

# Summary of Benefits<sup>3</sup>



**Josefina Bravo,**  
**Health Net**

*We help members build  
healthy habits.*

<i>Covered procedure (partial list)</i>	<i>Member copayment</i>
<b>Diagnostic</b>	
D0150 Comprehensive oral evaluation	\$0
D0210 Intraoral X-rays – complete series	\$0
D0220 Intraoral X-rays – periapical, first film	\$0
<b>Preventive</b>	
D1110 Prophylaxis (cleaning) – adult	\$0
D1110 Additional prophylaxis (up to 2 additional per year) adult	\$35
D1208 Topical application of fluoride – adult	\$0
D1351 Sealant per tooth	\$0
D1510 Space maintainer – fixed, unilateral	\$25
<b>Restorative treatment</b>	
D2150 Amalgam (silver filling) – two surfaces	\$0
D2331 Composite (white filling) – two surfaces	\$0
D2392 Composite (white filling) – two surfaces posterior	\$45
<b>Crowns and pontics</b>	
D2740 Crown – porcelain/ceramic substrate	\$225
D2751 Crown – porcelain fused to predominantly base metal <sup>4</sup>	\$225
D2962 Labial veneer (porcelain laminate) – laboratory	\$350
<b>Endodontics</b>	
D3320 Root canal – bicuspid (excl. final restoration)	\$125
D3330 Root canal – molar (excl. final restoration)	\$210
<b>Periodontics</b>	
D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$110
D4341 Periodontal scaling and root planing – four or more teeth per quadrant	\$40
D4910 Periodontal maintenance	\$30
<b>Prosthodontics</b>	
D5110 Complete denture – upper	\$260
D5120 Complete denture – lower	\$260
<b>Oral surgery</b>	
D7220 Removal of impacted tooth – soft tissue	\$45
D7240 Removal of impacted tooth – completely bony	\$80
D7286 Biopsy of oral tissue – soft	\$0
<b>Orthodontics</b>	
D8070–90 Comprehensive orthodontic treatment – adult or child	\$1,695
<b>Other general services</b>	
D9230 Nitrous oxide, analgesia, anxiolysis (inhalation)	\$15
D9972 External bleaching (teeth whitening) – per arch	\$125

<sup>3</sup>This is only a summary. Please refer to the *Evidence of Coverage* for full terms and conditions of coverage, including which services are limited or excluded from coverage.

<sup>4</sup>There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.