
D6062	Abutment supported cast metal crown (high noble metal)	\$981
D6063	Abutment supported cast metal crown (predominately base metal)	\$854
D6064	Abutment supported cast metal crown (noble metal)	\$1168

Code	Service	Co-payment
D6065	Implant supported porcelain/ceramic crown	\$1144
D6066	Implant supported porcelain fused to metal crown	\$1083
D6067	Implanted supported metal crown	\$962
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1026
D6069	Abutment supported retainer for porcelain fused to metal FPD	\$1050
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base	\$965
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$984
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$997
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)	\$910
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$967
D6075	Implant supported retainer for ceramic FPD	\$1018
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble meta)	\$992
D6077	Implant supported retainer for case metal FPD (titanium, titanium alloy, high noble metal)	\$962
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$55
D6081	Scaling and debridement in presence of inflammation	\$57
D6085	Provisional implant crown	\$0
D6090	Repair implant supported prosthesis, by report	\$135
D6091	Replacement of semi-precision or precision attachment(male or female component) of implant/abutment supported prosthesis	\$410
D6092	Recement implant/abutment supported crown	\$79
D6093	Recement implant/abutment supported fixed partial denture	\$124
D6094	Abutment supported crown – titanium	\$810
D6095	Repair implant abutment, by report	\$55
D6100	Implant removal, by report	\$600
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$57
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces	\$190
D6103	Bone graft for repair of periimplant defect not include flap entry and closure	\$350

Code	Service	Co-payment
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	\$925
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	\$925
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	\$925
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	\$925
D6190	Radiographic/surgical implant index, by report	\$265
D6194	Abutment supported retainer crown for FPD – titanium	\$835

Crowns/Fixed Bridges - Per Unit

- *An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.*
- *Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.*

D6210	Pontic - cast high noble metal	\$225
D6211	Pontic - cast predominantly base metal	\$225
D6212	Pontic - cast noble metal	\$225
D6214	Pontic - titanium	\$225
D6240	Pontic - porcelain fused to high noble metal	\$225
D6241	Pontic - porcelain fused to predominantly base metal	\$225
D6242	Pontic - porcelain fused to noble metal	\$225
D6245	Pontic - porcelain/ceramic	\$245
D6250	Pontic - resin with high noble metal	\$225
D6251	Pontic - resin with predominantly base metal	\$225
D6252	Pontic - resin with noble metal	\$225
D6253	Provisional pontic	\$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$150
D6549	Resin retainer – for resin bonded fixed prosthesis	\$150
D6600	Inlay - porcelain/ceramic, two surfaces	\$225
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$225

Code	Service	Co-payment
D6602	Inlay - cast high noble metal, two surfaces	\$225
D6603	Inlay - cast high noble metal, three or more surfaces	\$225
D6604	Inlay - cast predominantly base metal, two surfaces	\$225
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$225
D6606	Inlay - cast noble metal, two surfaces	\$225
D6607	Inlay - cast noble metal, three or more surfaces	\$225
D6608	Onlay - porcelain/ceramic , two surfaces	\$225
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$225
D6610	Onlay - cast high noble metal, two surfaces	\$225
D6611	Onlay - cast high noble metal, three or more surfaces	\$225
D6612	Onlay - cast predominantly base metal, two surfaces	\$225
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$225
D6614	Onlay - cast noble metal, two surfaces	\$225
D6615	Onlay - cast noble metal, three or more surfaces	\$225
D6710	Crown - indirect resin based composite	\$225
D6720	Crown - resin with high noble metal	\$225
D6721	Crown - resin with predominantly base metal	\$225
D6722	Crown - resin with noble metal	\$225
D6740	Crown - porcelain/ceramic	\$225
D6750	Crown - porcelain fused to high noble metal	\$225
D6751	Crown - porcelain fused to predominantly base metal	\$225
D6752	Crown - porcelain fused to noble metal	\$225
D6780	Crown - 3/4 cast high noble metal	\$225
D6781	Crown - 3/4 cast predominantly base metal	\$225
D6782	Crown - 3/4 cast noble metal	\$225
D6783	Crown - 3/4 porcelain/ceramic	\$225
D6790	Crown - full cast high noble metal	\$225
D6791	Crown - full cast predominantly base metal	\$225
D6792	Crown - full cast noble metal	\$225
D6794	Crown - titanium	\$225
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$110

Code	Service	Co-payment
D6950	Precision attachment	\$45
D6980	Fixed partial denture repair, by report	\$45

Oral Surgery

- *Includes routine post-operative visits/treatment.*
- *The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your Health Net selected general or specialty care dentist's usual and customary fees.*

D7111	Extraction, coronal remnants - deciduous tooth	\$5
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$30
D7220	Removal of impacted tooth - soft tissue	\$45
D7230	Removal of impacted tooth - partially bony	\$65
D7240	Removal of impacted tooth - completely bony	\$80
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$100
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
D7280	Surgical access of an unerupted tooth	\$85
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
D7283	Placement of device to facilitate eruption of impacted tooth	\$90
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$0
D7286	Biopsy of oral tissue - soft	\$0
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy - transepithelial sample collection	\$50
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$15
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$60
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80

Code	Service	Co-payment
D7472	Removal of torus palatinus	\$60
D7473	Removal of torus mandibularis	\$60
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35
D7520	Incision and drainage of abscess - extra oral soft tissue	\$35
D7521	Incision and drainage of abscess - extra oral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35
D7881	Occlusal orthotic device adjustment	\$10
D7910	Suture of recent small wounds up to 5 cm	\$25
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$40
D7963	Frenuloplasty	\$40
D7970	Excision of hyperplastic tissue - per arch	\$55
D7971	Excision of pericoronal gingiva	\$40

Orthodontics

- *Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.*
- *Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.*

D8010	Limited orthodontic treatment of the primary dentition	\$725
D8020	Limited orthodontic treatment of the transitional dentition	\$725
D8030	Limited orthodontic treatment of the adolescent dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,695
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,695
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,695
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount

Code	Service	Co-payment
D8660	Pre-orthodontic treatment visit	\$0
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8681	Removable orthodontic retainer adjustment	\$0
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
D8694	Repair of fixed retainers, includes attachment	\$0
D8999	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
D8999	Ortho visits beyond 24 months of active treatment or retention	\$25 per visit

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9219	Evaluation for deep sedation or general anesthesia	\$0
D9223	Deep sedation/general anesthesia - each additional 15 minutes	\$45
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minutes	\$45
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15

Code	Service	Co-payment
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or relines of occlusal guard	\$40
D9943	Occlusal adjustment	\$10
D9951	Occlusal adjustment - limited	\$30
D9952	Occlusal adjustment - complete	\$60
D9972	External bleaching - per arch	\$125
D9975	External bleaching for home application, per arch	\$125
D9999	Broken appointment (less than 24 hour notice)	Not to exceed \$25