



**UNITEDHEALTHCARE/PACIFIC UNION DENTAL
DIRECT COMPENSATION
QUICK REFERENCE GUIDE (QRG)**



**Dental Benefit
Providers® of California**

Website: Offers eligibility verification, claim status and network specialist locations.	www.uhcdental.com
Using our website to locate Dentists including Specialists: Before Log in, select "Provider Search", "State", and "Select A Network".	CA Direct Compensation- General Dentists CA Direct Compensation- Specialists
Specialty Referral Process: General Dentist must obtain preauthorization for all specialty services. Services without prior authorization will not be covered.	PRE-AUTHORIZATION
Member ID Cards: The following brand names are found on the member id cards for your reference.	 
Integrated Voice Response (IVR) System: <ul style="list-style-type: none"> • Enables you to access information 24 hours a day • Obtain real-time eligibility, eligibility via fax, and assign members to your office • Obtain claim status and copies of EOB's 	1-877-732-4337
Dedicated Toll Free Customer Service: Issues such as eligibility, claims and dental plan information.	1-877-732-4337
Provider Relations: Questions regarding fee schedules and contracts	1-877-732-4337
Emergency Specialty Referral Phone Number:	1-877-732-4337
Address: Claims	P.O. Box 30567 Salt Lake City, UT 84130-0567
Specialty Referral and Pre-Treatment Estimates:	P.O. Box 30552 Salt Lake City, UT 84130-0552
Written Inquiries and Appeals:	P.O. Box 30569 Salt Lake City, UT 84130-0569
Electronic Claims Submission - Payor ID:	52133
Request for Specialty Referral Form and Provider Manual	1-877-732-4337
California Language Assistance Program: If language assistance is required, contact DBP-CA at the number provided on the back of the member's ID Card. You will then be connected with the Language Line, via a customer service representative, where certified interpreters are available to provide telephonic interpretation services.	
Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.	

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

**UNITEDHEALTHCARE / PACIFIC UNION DENTAL
DIRECT COMPENSATION PLANS
EXHIBIT 2B**



**Dental Benefit
Providers® of California**

PRODUCT ID:	PLAN NAME:	LIMITATION / EXCLUSIONS VERSION & PLAN BENEFITS:
D0014420	CA 210	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014421	CA 210	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014422	CA 220	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014423	CA 220	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014424	CA 230	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014425	CA 230	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014454	CA 240	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014455	CA 240	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014456	CA 250	DIRECT COMPENSATION CA 210 - 250 PLANS
D0014457	CA 250	DIRECT COMPENSATION CA 210 - 250 PLANS
D0018084	D1076 General Employees Trust Fund	CUSTOM / RFK
D0018085	D1077 General Employees Trust Fund	CUSTOM / RFK
D0018118	D1048 Plan 240	CUSTOM / RFK
D0018294	D1085 Fresno City Employees Health & Welfare Trust	CUSTOM / RFK
D0021629	D1092 Southwest Carpenters Health	CUSTOM / RFK
D0021983	D1094 City & County of San Francisco	CUSTOM / RFK
D1000154	IMPERIAL	VERSION 4
D1000176	RFK OPTION 1	CUSTOM / RFK: No orthodontia benefits, plan pays copayments for members with dual DC coverage and \$75 emergency benefit per occurrence.
D1000182	VENTURA	VERSION 4
D1000224	RFK OPTION 2	CUSTOM / RFK: No orthodontia benefits, plan pays copayments for members with dual DC coverage and \$75 emergency benefit per occurrence.
D1000225	RFK OPTION 3	CUSTOM / RFK: No orthodontia benefits, plan pays copayments for members with dual DC coverage and \$75 emergency benefit per occurrence.
D1000226	RFK OPTION 4	CUSTOM / RFK: No orthodontia benefits, plan pays copayments for members with dual DC coverage and \$75 emergency benefit per occurrence.
D1000290	AVALON 200	VERSION 5
D1000385	FOSTER FARMS	VERSION 4
D1000387	NAPA REGENCY	VERSION 4
D1000391	PATIENT'S CHOICE	PATIENT'S CHOICE
D1000392	INDIVIDUAL ADVANTAGE	INDIVIDUAL ADVANTAGE
D1000394	PATIENT'S CHOICE	PATIENT'S CHOICE

UNITEDHEALTHCARE - CALIFORNIA DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	CA 210 CO-PAY	CA 220 CO-PAY	CA 230 CO-PAY	CA 240 CO-PAY	CA 250 CO-PAY
			D0014420	D0014422	D0014424	D0014454	D0014456
PRODUCT ID:			D0014421	D0014423	D0014425	D0014455	D0014457
I. DIAGNOSTIC							
D0120	periodic oral evaluation – established patient	10	0	0	0	0	0
D0140	limited oral evaluation – problem focused	10	0	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	25	0	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient	30	0	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report	10	0	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	10	0	0	0	0	0
D0180	comprehensive periodontal evaluation – new or established patient	30	0	0	0	0	0
D0190	screening of a patient	5	5	5	5	5	0
D0191	assessment of a patient	5	5	5	5	5	0
D0210	intraoral – complete series of radiographic images	62	0	0	0	0	0
D0220	intraoral – periapical first radiographic image	9	0	0	0	0	0
D0230	intraoral – periapical each additional radiographic imag	5	0	0	0	0	0
D0240	intraoral – occlusal radiographic image	10	0	0	0	0	0
D0250	extra-oral – 2D projection radiographic image created using stationary radiation source, detector	10	0	0	0	0	0
D0251	extra-oral posterior dental radiographic image	10	0	0	0	0	0
D0270	bitewing – single radiographic image	9	0	0	0	0	0
D0272	bitewings – two radiographic images	15	0	0	0	0	0
D0273	bitewings – three radiographic images	20	0	0	0	0	0
D0274	bitewings – four radiographic images	25	0	0	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images	24	0	0	0	0	0
D0330	panoramic film	37	0	0	0	0	0
D0340	cephalometric film	37	30	20	10	10	0
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	85	55	35	20	10	0
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible	85	55	35	20	10	0
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	95	65	45	25	15	0
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	115	65	45	25	15	0
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	140	90	60	35	20	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	10	10	10	5	5	0
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	24	0	0	0	0	0
D0415	collection of microorganisms for culture and sensitivity	24	0	0	0	0	0
D0416	viral culture	24	0	0	0	0	0
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	24	0	0	0	0	0
D0418	analysis of saliva sample	24	0	0	0	0	0
D0422	collection and preparation of genetic sample material for laboratory analysis and report	24	0	0	0	0	0
D0423	genetic test for susceptibility to diseases – specimen analysis	24	0	0	0	0	0
D0425	caries susceptibility tests	24	0	0	0	0	0
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	42	0	0	0	0	0
D0460	pulp vitality tests	24	0	0	0	0	0
D0470	diagnostic casts	25	0	0	0	0	0
D0472	accession of tissue, gross examination, preparation and transmission of written report	25	0	0	0	0	0
D0473	accession of tissue, gross and microscopic examination, preparation, transmission of written rpt	65	0	0	0	0	0
D0474	accession of tissue, gross and microscopic examination for presence of disease	65	0	0	0	0	0
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	24	0	0	0	0	0
II. PREVENTIVE							
D1110	prophylaxis – adult	45	0	0	0	0	0
D1120	prophylaxis – child	27	0	0	0	0	0

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 PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
 EXHIBIT 2B



Dental Benefit
 Providers® of California

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PRODUCT ID:			D0014420 D0014421	D0014422 D0014423	D0014424 D0014425	D0014454 D0014455	D0014456 D0014457
D1206	topical application of fluoride varnish	12	0	0	0	0	0
D1208	topical application of fluoride – excluding varnish	9	0	0	0	0	0
D1310	nutritional counseling for control of dental disease	0	0	0	0	0	0
D1320	tobacco counseling for the control and prevention of oral disease	0 ¹	0	0	0	0	0
D1330	oral hygiene instructions	0 ¹	0	0	0	0	0
D1351	sealant - per tooth	18	0	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	18	0	0	0	0	0
D1516	space maintainer – fixed – bilateral, maxillary	100	0	0	0	0	0
D1517	space maintainer – fixed – bilateral, mandibular	100	0	0	0	0	0
D1520	space maintainer – removable – unilateral	68	0	0	0	0	0
D1526	space maintainer – removable – bilateral, maxillary	87	0	0	0	0	0
D1527	space maintainer – removable – bilateral, mandibular	87	0	0	0	0	0
D1550	re-cement or re-bond space maintainer	10	0	0	0	0	0
D1555	removal of fixed space maintainer	10	0	0	0	0	0
D1575	distal shoe space maintainer – fixed – unilateral	70	0	0	0	0	0
III. RESTORATIVE							
D2140	amalgam – one surface, primary or permanent	36	30	20	10	5	0
D2150	amalgam – two surfaces, primary or permanent	54	45	30	15	5	0
D2160	amalgam – three surfaces, primary or permanent	72	55	40	20	10	0
D2161	amalgam – four or more surfaces, primary or permanent	72	55	40	20	10	0
D2330	resin-based composite – one surface, anterior	37	30	20	10	5	0
D2331	resin-based composite – two surfaces, anterior	56	45	30	15	5	0
D2332	resin-based composite – three surfaces, anterior	75	60	40	20	10	0
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	75	60	40	20	10	0
D2390	resin-based composite crown, anterior	70	55	35	20	20	0
D2391	resin-based composite – one surface, posterior	55	45	30	15	5	0
D2392	resin-based composite – one surface, posterior	81	65	45	20	10	0
D2393	resin-based composite – three surfaces, posterior	110	85	60	30	10	0
D2394	resin-based composite – four or more surfaces, posterior	110	85	60	30	10	0
D2510	inlay – metallic – one surface *	362	285	190	115	95	0
D2520	inlay – metallic – two surfaces *	362	285	190	115	95	0
D2530	inlay – metallic – three or more surfaces*	362	285	190	115	95	0
D2542	onlay – metallic – two surfaces*	362	285	190	115	95	0
D2543	onlay – metallic – three surfaces*	362	285	190	115	95	0
D2544	onlay – metallic – four or more surfaces*	362	285	190	115	95	0
D2610	inlay – porcelain/ceramic – one surface	125	100	65	40	35	0
D2620	inlay – porcelain/ceramic – two surfaces	150	120	80	45	40	0
D2630	inlay – porcelain/ceramic – three or more surfaces	175	140	90	55	45	0
D2642	onlay – porcelain/ceramic – two surfaces	362	285	190	115	95	0
D2643	onlay – porcelain/ceramic – three surfaces	362	285	190	115	95	0
D2644	onlay – porcelain/ceramic – four or more surfaces	362	285	190	115	95	0
D2650	inlay – resin-based composite – one surface	110	85	60	35	30	0
D2651	inlay – resin-based composite – two surfaces	125	100	65	40	35	0
D2652	inlay – resin-based composite – three or more surfaces	145	115	75	45	40	0
D2662	onlay – resin-based composite – two surfaces	115	90	60	35	30	0
D2663	onlay – resin-based composite – three surfaces	150	120	80	45	40	0
D2664	onlay – resin-based composite – four or more surfaces	175	140	90	55	45	0
D2710	crown – resin-based composite (indirect)	72	55	40	25	20	0
D2712	crown – ¾ resin-based composite (indirect)	72	55	40	25	20	0

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PRODUCT ID:							
D2720	crown – resin with high noble metal*	144	115	75	45	40	0
D2721	crown – resin with predominantly base metal	108	85	55	35	30	0
D2722	crown – resin with noble metal*	123	95	65	40	30	0
D2740	crown – porcelain/ceramic	375	295	195	120	100	0
D2750	crown – porcelain fused to high noble metal*	375	295	195	120	100	0
D2751	crown – porcelain fused to predominantly base metal	350	275	185	110	90	0
D2752	crown – porcelain fused to noble metal*	375	295	195	120	100	0
D2780	crown – ¾ cast high noble metal *	362	285	190	115	95	0
D2781	crown – ¾ cast predominantly base metal	345	270	180	110	90	0
D2782	crown – ¾ cast noble metal*	362	285	190	115	95	0
D2783	crown – ¾ porcelain/ceramic	362	285	190	115	95	0
D2790	crown – full cast high noble metal*	375	295	195	120	100	0
D2791	crown – full cast predominantly base metal	350	275	185	110	90	0
D2792	crown – full cast noble metal*	375	295	195	120	100	0
D2794	crown – titanium*	375	295	195	120	100	0
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10	10	5	5	5	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	10	5	5	5	0
D2920	re-cement or re-bond crown	10	10	5	5	5	0
D2921	reattachment of tooth fragment, incisal edge or cusp	19	15	10	5	5	0
D2929	prefabricated porcelain/ceramic crown – primary tooth	35	30	20	10	10	0
D2930	prefabricated stainless steel crown – primary tooth	32	25	15	10	10	0
D2931	prefabricated stainless steel crown – permanent tooth	45	35	25	15	10	0
D2932	prefabricated resin crown	35	30	20	10	10	0
D2933	prefabricated stainless steel crown with resin window	32	25	15	10	10	0
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	32	25	15	10	10	0
D2940	protective restoration	15	10	10	5	5	0
D2941	interim therapeutic restoration – primary dentition	12	10	5	5	5	0
D2950	core buildup, including any pins when required	20	15	10	5	5	0
D2951	pin retention – per tooth, in addition to restoration	10	10	5	5	5	0
D2952	post and core in addition to crown, indirectly fabricated*	89	70	45	30	25	0
D2953	each additional indirectly fabricated post – same tooth*	23	20	10	5	5	0
D2954	prefabricated post and core in addition to crown	41	30	20	15	10	0
D2955	post removal	75	60	40	25	20	0
D2957	each additional prefabricated post – same tooth	10	10	5	5	5	0
D2960	labial veneer (resin laminate) – chairside	75	60	40	25	20	0
D2961	labial veneer (resin laminate) – laboratory	144	115	75	45	40	0
D2962	labial veneer (porcelain laminate) – laboratory	144	115	75	45	40	0
D2971	additional procedures to construct new crown under existing partial denture framework	45	35	25	15	10	0
D2975	coping	276	215	145	85	70	0
D2980	crown repair necessitated by restorative material failure	60	45	30	20	15	0
D2990	resin infiltration of incipient smooth surface lesions	18	15	10	5	5	0
IV. ENDODONTICS							
D3110	pulp cap – direct (excluding final restoration)	18	15	10	5	0	0
D3120	pulp cap – indirect (excluding final restoration)	5	5	5	0	0	0
D3220	therapeutic pulpotomy (excluding final restoration)	18	15	10	5	0	0
D3221	pulpal debridement, primary and permanent teeth	25	20	15	5	5	0
D3222	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	18	15	10	5	0	0
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	18	15	10	5	0	0
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	18	15	10	5	0	0

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 EXHIBIT 2B



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D3310	endodontic therapy, anterior tooth (excluding final restoration)	150	120	80	40	15	0
D3320	endodontic therapy, premolar tooth (excluding final restoration)	200	220	120	75	20	0
D3330	endodontic therapy, molar tooth (excluding final restoration)	350	350	185	100	60	0
D3331	treatment of root canal obstruction; non-surgical access	25	20	15	5	5	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	20	15	10	5	0	0
D3333	internal root repair of perforation defects	55	45	30	15	5	0
D3346	retreatment of previous root canal therapy – anterior	150	120	80	40	15	0
D3347	retreatment of previous root canal therapy – premolar	200	160	105	55	20	0
D3348	retreatment of previous root canal therapy – molar	355	280	185	95	35	0
D3351	apexification/recalcification – initial visit	42	35	20	10	5	0
D3352	apexification/recalcification – interim medication replacement	40	30	20	10	5	0
D3353	apexification/recalcification – final visit	75	60	40	20	10	0
D3355	pulpal regeneration – initial visit	42	35	20	10	5	0
D3356	pulpal regeneration – interim medication replacement	40	30	20	10	5	0
D3357	pulpal regeneration – completion of treatment	75	60	40	20	10	0
D3410	apicoectomy – anterior	135	105	70	35	15	0
D3421	apicoectomy – premolar (first root)	202	160	105	55	20	0
D3425	apicoectomy – molar (first root)	302	240	160	80	30	0
D3426	apicoectomy (each additional root)	101	80	55	25	10	0
D3427	periradicular surgery without apicoectomy	101	80	55	25	10	0
D3430	retrograde filling - per root	95	75	50	25	10	0
D3450	root amputation – per root	75	60	40	20	10	0
D3460	endodontic endosseous implant	0 ¹	1,950	1,950	1,950	1,950	1,950
D3910	surgical procedure for isolation of tooth with rubber dam	40	30	20	10	5	0
D3920	hemisection (including any root removal), not including root canal therapy	60	45	30	15	5	0
D3950	canal preparation and fitting of preformed dowel or post	50	40	25	15	5	0
V. PERIODONTICS							
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quad	90	70	45	25	10	0
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quad	30	25	15	10	5	0
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	12	10	5	5	0	0
D4240	gingival flap procedure, inc root planing – four+ contiguous teeth/tooth bounded spaces per quad	90	70	45	25	10	0
D4241	gingival flap procedure, including root planing – 1-3 contiguous teeth/bounded spaces per quad	57	45	30	15	5	0
D4245	apically positioned flap	100	80	55	25	10	0
D4249	clinical crown lengthening – hard tissue	95	75	50	25	10	0
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four +contiguous teeth/bounded spaces per quadrant	300	235	160	80	30	0
D4261	osseous surgery (including elevation of a full thickness flap and closure) – 1-3 contiguous teeth or tooth bounded spaces per quad	190	150	100	50	20	0
D4263	bone replacement graft – first site in quadrant	150	120	80	40	15	0
D4270	pedicle soft tissue graft procedure	90	70	45	25	10	0
D4274	distal or proximal wedge procedure	90	70	45	25	10	0
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	120	95	65	30	15	0
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	60	45	30	15	5	0
D4320	provisional splinting – intracoronal	95	75	50	25	10	0
D4321	provisional splinting – extracoronal	75	60	40	20	10	0
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	65	50	40	5	0
D4342	periodontal scaling and root planing – one to three teeth per quadrant	45	40	30	25	5	0

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PRODUCT ID:							
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	45	35	25	10	0	0
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50	40	25	15	5	0
D4381	localized delivery of antimicrobial agents via a controlled release vehicle , per tooth	25	20	15	5	5	0
D4910	periodontal maintenance	45	35	25	10	5	0
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	18	15	10	5	0	0
D4921	gingival irrigation – per quadrant	13	0	0	0	0	0
VI. PROSTHODONTICS, REMOVABLE							
D5110	complete denture – maxillary	535	420	280	170	140	0
D5120	complete denture – mandibular	535	420	280	170	140	0
D5130	immediate denture – maxillary	535	420	280	170	140	0
D5140	immediate denture – mandibular	535	420	280	170	140	0
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	150	120	80	45	40	0
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	150	120	80	45	40	0
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	540	425	285	170	140	0
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	540	425	285	170	140	0
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	115	90	60	35	30	0
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	115	90	60	35	30	0
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	115	90	60	35	30	0
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	115	90	60	35	30	0
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	160	125	85	50	40	0
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	160	125	85	50	40	0
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary*	85	65	45	25	20	0
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular*	85	65	45	25	20	0
D5410	adjust complete denture – maxillary	15	10	10	5	5	0
D5411	adjust complete denture – mandibular	15	10	10	5	5	0
D5421	adjust partial denture – maxillary	15	10	10	5	5	0
D5422	adjust partial denture – mandibular	15	10	10	5	5	0
D5511	repair broken complete denture base, mandibular	42	10	10	5	5	0
D5512	repair broken complete denture base, maxillary	42	10	10	5	5	0
D5520	replace missing or broken teeth – complete denture (each tooth)	27	20	15	10	5	0
D5611	repair resin partial denture base, mandibular	42	10	10	5	5	0
D5612	repair resin partial denture base, maxillary	42	10	10	5	5	0
D5621	repair cast partial framework, mandibular	90	10	10	5	5	0
D5622	repair cast partial framework, maxillary	90	10	10	5	5	0
D5630	repair or replace broken clasp - per tooth	90	70	45	30	25	0
D5640	replace broken teeth - per tooth	42	35	20	15	10	0
D5650	add tooth to existing partial denture	42	35	20	15	10	0
D5660	add clasp to existing partial denture - per tooth	75	60	40	25	20	0
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	175	140	90	55	45	0
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	175	140	90	55	45	0
D5710	rebase complete maxillary denture	150	120	80	45	40	0
D5711	rebase complete mandibular denture	150	120	80	45	40	0
D5720	rebase maxillary partial denture	120	95	65	40	30	0
D5721	rebase mandibular partial denture	120	95	65	40	30	0
D5730	reline complete maxillary denture (chairside)	86	70	45	25	25	0

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UNITEDHEALTHCARE - CALIFORNIA DIRECT COMPENSATION PLANS
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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	CA 210 CO-PAY	CA 220 CO-PAY	CA 230 CO-PAY	CA 240 CO-PAY	CA 250 CO-PAY
			D0014420 D0014421	D0014422 D0014423	D0014424 D0014425	D0014454 D0014455	D0014456 D0014457
			PRODUCT ID:				
D5731	reline complete mandibular denture (chairside)	86	70	45	25	25	0
D5740	reline maxillary partial denture (chairside)	72	55	40	25	20	0
D5741	reline mandibular partial denture (chairside)	72	55	40	25	20	0
D5750	reline complete maxillary denture (laboratory)	115	90	60	35	30	0
D5751	reline complete mandibular denture (laboratory)	115	90	60	35	30	0
D5760	reline maxillary partial denture (laboratory)	115	90	60	35	30	0
D5761	reline mandibular partial denture (laboratory)	115	90	60	35	30	0
D5810	interim complete denture (maxillary)	150	120	80	45	40	0
D5811	interim complete denture (mandibular)	150	120	80	45	40	0
D5820	interim partial denture (maxillary)	115	90	60	35	30	0
D5821	interim partial denture (mandibular)	115	90	60	35	30	0
D5850	tissue conditioning, maxillary	25	20	15	10	5	0
D5851	tissue conditioning, mandibular	25	20	15	10	5	0
D5863	overdenture – complete maxillary	535	420	280	170	140	0
D5864	overdenture – partial maxillary	540	420	280	170	140	0
D5865	overdenture – complete mandibular	535	425	285	170	140	0
D5866	overdenture – partial mandibular	540	425	285	170	140	0
D5876	add metal substructure to acrylic full denture (per arch)	150	120	80	45	40	0
D5992	adjust maxillofacial prosthetic appliance, by report	14	10	5	5	5	0
VIII. IMPLANT SERVICES							
D6010	surgical placement of implant body: endosteal implant	0 ¹	1,950	1,950	1,950	1,950	1,950
D6013	surgical placement of mini implant	0 ¹	1,950	1,950	1,950	1,950	1,950
D6052	semi-precision attachment abutment	0 ¹	368	368	368	368	368
D6055	connecting bar – implant supported or abutment supported	0 ¹	540	540	540	540	540
D6056	prefabricated abutment – includes modification and placement	0 ¹	368	368	368	368	368
D6057	custom fabricated abutment – includes placement	0 ¹	610	610	610	610	610
D6058	abutment supported porcelain/ceramic crown	0 ¹	1,050	1,050	1,050	1,050	1,050
D6059	abutment supported porcelain fused to metal crown (high noble metal)*	0 ¹	915	915	915	915	915
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	0 ¹	1,050	1,050	1,050	1,050	1,050
D6061	abutment supported porcelain fused to metal crown (noble metal)*	0 ¹	946	946	946	946	946
D6062	abutment supported cast metal crown (high noble metal)*	0 ¹	981	981	981	981	981
D6063	abutment supported cast metal crown (predominantly base metal)	0 ¹	854	854	854	854	854
D6064	abutment supported cast metal crown (noble metal)*	0 ¹	1,168	1,168	1,168	1,168	1,168
D6065	implant supported porcelain/ceramic crown	0 ¹	1,144	1,144	1,144	1,144	1,144
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)*	0 ¹	1,083	1,083	1,083	1,083	1,083
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)*	0 ¹	962	962	962	962	962
D6068	abutment supported retainer for porcelain/ceramic FPD	0 ¹	1,026	1,026	1,026	1,026	1,026
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)*	0 ¹	1,050	1,050	1,050	1,050	1,050
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	0 ¹	965	965	965	965	965
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)*	0 ¹	984	984	984	984	984
D6072	abutment supported retainer for cast metal FPD (high noble metal)*	0 ¹	997	997	997	997	997
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	0 ¹	910	910	910	910	910
D6074	abutment supported retainer for cast metal FPD (noble metal)*	0 ¹	967	967	967	967	967
D6075	implant supported retainer for ceramic FPD	0 ¹	1,018	1,018	1,018	1,018	1,018

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	CA 210 CO-PAY	CA 220 CO-PAY	CA 230 CO-PAY	CA 240 CO-PAY	CA 250 CO-PAY
			D0014420 D0014421	D0014422 D0014423	D0014424 D0014425	D0014454 D0014455	D0014456 D0014457
PRODUCT ID:							
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy high noble metal)*	0 ¹	992	992	992	992	992
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)*	0 ¹	962	962	962	962	962
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	0 ¹	55	55	55	55	55
D6081	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	43	45	30	20	15	0
D6090	repair implant supported prosthesis, by report	0 ¹	135	135	135	135	135
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	0 ¹	410	410	410	410	410
D6092	re-cement or re-bond implant/abutment supported crown	0 ¹	79	79	79	79	79
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	0 ¹	124	124	124	124	124
D6094	abutment supported crown (titanium)	0 ¹	810	810	810	810	810
D6095	repair implant abutment, by report	0 ¹	55	55	55	55	55
D6096	remove broken implant retaining screw	75	55	55	55	55	55
D6100	implant removal, by report	0 ¹	600	600	600	600	600
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	57	45	30	20	15	0
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	190	150	100	60	50	0
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	0 ¹	350	350	350	350	350
D6190	radiographic/surgical implant index, by report	0 ¹	265	265	265	265	265
D6194	abutment supported retainer crown for FPD (titanium)	0 ¹	835	835	835	835	835
IX. PROSTHODONTICS, FIXED							
D6205	pontic – indirect resin based composite	75	60	40	25	20	0
D6210	pontic – cast high noble metal*	304	240	160	95	80	0
D6211	pontic – cast predominantly base metal	290	230	150	90	75	0
D6212	pontic – cast noble metal*	304	240	160	95	80	0
D6214	pontic – titanium*	304	240	160	95	80	0
D6240	pontic – porcelain fused to high noble metal*	304	240	160	95	80	0
D6241	pontic – porcelain fused to predominantly base metal	290	230	150	90	75	0
D6242	pontic – porcelain fused to noble metal*	304	240	160	95	80	0
D6245	pontic – porcelain/ceramic	365	285	190	115	95	0
D6250	pontic – resin with high noble metal*	90	70	45	30	25	0
D6251	pontic – resin with predominantly base metal	50	40	25	15	15	0
D6252	pontic – resin with noble metal*	63	50	35	20	15	0
D6253	provisional pontic	95	75	50	30	25	0
D6545	retainer – cast metal for resin bonded fixed prosthesis	45	35	25	15	10	0
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	45	35	25	15	10	0
D6600	retainer inlay – porcelain/ceramic, two surfaces	150	120	80	45	40	0
D6601	retainer inlay – porcelain/ceramic, three or more surfaces	175	140	90	55	45	0
D6602	retainer inlay – cast high noble metal, two surfaces*	150	120	80	45	40	0
D6603	retainer inlay – cast high noble metal, three or more surfaces*	175	140	90	55	45	0
D6604	retainer inlay – cast predominantly base metal, two surfaces*	150	120	80	45	40	0
D6605	retainer inlay – cast predominantly base metal, three or more surfaces*	175	140	90	55	45	0
D6606	retainer inlay – cast noble metal, two surfaces*	150	120	80	45	40	0
D6607	retainer inlay – cast noble metal, three or more surfaces*	175	140	90	55	45	0
D6608	retainer onlay – porcelain/ceramic, two surfaces	175	140	90	55	45	0

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 PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
 EXHIBIT 2B



Dental Benefit
 Providers® of California

CDT CODE	DESCRIPTION	RVU	CA 210 CO-PAY	CA 220 CO-PAY	CA 230 CO-PAY	CA 240 CO-PAY	CA 250 CO-PAY
PRODUCT ID:			D0014420 D0014421	D0014422 D0014423	D0014424 D0014425	D0014454 D0014455	D0014456 D0014457
D6609	retainer onlay – porcelain/ceramic, three or more surfaces	185	145	95	60	50	0
D6610	retainer onlay – cast high noble metal, two surfaces*	200	160	105	65	55	0
D6611	retainer onlay – cast high noble metal, three or more surfaces*	225	175	120	70	60	0
D6612	retainer onlay – cast predominantly base metal, two surfaces*	185	145	95	60	50	0
D6613	retainer onlay – cast predominantly base metal, three or more surfaces*	200	160	105	65	55	0
D6614	retainer onlay – cast noble metal, two surfaces*	185	145	95	60	50	0
D6615	retainer onlay – cast noble metal, three or more surfaces*	195	155	100	60	50	0
D6624	retainer inlay – titanium*	175	140	90	55	45	0
D6634	retainer onlay – titanium*	289	230	150	90	75	0
D6710	retainer crown – indirect resin based composite	75	60	40	25	20	0
D6720	retainer crown – resin with high noble metal*	144	115	75	45	40	0
D6721	retainer crown – resin with predominantly base metal	108	85	55	35	30	0
D6722	retainer crown – resin with noble metal*	123	95	65	40	30	0
D6740	retainer crown – porcelain/ceramic	375	295	195	120	100	0
D6750	retainer crown – porcelain fused to high noble metal*	375	295	195	120	100	0
D6751	retainer crown – porcelain fused to predominantly base metal	350	275	185	110	90	0
D6752	retainer crown – porcelain fused to noble metal*	375	295	195	120	100	0
D6780	retainer crown – ¾ cast high noble metal*	362	285	190	115	95	0
D6781	retainer crown – ¾ cast predominantly base metal	345	270	180	110	90	0
D6782	retainer crown – ¾ cast noble metal*	362	285	190	115	95	0
D6783	retainer crown – ¾ porcelain/ceramic	362	285	190	115	95	0
D6790	retainer crown – full cast high noble metal*	375	295	195	120	100	0
D6791	retainer crown – full cast predominately base metal	350	275	185	110	90	0
D6792	retainer crown – full cast noble metal*	375	295	195	120	100	0
D6794	retainer crown – titanium*	375	295	195	120	100	0
D6920	connector bar	276	215	145	85	70	0
D6930	re-cement or re-bond fixed partial denture	18	15	10	5	5	0
D6940	stress breaker	21	15	10	5	5	0
D6980	fixed partial denture repair	80	65	40	25	20	0
X. ORAL AND MAXILLOFACIAL SURGERY							
D7111	extraction, coronal remnants – primary tooth	25	20	15	5	5	0
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	36	30	20	10	5	0
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	45	35	25	10	5	0
D7220	removal of impacted tooth – soft tissue	105	85	55	30	10	0
D7230	removal of impacted tooth – partially bony	210	165	110	55	20	0
D7240	removal of impacted tooth – completely bony	150	120	80	40	15	0
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	250	195	130	65	25	0
D7250	surgical removal of residual tooth roots (cutting procedure)	60	45	30	15	5	0
D7251	surgical removal of residual tooth roots (cutting procedure)	43	35	25	10	5	0
D7261	primary closure of a sinus perforation	105	85	55	30	10	0
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	75	60	40	20	10	0
D7280	surgical access of an unerupted tooth	86	70	45	25	10	0
D7282	mobilization of erupted or malpositioned tooth to aid eruption	55	45	30	15	5	0
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	60	45	30	15	5	0
D7286	incisional biopsy of oral tissue – soft	60	45	30	15	5	0
D7287	exfoliative cytological sample collection	30	25	15	10	5	0
D7288	brush biopsy – transepithelial sample collection	30	25	15	10	5	0
D7290	surgical repositioning of teeth	115	90	60	30	10	0

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EXHIBIT 2B



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			D0014420 D0014421	D0014422 D0014423	D0014424 D0014425	D0014454 D0014455	D0014456 D0014457
		PRODUCT ID:					
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	115	90	60	30	10	0
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant	115	90	60	30	10	0
D7310	alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	62	50	35	15	5	0
D7311	alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	42	35	20	10	5	0
D7320	alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	80	65	40	20	10	0
D7321	alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	60	45	30	15	5	0
D7340	vestibuloplasty – ridge extension (secondary epithelialization)	175	140	90	45	20	0
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	290	230	150	75	30	0
D7450	removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	175	140	90	45	20	0
D7451	removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	275	215	145	70	30	0
D7460	removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	185	145	95	50	20	0
D7461	removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	295	230	155	75	30	0
D7471	removal of lateral exostosis (maxilla or mandible)	165	130	85	45	15	0
D7472	removal of torus palatinus	275	215	145	70	30	0
D7473	removal of torus mandibularis	165	130	85	45	15	0
D7485	surgical reduction of osseous tuberosity	225	175	120	60	25	0
D7510	incision and drainage of abscess – intraoral soft tissue	60	45	30	15	5	0
D7511	incision and drainage of abscess – intraoral soft tissue – complicated	60	45	30	15	5	0
D7520	incision and drainage of abscess – extraoral soft tissue	86	70	45	25	10	0
D7521	incision and drainage of abscess – extraoral soft tissue – complicated	86	70	45	25	10	0
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	60	45	30	15	5	0
D7910	suture of recent small wounds up to 5 cm	20	15	10	5	0	0
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	60	45	30	15	5	0
D7963	frenuloplasty	60	45	30	15	5	0
D7970	excision of hyperplastic tissue - per arch	80	65	40	20	10	0
D7971	excision of pericoronal gingiva	72	55	40	20	10	0
D7972	surgical reduction of fibrous tuberosity	175	140	90	45	20	0
XII. ADJUNCTIVE GENERAL SERVICES							
D9110	palliative (emergency) treatment of dental pain - minor procedure	25	20	15	5	5	0
D9120	fixed partial denture sectioning	55	45	30	15	15	0
D9210	local anesthesia not in conjunction with operative or surgical procedures	10	10	5	5	0	0
D9211	regional block anesthesia	15	10	10	5	0	0
D9212	trigeminal division block anesthesia	20	15	10	5	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures	8	5	5	0	0	0
D9222	deep sedation/general anesthesia – first 15 minutes	100	40	25	15	5	0
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	100	40	25	15	5	0
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	25	20	15	5	5	0
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	70	25	15	10	5	0
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	70	25	15	10	5	0
D9248	non-intravenous conscious sedation	50	40	25	15	5	0
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	10	10	5	5	0	0
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	10	10	5	5	0	0
D9440	office visit – after regularly scheduled hours	45	35	25	10	5	0
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	0 ¹	0	0	0	0	0
D9932	cleaning and inspection of removable complete denture, maxillary	0 ¹	55	55	55	55	55
D9933	cleaning and inspection of removable complete denture, mandibular	0 ¹	55	55	55	55	55
D9934	cleaning and inspection of removable partial denture, maxillary	0 ¹	55	55	55	55	55

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CDT CODE	DESCRIPTION	RVU	CA 210 CO-PAY	CA 220 CO-PAY	CA 230 CO-PAY	CA 240 CO-PAY	CA 250 CO-PAY
			D0014420	D0014422	D0014424	D0014454	D0014456
			D0014421	D0014423	D0014425	D0014455	D0014457
D9935	cleaning and inspection of removable partial denture, mandibular	0 ¹	55	55	55	55	55
D9943	occlusal guard adjustment	15	10	10	5	5	0
D9944	occlusal guard – hard appliance, full arch	125	100	65	35	15	0
D9945	occlusal guard – soft appliance, full arch	125	100	65	35	15	0
D9946	occlusal guard – hard appliance, partial arch	125	100	65	35	15	0
D9951	occlusal adjustment – limited	25	20	15	5	5	0
D9952	occlusal adjustment – complete	68	55	35	20	5	0
D9971	odontoplasty 1-2 teeth; includes removal of enamel projections	23	20	10	5	0	0
D9972	external bleaching – per arch – performed in office	0 ¹	125	125	125	125	125
XI. ORTHODONTICS† (excluded from the FFS and Remote plans)							
D8070†	comprehensive orthodontic treatment of the transitional dentition		2,250	2,250	1,500	1,500	750
D8080†	comprehensive orthodontic treatment of the adolescent dentition		2,250	2,250	1,500	1,500	750
D8090†	comprehensive orthodontic treatment of the adult dentition		2,250	2,250	1,500	1,500	750
D8680†	orthodontic retention (removal of appliances, construction and placement of retainer(s))		150	150	150	150	150
D8695†	removal of fixed orthodontic appliances for reasons other than completion of treatment		150	150	150	150	150
D8999†	Start-Up fee (Including exam, beginning records,x-rays, tracing, photos and models)		350	350	350	350	350

¹ Please collect applicable copay for this procedure as listed on the copay schedule. The member's copayment is the total compensation for this procedure. If the procedure is not covered under the plan, the member is responsible for the provider's UCR fee.

† Orthodontic Coverage for Child/Adult is ONLY available on the Direct Compensation plan. New Orthodontic plan covers both Phase 1 & 2.†

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

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UNITEDHEALTHCARE - CUSTOM DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
I. DIAGNOSTIC								
D0120	periodic oral evaluation – established patient	10	0	0	0	0	0	0
D0140	limited oral evaluation – problem focused	10	0	0	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	25	0	0	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient	30	0	0	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report	10	0	0	0	0	0	0
D0170	re-evaluation – limited, problem focused (established	10	0	0	0	0	0	0
D0180	comprehensive periodontal evaluation – new or established	30	0	0	0	0	0	0
D0190	screening of a patient	5	5	5	5	5	5	5
D0191	assessment of a patient	5	5	5	5	5	5	5
D0210	intraoral – complete series of radiographic images	62	0	0	0	0	0	0
D0220	intraoral – periapical first radiographic image	9	0	0	0	0	0	0
D0230	intraoral – periapical each additional radiographic imag	5	0	0	0	0	0	0
D0240	intraoral – occlusal radiographic image	10	0	0	0	0	0	0
D0250	extra-oral – 2D projection radiographic image created using stationary radiation source, detector	10	0	0	0	0	0	0
D0251	extra-oral posterior dental radiographic image	10	0	0	0	NTCV	0	0
D0270	bitewing – single radiographic image	9	0	0	0	0	0	0
D0272	bitewings – two radiographic images	15	0	0	0	0	0	0
D0273	bitewings – three radiographic images	20	0	0	0	0	0	0
D0274	bitewings – four radiographic images	25	0	0	0	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images	24	0	0	0	0	0	0
D0330	panoramic film	37	0	0	0	0	0	0
D0340	cephalometric film	37	10	10	0	10	10	10
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	10	5	5	5	5	5	5
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	24	0	0	0	0	0	0
D0415	collection of microorganisms for culture and sensitivity	24	0	0	0	0	0	0
D0416	viral culture	24	0	0	0	0	0	0
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	24	0	0	0	0	0	0
D0418	analysis of saliva sample	24	0	0	0	0	0	0
D0422	collection and preparation of genetic sample material for laboratory analysis and report	24	0	0	NTCV	NTCV	NTCV	NTCV
D0423	genetic test for susceptibility to diseases – specimen analysis	24	0	0	NTCV	NTCV	NTCV	NTCV
D0425	caries susceptibility tests	24	0	0	0	0	0	0
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	42	0	0	0	0	0	0
D0460	pulp vitality tests	24	0	0	0	0	0	0
D0470	diagnostic casts	25	0	0	0	0	0	0
D0472	accession of tissue, gross examination, preparation and transmission of written report	25	0	0	0	0	0	0
D0473	accession of tissue, gross and microscopic examination, preparation, transmission of written rpt	65	0	0	0	0	0	0
D0474	accession of tissue, gross and microscopic examination for presence of disease	65	0	0	0	0	0	0
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	24	0	0	0	0	NTCV	NTCV
II. PREVENTIVE								
D1110	prophylaxis – adult	45	0	0	0	0	0	0
D1120	prophylaxis – child	27	0	0	0	0	0	0
D1206	topical application of fluoride varnish	12	0	0	0	0	0	0
D1208	topical application of fluoride – excluding varnish	9	0	0	0	0	0	0
D1310	nutritional counseling for control of dental disease	0 ¹	0	0	0	0	0	0

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UNITEDHEALTHCARE - CUSTOM DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D1320	tobacco counseling for the control and prevention of oral disease	0 ¹	0	0	0	0	0	0
D1330	oral hygiene instructions	0 ¹	0	0	0	0	0	0
D1351	sealant - per tooth	18	0	0	5	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	18	0	0	0	0	0	0
D1510	space maintainer – fixed - unilateral	70	0	0	0	0	0	0
D1516	space maintainer – fixed – bilateral, maxillary	100	0	0	0	0	0	0
D1517	space maintainer – fixed – bilateral, mandibular	100	0	0	0	0	0	0
D1520	space maintainer – removable – unilateral	68	0	0	0	0	0	0
D1526	space maintainer – removable – bilateral, maxillary	87	0	0	0	0	0	0
D1527	space maintainer – removable – bilateral, mandibular	87	0	0	0	0	0	0
D1550	re-cement or re-bond space maintainer	10	0	0	0	0	0	0
D1555	removal of fixed space maintainer	10	0	0	0	0	0	0
D1575	distal shoe space maintainer – fixed – unilateral	70	0	0	0	0	0	0
III. RESTORATIVE								
D2140	amalgam – one surface, primary or permanent	36	10	5	0	5	5	5
D2150	amalgam – two surfaces, primary or permanent	54	15	5	0	5	5	5
D2160	amalgam – three surfaces, primary or permanent	72	20	10	0	10	10	10
D2161	amalgam – four or more surfaces, primary or permanent	72	20	10	0	10	10	10
D2330	resin-based composite – one surface, anterior	37	10	5	0	5	5	5
D2331	resin-based composite – two surfaces, anterior	56	15	5	0	5	5	5
D2332	resin-based composite – three surfaces, anterior	75	20	10	0	10	10	10
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	75	20	10	0	10	10	10
D2390	resin-based composite crown, anterior	70	20	20	20	20	20	20
D2391	resin-based composite – one surface, posterior	55	15	5	5	5	5	5
D2392	resin-based composite – one surface, posterior	81	20	10	10	10	10	10
D2393	resin-based composite – three surfaces, posterior	110	30	10	10	10	10	10
D2394	resin-based composite – four or more surfaces, posterior	110	30	10	10	10	10	10
D2510	inlay – metallic – one surface	362	115	95	95	95	95	95
D2520	inlay – metallic – two surfaces	362	115	95	95	95	95	95
D2530	inlay – metallic – three or more surfaces	362	115	95	95	95	95	95
D2542	onlay – metallic – two surfaces	362	115	95	95	95	95	95
D2543	onlay – metallic – three surfaces	362	115	95	95	95	95	95
D2544	onlay – metallic – four or more surfaces	362	115	95	95	95	95	95
D2610	inlay – porcelain/ceramic – one surface	125	40	35	35	35	35	35
D2620	inlay – porcelain/ceramic – two surfaces	150	45	40	40	40	40	40
D2630	inlay – porcelain/ceramic – three or more surfaces	175	55	45	45	45	45	45
D2642	onlay – porcelain/ceramic – two surfaces	362	115	95	95	95	95	95
D2643	onlay – porcelain/ceramic – three surfaces	362	115	95	95	95	95	95
D2644	onlay – porcelain/ceramic – four or more surfaces	362	115	95	95	95	95	95
D2650	inlay – resin-based composite – one surface	110	35	30	30	30	30	30
D2651	inlay – resin-based composite – two surfaces	125	40	35	35	35	35	35
D2652	inlay – resin-based composite – three or more surfaces	145	45	40	40	40	40	40
D2662	onlay – resin-based composite – two surfaces	115	35	30	30	30	30	30
D2663	onlay – resin-based composite – three surfaces	150	45	40	40	40	40	40
D2664	onlay – resin-based composite – four or more surfaces	175	55	45	45	45	45	45

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UNITEDHEALTHCARE - CUSTOM DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D2710	crown – resin-based composite (indirect)	72	25	20	42	20	20	20
D2712	crown – ¾ resin-based composite (indirect)	72	25	20	42	20	20	20
D2720	crown – resin with high noble metal*	144	45	40	59	40	40	40
D2721	crown – resin with predominantly base metal	108	35	30	60	30	30	30
D2722	crown – resin with noble metal*	123	40	30	63	30	30	30
D2740	crown – porcelain/ceramic	375	120	100	66	100	100	100
D2750	crown – porcelain fused to high noble metal*	375	120	100	73	100	100	100
D2751	crown – porcelain fused to predominantly base metal	350	110	90	66	90	90	90
D2752	crown – porcelain fused to noble metal*	375	120	100	70	100	100	100
D2780	crown – ¾ cast high noble metal *	362	115	95	73	95	95	95
D2781	crown – ¾ cast predominantly base metal	345	110	90	64	90	90	90
D2782	crown – ¾ cast noble metal*	362	115	95	69	95	95	95
D2783	crown – ¾ porcelain/ceramic*	362	115	95	66	95	95	95
D2790	crown – full cast high noble metal*	375	120	100	73	100	100	100
D2791	crown – full cast predominantly base metal*	350	110	90	64	90	90	90
D2792	crown – full cast noble metal*	375	120	100	69	100	100	100
D2794	crown – titanium*	375	120	100	73	100	100	100
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10	5	5	6	5	5	5
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	5	5	6	5	5	5
D2920	re-cement or re-bond crown	10	5	5	7	5	5	5
D2921	reattachment of tooth fragment, incisal edge or cusp	19	5	5	5	5	5	5
D2929	prefabricated porcelain/ceramic crown – primary tooth	35	10	10	10	10	10	10
D2930	prefabricated stainless steel crown – primary tooth	32	10	10	14	10	10	10
D2931	prefabricated stainless steel crown – permanent tooth	45	15	10	17	10	10	10
D2932	prefabricated resin crown	35	10	10	14	10	10	10
D2933	prefabricated stainless steel crown with resin window	32	10	10	10	10	10	10
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	32	10	10	14	10	10	10
D2940	protective restoration	15	5	5	0	5	5	5
D2941	interim therapeutic restoration – primary dentition	12	5	5	5	5	5	5
D2950	core buildup, including any pins when required	20	5	5	14	5	5	5
D2951	pin retention – per tooth, in addition to restoration	10	5	5	6	25	5	5
D2952	post and core in addition to crown, indirectly fabricated*	89	30	25	22	25	25	25
D2953	each additional indirectly fabricated post – same tooth*	23	5	5	6	5	5	5
D2954	prefabricated post and core in addition to crown	41	15	10	16	10	10	10
D2955	post removal	75	25	20	20	20	20	20
D2957	each additional prefabricated post – same tooth	10	5	5	4	5	5	5
D2960	labial veneer (resin laminate) – chairside	75	25	20	20	20	20	20
D2961	labial veneer (resin laminate) – laboratory	144	45	40	40	40	40	40
D2962	labial veneer (porcelain laminate) – laboratory	144	45	40	40	40	40	40
D2971	additional procedures to construct new crown under existing partial denture framework	45	15	10	10	10	10	10
D2975	coping	276	85	70	70	70	70	70
D2980	crown repair necessitated by restorative material failure	60	20	15	15	15	15	15
D2990	resin infiltration of incipient smooth surface lesions	18	5	5	5	5	10	10

IV. ENDODONTICS

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PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D3110	pulp cap – direct (excluding final restoration)	18	5	0	0	0	0	0
D3120	pulp cap – indirect (excluding final restoration)	5	0	0	0	0	0	0
D3220	therapeutic pulpotomy (excluding final restoration)	18	5	0	0	0	0	0
D3221	pulpal debridement, primary and permanent teeth	25	5	5	0	5	5	5
D3222	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	18	5	0	0	0	0	0
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	18	5	0	0	0	0	0
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	18	5	0	0	0	0	0
D3310	endodontic therapy, anterior tooth (excluding final restoration)	150	40	15	0	15	15	15
D3320	endodontic therapy, premolar tooth (excluding final restoration)	200	75	20	0	20	20	20
D3330	endodontic therapy, molar tooth (excluding final restoration)	350	100	60	60	60	60	60
D3331	treatment of root canal obstruction; non-surgical access	25	5	5	5	5	5	5
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	20	5	0	0	0	0	0
D3333	internal root repair of perforation defects	55	15	5	5	5	5	5
D3346	retreatment of previous root canal therapy – anterior	150	40	15	0	15	15	15
D3347	retreatment of previous root canal therapy – premolar	200	55	20	0	20	20	20
D3348	retreatment of previous root canal therapy – molar	355	95	35	60	35	35	35
D3351	apexification/recalcification – initial visit	42	10	5	9	5	5	5
D3352	apexification/recalcification – interim medication replacement	40	10	5	5	5	5	5
D3353	apexification/recalcification – final visit	75	20	10	10	10	10	10
D3355	pulpal regeneration – initial visit	42	10	5	5	5	5	5
D3356	pulpal regeneration – interim medication replacement	40	10	5	5	5	5	5
D3357	pulpal regeneration – completion of treatment	75	20	10	10	10	10	10
D3410	apicoectomy – anterior	135	35	15	32	15	15	15
D3421	apicoectomy – premolar (first root)	202	55	20	64	20	20	20
D3425	apicoectomy – molar (first root)	302	80	30	96	30	30	30
D3426	apicoectomy (each additional root)	101	25	10	50	10	10	10
D3427	periradicular surgery without apicoectomy	101	25	10	10	10	13	13
D3430	retrograde filling - per root	95	25	10	50	10	10	10
D3450	root amputation – per root	75	20	10	23	10	12	12
D3460	endodontic endosseous implant	0 ¹	1,950	1,950	1,950	1,950	1,950	1,950
D3910	surgical procedure for isolation of tooth with rubber dam	40	10	5	5	5	5	5
D3920	hemisection (including any root removal), not including root canal therapy	60	15	5	21	5	5	5
D3950	canal preparation and fitting of preformed dowel or post	50	15	5	5	5	5	5
V. PERIODONTICS								
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quad	90	25	10	0	10	10	10
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quad	30	10	5	0	5	5	5
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	12	5	0	0	0	0	0
D4240	gingival flap procedure, inc root planing – four+ contiguous teeth/tooth bounded spaces per quad	90	25	10	0	10	10	10
D4241	gingival flap procedure, including root planing – 1-3 contiguous teeth/bounded spaces per quad	57	15	5	0	5	5	5
D4245	apically positioned flap	100	25	10	10	10	10	10
D4249	clinical crown lengthening – hard tissue	95	25	10	10	10	10	10
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four+ contiguous	300	80	30	56	30	30	30
D4261	osseous surgery (including elevation of a full thickness flap and closure) – 1-3 contiguous teeth or tooth bounded spaces per quad	190	50	20	37	20	20	20
D4263	bone replacement graft – first site in quadrant	150	40	15	66	15	15	15

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D4270	pedicle soft tissue graft procedure	90	25	10	61	10	10	10
D4274	distal or proximal wedge procedure	90	25	10	0	10	10	10
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	120	30	15	15	15	15	15
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	60	15	5	5	5	5	5
D4320	provisional splinting – intracoronal	95	25	10	10	10	10	10
D4321	provisional splinting – extracoronal	75	20	10	10	10	5	5
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	40	5	0	5	5	5
D4342	periodontal scaling and root planing – one to three teeth per quadrant	45	25	5	0	5	5	5
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral	45	10	0	0	5	0	0
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50	15	5	5	5	5	5
D4381	localized delivery of antimicrobial agents via a controlled release vehicle , per tooth	25	5	5	5	5	5	5
D4910	periodontal maintenance	45	10	5	0	5	0	0
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	18	5	0	0	0	0	0
D4921	gingival irrigation – per quadrant	13	0	0	0	0	0	0
VI. PROSTHODONTICS (REMOVABLE)								
D5110	complete denture – maxillary	535	170	140	93	140	140	140
D5120	complete denture – mandibular	535	170	140	93	140	140	140
D5130	immediate denture – maxillary	535	170	140	93	140	140	140
D5140	immediate denture – mandibular	535	170	140	93	140	140	140
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	150	45	40	63	40	40	40
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	150	45	40	65	40	40	40
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	540	170	140	80	140	140	140
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	540	170	140	77	140	140	140
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	115	35	30	30	NTCV	30	30
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	115	35	30	30	40	30	30
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	115	35	30	30	NTCV	30	30
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	115	35	30	30	NTCV	30	30
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	160	50	40	63	40	40	40
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	160	50	40	65	40	40	40
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary*	85	25	20	20	20	20	20
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular*	85	25	20	20	20	20	20
D5410	adjust complete denture – maxillary	15	5	5	0	5	5	5
D5411	adjust complete denture – mandibular	15	5	5	0	5	5	5
D5421	adjust partial denture – maxillary	15	5	5	10	5	5	5
D5422	adjust partial denture – mandibular	15	5	5	10	5	5	5
D5511	repair broken complete denture base, mandibular	42	5	5	0	5	10	10
D5512	repair broken complete denture base, maxillary	42	5	5	0	5	10	10
D5520	replace missing or broken teeth – complete denture (each tooth)	27	10	5	5	5	5	5
D5611	repair resin partial denture base, mandibular	42	5	5	0	5	10	10

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EXHIBIT 2B**



**Dental Benefit
Providers of California**

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			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D5612	repair resin partial denture base, maxillary	42	5	5	0	5	10	10
D5621	repair cast partial framework, mandibular	90	5	5	0	5	25	25
D5622	repair cast partial framework, maxillary	90	5	5	0	5	25	25
D5630	repair or replace broken clasp - per tooth	90	30	25	11	25	25	25
D5640	replace broken teeth - per tooth	42	15	10	13	10	10	10
D5650	add tooth to existing partial denture	42	15	10	8	10	10	10
D5660	add clasp to existing partial denture - per tooth	75	25	20	17	20	20	20
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	175	55	45	57	45	45	45
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	175	55	45	59	45	45	45
D5710	rebase complete maxillary denture	150	45	40	35	40	40	40
D5711	rebase complete mandibular denture	150	45	40	35	40	40	40
D5720	rebase maxillary partial denture	120	40	30	30	30	30	30
D5721	rebase mandibular partial denture	120	40	30	28	30	30	30
D5730	reline complete maxillary denture (chairside)	86	25	25	16	25	25	25
D5731	reline complete mandibular denture (chairside)	86	25	25	16	25	25	25
D5740	reline maxillary partial denture (chairside)	72	25	20	16	20	20	20
D5741	reline mandibular partial denture (chairside)	72	25	20	16	20	20	20
D5750	reline complete maxillary denture (laboratory)	115	35	30	27	30	30	30
D5751	reline complete mandibular denture (laboratory)	115	35	30	27	30	30	30
D5760	reline maxillary partial denture (laboratory)	115	35	30	28	30	30	30
D5761	reline mandibular partial denture (laboratory)	115	35	30	28	30	30	30
D5810	interim complete denture (maxillary)	150	45	40	40	40	40	40
D5811	interim complete denture (mandibular)	150	45	40	40	40	40	40
D5820	interim partial denture (maxillary)	115	35	30	28	30	30	30
D5821	interim partial denture (mandibular)	115	35	30	27	30	30	30
D5850	tissue conditioning, maxillary	25	10	5	8	5	5	5
D5851	tissue conditioning, mandibular	25	10	5	8	5	5	5
D5863	overdenture – complete maxillary	535	170	140	140	140	140	140
D5864	overdenture – partial maxillary	540	170	140	140	140	140	140
D5865	overdenture – complete mandibular	535	170	140	140	140	140	140
D5866	overdenture – partial mandibular	540	170	140	140	140	140	140
D5876	add metal substructure to acrylic full denture (per arch)	150	45	40	35	40	40	40
D5992	adjust maxillofacial prosthetic appliance, by report	14	5	5	5	NTCV	5	5
VIII. IMPLANT SERVICES								
D6010	surgical placement of implant body: endosteal implant	0 ¹	1,950	1,950	1,950	1,950	1,950	1,950
D6013	surgical placement of mini implant	0 ¹	1,950	1,950	1,950	1,950	1,950	1,950
D6052	semi-precision attachment abutment	0 ¹	368	368	368	368	368	368
D6055	connecting bar – implant supported or abutment supported	0 ¹	540	540	540	540	540	540
D6056	prefabricated abutment – includes modification and placement	0 ¹	368	368	368	368	368	368
D6057	custom fabricated abutment – includes placement	0 ¹	610	610	610	610	610	610
D6058	abutment supported porcelain/ceramic crown	0 ¹	1,050	1,050	1,050	1,050	1,050	1,050
D6059	abutment supported porcelain fused to metal crown (high noble metal)*	0 ¹	915	915	915	915	915	915
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	0 ¹	1,050	1,050	1,050	1,050	1,050	1,050
D6061	abutment supported porcelain fused to metal crown (noble metal)*	0 ¹	946	946	946	946	946	946

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UNITEDHEALTHCARE - CUSTOM DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D6062	abutment supported cast metal crown (high noble metal)*	0 ¹	981	981	981	981	981	981
D6063	abutment supported cast metal crown (predominantly base metal)	0 ¹	854	854	854	854	854	854
D6064	abutment supported cast metal crown (noble metal)*	0 ¹	1,168	1,168	1,168	1,168	1,168	1,168
D6065	implant supported porcelain/ceramic crown	0 ¹	1,144	1,144	1,144	1,144	1,144	1,144
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)*	0 ¹	1,083	1,083	1,083	1,083	1,083	1,083
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)*	0 ¹	962	962	962	962	962	962
D6068	abutment supported retainer for porcelain/ceramic FPD	0 ¹	1,026	1,026	1,026	1,026	1,026	1,026
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)*	0 ¹	1,050	1,050	1,050	1,050	1,050	1,050
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	0 ¹	965	965	965	965	965	965
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)*	0 ¹	984	984	984	984	984	984
D6072	abutment supported retainer for cast metal FPD (high noble metal)*	0 ¹	997	997	997	997	997	997
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	0 ¹	910	910	910	910	910	910
D6074	abutment supported retainer for cast metal FPD (noble metal)*	0 ¹	967	967	967	967	967	967
D6075	implant supported retainer for ceramic FPD	0 ¹	1,018	1,018	1,018	1,018	1,018	1,018
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy high noble metal)*	0 ¹	992	992	992	992	992	992
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)*	0 ¹	962	962	962	962	962	962
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	0 ¹	55	55	55	55	55	55
D6081	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	43	20	15	15	15	15	15
D6090	repair implant supported prosthesis, by report	0 ¹	135	135	135	135	135	135
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	0 ¹	410	410	410	410	410	410
D6092	re-cement or re-bond implant/abutment supported crown	0 ¹	79	79	79	79	79	79
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	0 ¹	124	124	124	124	124	124
D6094	abutment supported crown (titanium)	0 ¹	810	810	810	810	810	810
D6095	repair implant abutment, by report	0 ¹	55	55	55	55	55	55
D6096	remove broken implant retaining screw	75	55	55	55	55	20	20
D6100	implant removal, by report	0 ¹	600	600	600	600	600	600
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	57	20	15	15	15	15	15
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	190	60	50	50	50	50	50
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	0 ¹	350	350	350	350	350	350
D6190	radiographic/surgical implant index, by report	0 ¹	265	265	265	265	265	265
D6194	abutment supported retainer crown for FPD (titanium)	0 ¹	835	835	835	835	835	835
IX. PROSTHODONTICS, FIXED								
D6205	pontic – indirect resin based composite	75	25	20	20	20	20	20
D6210	pontic – cast high noble metal*	304	95	80	67	80	80	80
D6211	pontic – cast predominantly base metal	290	90	75	58	75	75	75

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UNITEDHEALTHCARE - CUSTOM DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D6212	pontic – cast noble metal*	304	95	80	64	80	80	80
D6214	pontic – titanium*	304	95	80	67	80	80	80
D6240	pontic – porcelain fused to high noble metal*	304	95	80	69	80	80	80
D6241	pontic – porcelain fused to predominantly base metal	290	90	75	63	75	75	75
D6242	pontic – porcelain fused to noble metal*	304	95	80	66	80	80	80
D6245	pontic – porcelain/ceramic	365	115	95	66	95	95	95
D6250	pontic – resin with high noble metal*	90	30	25	62	25	25	25
D6251	pontic – resin with predominantly base metal	50	15	15	58	15	15	15
D6252	pontic – resin with noble metal*	63	20	15	61	15	15	15
D6253	provisional pontic	95	30	25	25	25	25	25
D6545	retainer – cast metal for resin bonded fixed prosthesis	45	15	10	33	10	10	10
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	45	15	10	33	10	10	10
D6600	retainer inlay – porcelain/ceramic, two surfaces	150	45	40	40	40	40	40
D6601	retainer inlay – porcelain/ceramic, three or more surfaces	175	55	45	45	45	45	45
D6602	retainer inlay – cast high noble metal, two surfaces*	150	45	40	40	40	40	40
D6603	retainer inlay – cast high noble metal, three or more surfaces*	175	55	45	45	45	45	45
D6604	retainer inlay – cast predominantly base metal, two surfaces*	150	45	40	40	40	40	40
D6605	retainer inlay – cast predominantly base metal, three or more surfaces*	175	55	45	45	45	45	45
D6606	retainer inlay – cast noble metal, two surfaces*	150	45	40	40	40	40	40
D6607	retainer inlay – cast noble metal, three or more surfaces*	175	55	45	45	45	45	45
D6608	retainer onlay – porcelain/ceramic, two surfaces	175	55	45	45	45	45	45
D6609	retainer onlay – porcelain/ceramic, three or more surfaces	185	60	50	50	50	50	50
D6610	retainer onlay – cast high noble metal, two surfaces*	200	65	55	55	55	55	55
D6611	retainer onlay – cast high noble metal, three or more surfaces*	225	70	60	60	60	60	60
D6612	retainer onlay – cast predominantly base metal, two surfaces*	185	60	50	50	50	50	50
D6613	retainer onlay – cast predominantly base metal, three or more surfaces*	200	65	55	55	55	55	55
D6614	retainer onlay – cast noble metal, two surfaces*	185	60	50	50	50	50	50
D6615	retainer onlay – cast noble metal, three or more surfaces*	195	60	50	50	50	50	50
D6624	retainer inlay – titanium*	175	55	45	45	45	45	45
D6634	retainer onlay – titanium*	289	90	75	75	75	75	75
D6710	retainer crown – indirect resin based composite	75	25	20	42	20	20	20
D6720	retainer crown – resin with high noble metal*	144	45	40	69	40	40	40
D6721	retainer crown – resin with predominantly base metal	108	35	30	66	30	30	30
D6722	retainer crown – resin with noble metal*	123	40	30	62	30	30	30
D6740	retainer crown – porcelain/ceramic	375	120	100	66	100	100	100
D6750	retainer crown – porcelain fused to high noble metal*	375	120	100	73	100	100	100
D6751	retainer crown – porcelain fused to predominantly base metal	350	110	90	69	90	90	90
D6752	retainer crown – porcelain fused to noble metal*	375	120	100	72	100	100	100
D6780	retainer crown – ¾ cast high noble metal*	362	115	95	72	95	95	95
D6781	retainer crown – ¾ cast predominantly base metal	345	110	90	64	90	90	90
D6782	retainer crown – ¾ cast noble metal*	362	115	95	69	95	95	95
D6783	retainer crown – ¾ porcelain/ceramic	362	115	95	66	95	95	95
D6790	retainer crown – full cast high noble metal*	375	120	100	74	100	100	100
D6791	retainer crown – full cast predominately base metal	350	110	90	69	90	90	90
D6792	retainer crown – full cast noble metal*	375	120	100	70	100	100	100

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**UNITEDHEALTHCARE - CUSTOM DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B**



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D6794	retainer crown – titanium*	375	120	100	74	100	100	100
D6920	connector bar	276	85	70	70	70	70	70
D6930	re-cement or re-bond fixed partial denture	18	5	5	10	5	5	5
D6940	stress breaker	21	5	5	5	5	5	5
D6980	fixed partial denture repair	80	25	20	20	20	20	20
X. ORAL AND MAXILLOFACIAL SURGERY								
D7111	extraction, coronal remnants – primary tooth	25	5	5	0	5	5	5
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	36	10	5	0	5	5	5
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	45	10	5	0	5	5	5
D7220	removal of impacted tooth – soft tissue	105	30	10	17	10	10	10
D7230	removal of impacted tooth – partially bony	210	55	20	23	20	20	20
D7240	removal of impacted tooth – completely bony	150	40	15	30	15	15	15
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	250	65	25	31	25	25	25
D7250	surgical removal of residual tooth roots (cutting procedure)	60	15	5	14	5	5	5
D7251	surgical removal of residual tooth roots (cutting procedure)	43	10	5	5	5	5	5
D7261	primary closure of a sinus perforation	105	30	10	10	10	10	10
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	75	20	10	10	10	10	10
D7280	surgical access of an unerupted tooth	86	25	10	10	10	10	10
D7282	mobilization of erupted or malpositioned tooth to aid eruption	55	15	5	5	5	5	5
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	60	15	5	30	5	5	5
D7286	incisional biopsy of oral tissue – soft	60	15	5	30	5	5	5
D7287	exfoliative cytological sample collection	30	10	5	15	5	5	5
D7288	brush biopsy – transepithelial sample collection	30	10	5	15	5	5	5
D7290	surgical repositioning of teeth	115	30	10	10	10	10	10
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	115	30	10	10	10	NTCV	NTCV
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant	115	30	10	10	10	NTCV	NTCV
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	62	15	5	13	5	5	5
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	42	10	5	9	5	5	5
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	80	20	10	14	10	10	10
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	60	15	5	9	5	5	5
D7340	vestibuloplasty – ridge extension (secondary epithelialization)	175	45	20	0	20	20	20
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	290	75	30	0	30	30	30
D7450	removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	175	45	20	20	20	20	20
D7451	removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	275	70	30	30	NTCV	30	30
D7460	removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	185	50	20	20	20	20	20
D7461	removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	295	75	30	30	30	30	30
D7471	removal of lateral exostosis (maxilla or mandible)	165	45	15	15	15	15	15
D7472	removal of torus palatinus	275	70	30	30	30	30	30
D7473	removal of torus mandibularis	165	45	15	15	15	15	15
D7485	surgical reduction of osseous tuberosity	225	60	25	25	25	25	25
D7510	incision and drainage of abscess – intraoral soft tissue	60	15	5	8	5	5	5
D7511	incision and drainage of abscess – intraoral soft tissue – complicated	60	15	5	8	5	5	5

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PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076	D1077	D1085	D1048	D1092	D1094
			General Employees Trust Fund	General Employees Trust Fund	Fresno City Employees HW Trust	Plan 240	Southwest Carpenters Health	City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D7520	incision and drainage of abscess – extraoral soft tissue	86	25	10	8	10	10	10
D7521	incision and drainage of abscess – extraoral soft tissue – complicated	86	25	10	8	10	10	10
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	60	15	5	12	5	5	5
D7910	suture of recent small wounds up to 5 cm	20	5	0	0	0	0	0
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another	60	15	5	16	5	5	5
D7963	frenuloplasty	60	15	5	16	5	5	5
D7970	excision of hyperplastic tissue - per arch	80	20	10	10	10	10	10
D7971	excision of pericoronal gingiva	72	20	10	10	10	10	10
D7972	surgical reduction of fibrous tuberosity	175	45	20	20	20	20	20
XII. ADJUNCTIVE GENERAL SERVICES								
D9110	palliative (emergency) treatment of dental pain - minor procedure	25	5	5	0	5	5	5
D9120	fixed partial denture sectioning	55	15	15	20	15	15	15
D9210	local anesthesia not in conjunction with operative or surgical procedures	10	5	0	0	0	0	0
D9211	regional block anesthesia	15	5	0	0	0	0	0
D9212	trigeminal division block anesthesia	20	5	0	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures	8	0	0	0	0	0	0
D9222	deep sedation/general anesthesia – first 15 minutes	100	15	5	10	10	10	5
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	100	15	5	10	10	5	5
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	25	5	5	5	5	5	5
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	70	10	5	5	5	10	10
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	70	10	5	5	5	5	5
D9248	non-intravenous conscious sedation	50	15	5	5	5	5	5
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or	10	5	0	0	0	0	0
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	10	5	0	0	0	0	0
D9440	office visit – after regularly scheduled hours	45	10	5	25	5	5	5
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	0 ¹	0	0	0	0	0	0
D9932	cleaning and inspection of removable complete denture, maxillary	0 ¹	55	55	NTCV	NTCV	NTCV	NTCV
D9933	cleaning and inspection of removable complete denture, mandibular	0 ¹	55	55	NTCV	NTCV	NTCV	NTCV
D9934	cleaning and inspection of removable partial denture, maxillary	0 ¹	55	55	NTCV	NTCV	NTCV	NTCV
D9935	cleaning and inspection of removable partial denture, mandibular	0 ¹	55	55	NTCV	NTCV	NTCV	NTCV
D9943	occlusal guard adjustment	15	5	5	5	NTCV	5	5
D9944	occlusal guard – hard appliance, full arch	125	35	15	25	15	15	15
D9945	occlusal guard – soft appliance, full arch	125	35	15	25	15	15	15
D9946	occlusal guard – hard appliance, partial arch	125	35	15	25	15	15	15
D9951	occlusal adjustment – limited	25	5	5	8	NTCV	5	5
D9952	occlusal adjustment – complete	68	20	5	26	5	5	5
D9971	odontoplasty 1-2 teeth; includes removal of enamel projections	23	5	0	0	0	0	0
D9972	external bleaching – per arch – performed in office	0 ¹	125	125	125	125	125	125
XI. ORTHODONTICS† (excluded from the FFS and Remote plans)								
D8070†	comprehensive orthodontic treatment of the transitional dentition		750	750	1,500	750	1,000	1,500
D8080†	comprehensive orthodontic treatment of the adolescent dentition		750	750	1,500	750	1,000	1,500
D8090†	comprehensive orthodontic treatment of the adult dentition		750	750	1,500	750	1,000	1,500
D8680†	orthodontic retention (removal of appliances, construction and placement of retainer(s))		150	150	150	150	150	150

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 EXHIBIT 2B**



**Dental Benefit
 Providers of California**

CDT CODE	DESCRIPTION	RVU	D1076 General Employees Trust Fund	D1077 General Employees Trust Fund	D1085 Fresno City Employees HW Trust	D1048 Plan 240	D1092 Southwest Carpenters Health	D1094 City & County of San Francisco
PRODUCT ID:			D0018084	D0018085	D0018294	D0018118	D0021629	D0021983
D8695†	removal of fixed orthodontic appliances for reasons other than completion of treatment		150	150	150	150	150	75
D8999†	Start-Up fee (Including exam, beginning records,x-rays, tracing, photos and models		350	350	350	350	350	350

¹ Please collect applicable copay for this procedure as listed on the copay schedule. The member's copayment is the total compensation for this procedure. If the procedure is not covered under the plan, the member is responsible for the provider's UCR fee.

† Orthodontic Coverage for Child/Adult is ONLY available on the Direct Compensation plan. New Orthodontic plan covers both Phase 1 & 2.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

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 NTCV = Not Covered

UNITEDHEALTHCARE - RFK DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
I. DIAGNOSTIC						
D0120	periodic oral evaluation – established patient	10	0	0	0	0
D0140	limited oral evaluation – problem focused	10	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	25	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient	30	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report	10	0	0	0	0
D0170	re-evaluation – limited, problem focused (established)	10	0	0	0	0
D0180	comprehensive periodontal evaluation – new or established	30	0	0	0	0
D0190	screening of a patient	5	4	6	6	9
D0191	assessment of a patient	5	4	6	6	9
D0210	intraoral – complete series of radiographic images	62	0	0	0	0
D0220	intraoral – periapical first radiographic image	9	0	0	0	0
D0230	intraoral – periapical each additional radiographic image	5	0	0	0	0
D0240	intraoral – occlusal radiographic image	10	0	0	0	0
D0250	extra-oral – 2D projection radiographic image created using stationary radiation source, detector	10	0	0	0	0
D0270	bitewing – single radiographic image	9	0	0	0	0
D0272	bitewings – two radiographic images	15	0	0	0	0
D0273	bitewings – three radiographic images	20	0	0	0	0
D0274	bitewings – four radiographic images	25	0	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images	24	0	0	0	0
D0330	panoramic film	37	0	0	0	0
D0340	cephalometric film	37	9	10	10	10
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	10	4	6	8	9
D0411	HbA1c in-office point of service testing	24	0	0	0	0
D0412	blood glucose level test – in-office using a glucose meter	6	0	0	0	0
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	24	0	0	0	0
D0415	collection of microorganisms for culture and sensitivity	24	0	0	0	0
D0416	viral culture	24	0	0	0	0
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	24	0	0	0	0
D0418	analysis of saliva sample	24	0	0	0	0
D0425	caries susceptibility tests	24	0	0	0	0
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	42	0	0	0	0
D0460	pulp vitality tests	24	0	0	0	0
D0470	diagnostic casts	25	0	0	0	0
D0472	accession of tissue, gross examination, preparation and transmission of written report	25	0	0	0	0
D0473	accession of tissue, gross and microscopic examination, preparation, transmission of written rpt	65	0	0	0	0
D0474	accession of tissue, gross and microscopic examination for presence of disease	65	0	0	0	0
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	24	0	0	0	0
II. PREVENTIVE						
D1110	prophylaxis – adult	45	0	0	0	0
D1120	prophylaxis – child	27	0	0	0	0
D1206	topical application of fluoride varnish	12	0	0	0	0
D1208	topical application of fluoride – excluding varnish	9	0	0	0	0
D1310	nutritional counseling for control of dental disease	0 ¹	0	0	0	0
D1320	tobacco counseling for the control and prevention of oral disease	0 ¹	0	0	0	0
D1330	oral hygiene instructions	0 ¹	0	0	0	0
D1351	sealant - per tooth	18	0	0	0	0

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	18	0	0	0	0
D1510	space maintainer – fixed - unilateral	70	0	0	0	0
D1516	space maintainer – fixed – bilateral, maxillary	100	0	0	0	0
D1517	space maintainer – fixed – bilateral, mandibular	100	0	0	0	0
D1520	space maintainer – removable – unilateral	68	0	0	0	0
D1526	space maintainer – removable – bilateral, maxillary	87	0	0	0	0
D1527	space maintainer – removable – bilateral, mandibular	87	0	0	0	0
D1550	re-cement or re-bond space maintainer	10	0	0	0	0
D1555	removal of fixed space maintainer	10	0	0	0	0
D1575	distal shoe space maintainer – fixed – unilateral	70	0	0	0	0
III. RESTORATIVE						
D2140	amalgam – one surface, primary or permanent	36	0	0	0	0
D2150	amalgam – two surfaces, primary or permanent	54	0	0	0	0
D2160	amalgam – three surfaces, primary or permanent	72	0	0	0	0
D2161	amalgam – four or more surfaces, primary or permanent	72	0	0	0	0
D2330	resin-based composite – one surface, anterior	37	0	0	0	0
D2331	resin-based composite – two surfaces, anterior	56	0	0	0	0
D2332	resin-based composite – three surfaces, anterior	75	0	0	0	0
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	75	0	0	0	0
D2390	resin-based composite crown, anterior	70	17	20	20	20
D2391	resin-based composite – one surface, posterior	55	5	8	12	16
D2392	resin-based composite – one surface, posterior	81	9	13	17	21
D2393	resin-based composite – three surfaces, posterior	110	9	15	24	32
D2394	resin-based composite – four or more surfaces, posterior	110	9	15	24	32
D2510	inlay – metallic – one surface	362	80	100	109	117
D2520	inlay – metallic – two surfaces	362	80	100	109	117
D2530	inlay – metallic – three or more surfaces	362	80	100	109	117
D2542	onlay – metallic – two surfaces	362	80	100	109	117
D2543	onlay – metallic – three surfaces	362	80	100	109	117
D2544	onlay – metallic – four or more surfaces	362	80	100	109	117
D2610	inlay – porcelain/ceramic – one surface	125	30	37	39	41
D2620	inlay – porcelain/ceramic – two surfaces	150	34	42	44	46
D2630	inlay – porcelain/ceramic – three or more surfaces	175	38	48	52	56
D2642	onlay – porcelain/ceramic – two surfaces	362	80	100	109	117
D2643	onlay – porcelain/ceramic – three surfaces	362	80	100	109	117
D2644	onlay – porcelain/ceramic – four or more surfaces	362	80	100	109	117
D2650	inlay – resin-based composite – one surface	110	25	32	34	36
D2651	inlay – resin-based composite – two surfaces	125	30	37	39	41
D2652	inlay – resin-based composite – three or more surfaces	145	34	42	44	46
D2662	onlay – resin-based composite – two surfaces	115	25	32	34	36
D2663	onlay – resin-based composite – three surfaces	150	34	42	44	46
D2664	onlay – resin-based composite – four or more surfaces	175	38	48	52	56
D2710	crown – resin-based composite (indirect)	72	32	48	63	79
D2712	crown – ¾ resin-based composite (indirect)	72	32	48	63	79
D2720	crown – resin with high noble metal*	144	63	95	127	158
D2721	crown – resin with predominantly base metal	108	48	71	95	119
D2722	crown – resin with noble metal*	123	54	81	108	135

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D2740	crown – porcelain/ceramic	375	80	119	159	199
D2750	crown – porcelain fused to high noble metal*	375	80	119	159	199
D2751	crown – porcelain fused to predominantly base metal	350	80	119	159	199
D2752	crown – porcelain fused to noble metal*	375	80	119	159	199
D2780	crown – ¾ cast high noble metal *	362	80	119	159	199
D2781	crown – ¾ cast predominantly base metal	345	80	119	159	199
D2782	crown – ¾ cast noble metal*	362	80	119	159	199
D2783	crown – ¾ porcelain/ceramic	362	80	119	159	199
D2790	crown – full cast high noble metal*	375	80	119	159	199
D2791	crown – full cast predominantly base metal	350	80	119	159	199
D2792	crown – full cast noble metal*	375	80	119	159	199
D2794	crown – titanium*	375	80	119	159	199
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10	5	7	10	12
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	5	7	10	12
D2920	re-cement or re-bond crown	10	5	7	10	12
D2921	reattachment of tooth fragment, incisal edge or cusp	19	5	5	5	5
D2929	prefabricated porcelain/ceramic crown – primary tooth	35	9	10	10	10
D2930	prefabricated stainless steel crown – primary tooth	32	0	0	0	0
D2931	prefabricated stainless steel crown – permanent tooth	45	19	29	38	48
D2932	prefabricated resin crown	35	10	14	19	24
D2933	prefabricated stainless steel crown with resin window	32	9	10	10	10
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	32	0	0	0	0
D2940	protective restoration	15	0	0	0	0
D2941	interim therapeutic restoration – primary dentition	12	0	0	0	0
D2950	core buildup, including any pins when required	20	11	16	22	27
D2951	pin retention – per tooth, in addition to restoration	10	0	0	0	0
D2952	post and core in addition to crown, indirectly fabricated*	89	25	38	51	63
D2953	each additional indirectly fabricated post – same tooth*	23	6	10	13	16
D2954	prefabricated post and core in addition to crown	41	13	19	26	32
D2955	post removal	75	17	22	24	26
D2957	each additional prefabricated post – same tooth	10	3	5	6	8
D2960	labial veneer (resin laminate) – chairside	75	17	22	24	26
D2961	labial veneer (resin laminate) – laboratory	144	34	42	44	46
D2962	labial veneer (porcelain laminate) – laboratory	144	34	42	44	46
D2970	temporary crown	45	0	0	0	0
D2971	additional procedures to construct new crown under existing partial denture framework	45	9	12	14	16
D2975	coping	276	59	74	81	87
D2980	crown repair necessitated by restorative material failure	60	13	17	19	21
D2990	resin infiltration of incipient smooth surface lesions	18	5	5	5	5
IV. ENDODONTICS						
D3110	pulp cap – direct (excluding final restoration)	18	0	0	0	0
D3120	pulp cap – indirect (excluding final restoration)	5	0	0	0	0
D3220	therapeutic pulpotomy (excluding final restoration)	18	0	0	0	0
D3221	pulpal debridement, primary and permanent teeth	25	0	0	0	0
D3222	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	18	0	0	0	0
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	18	0	0	0	0
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	18	0	0	0	0

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	150	30	45	59	74
D3320	endodontic therapy, premolar tooth (excluding final restoration)	200	40	59	79	99
D3330	endodontic therapy, molar tooth (excluding final restoration)	350	69	104	139	173
D3331	treatment of root canal obstruction; non-surgical access	25	5	5	5	5
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	20	0	0	0	0
D3333	internal root repair of perforation defects	55	5	8	12	16
D3346	retreatment of previous root canal therapy – anterior	150	30	45	59	74
D3347	retreatment of previous root canal therapy – premolar	200	40	59	79	99
D3348	retreatment of previous root canal therapy – molar	355	69	104	139	173
D3351	apexification/recalcification – initial visit	42	10	15	20	25
D3352	apexification/recalcification – interim medication replacement	40	5	7	9	11
D3353	apexification/recalcification – final visit	75	9	13	17	21
D3355	pulpal regeneration – initial visit	42	10	15	20	25
D3356	pulpal regeneration – interim medication replacement	40	5	7	9	11
D3357	pulpal regeneration – completion of treatment	75	9	13	17	21
D3410	apicoectomy – anterior	135	30	45	59	74
D3421	apicoectomy – premolar (first root)	202	44	67	89	111
D3425	apicoectomy – molar (first root)	302	67	100	133	166
D3426	apicoectomy (each additional root)	101	22	33	44	55
D3427	periradicular surgery without apicoectomy	101	22	33	44	55
D3430	retrograde filling - per root	95	16	24	32	40
D3450	root amputation – per root	75	16	24	32	40
D3460	endodontic endosseous implant	0 ¹	1,950	1,950	1,950	1,950
D3910	surgical procedure for isolation of tooth with rubber dam	40	5	7	9	11
D3920	hemisection (including any root removal), not including root canal therapy	60	13	19	25	32
D3950	canal preparation and fitting of preformed dowel or post	50	5	8	12	16
V. PERIODONTICS						
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quad	90	19	29	38	48
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quad	30	6	10	13	16
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	12	0	2	4	6
D4240	gingival flap procedure, inc root planing – four+ contiguous teeth/tooth bounded spaces per quad	90	19	29	38	48
D4241	gingival flap procedure, including root planing – 1-3 contiguous teeth/bounded spaces per quad	57	11	17	23	30
D4245	apically positioned flap	100	9	14	21	27
D4249	clinical crown lengthening – hard tissue	95	9	14	21	27
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four +contiguous teeth/bounded spaces per	300	63	95	127	158
D4261	osseous surgery (including elevation of a full thickness flap and closure) – 1-3 contiguous teeth or tooth bounded spaces	190	42	63	84	105
D4263	bone replacement graft – first site in quadrant	150	13	22	32	43
D4270	pedicle soft tissue graft procedure	90	9	14	21	27
D4274	distal or proximal wedge procedure	90	9	14	21	27
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth	120	13	19	26	32
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant,	60	5	8	12	16
D4320	provisional splinting – intracoronal	95	9	14	21	27
D4321	provisional splinting – extracoronal	75	9	13	17	21
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	14	21	28	35
D4342	periodontal scaling and root planing – one to three teeth per quadrant	45	14	21	28	35
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	45	8	12	16	20
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50	8	12	16	20

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D4381	localized delivery of antimicrobial agents via a controlled release vehicle , per tooth	25	5	5	5	5
D4910	periodontal maintenance	45	8	12	16	20
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	18	0	2	4	6
D4921	gingival irrigation – per quadrant	13	0	0	0	0
VI. PROSTHODONTICS (REMOVABLE)						
D5110	complete denture – maxillary	535	114	171	228	285
D5120	complete denture – mandibular	535	114	171	228	285
D5130	immediate denture – maxillary	535	114	171	228	285
D5140	immediate denture – mandibular	535	114	171	228	285
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	150	32	48	63	79
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	150	32	48	63	79
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and	540	119	178	238	297
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests	540	119	178	238	297
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	115	25	37	50	62
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	115	25	37	50	62
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	115	25	37	50	62
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	115	25	37	50	62
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	160	32	48	63	79
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	160	32	48	63	79
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary*	85	17	22	24	26
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular*	85	17	22	24	26
D5410	adjust complete denture – maxillary	15	3	5	6	7
D5411	adjust complete denture – mandibular	15	3	5	6	7
D5421	adjust partial denture – maxillary	15	3	5	6	7
D5422	adjust partial denture – mandibular	15	3	5	6	7
D5511	repair broken complete denture base, mandibular	42	3	5	6	7
D5512	repair broken complete denture base, maxillary	42	3	5	6	7
D5520	replace missing or broken teeth – complete denture (each tooth)	27	6	9	12	15
D5611	repair resin partial denture base, mandibular	42	3	5	6	7
D5612	repair resin partial denture base, maxillary	42	3	5	6	7
D5621	repair cast partial framework, mandibular	90	3	5	6	7
D5622	repair cast partial framework, maxillary	90	3	5	6	7
D5630	repair or replace broken clasp - per tooth	90	19	28	38	47
D5640	replace broken teeth - per tooth	42	9	13	18	22
D5650	add tooth to existing partial denture	42	9	13	18	22
D5660	add clasp to existing partial denture - per tooth	75	16	24	32	40
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	175	29	43	57	71
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	175	29	43	57	71
D5710	rebase complete maxillary denture	150	32	48	63	79
D5711	rebase complete mandibular denture	150	32	48	63	79
D5720	rebase maxillary partial denture	120	25	37	50	62
D5721	rebase mandibular partial denture	120	25	37	50	62
D5730	reline complete maxillary denture (chairside)	86	19	28	38	47
D5731	reline complete mandibular denture (chairside)	86	19	28	38	47
D5740	reline maxillary partial denture (chairside)	72	16	24	32	40

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EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D5741	reline mandibular partial denture (chairside)	72	16	24	32	40
D5750	reline complete maxillary denture (laboratory)	115	25	37	50	62
D5751	reline complete mandibular denture (laboratory)	115	25	37	50	62
D5760	reline maxillary partial denture (laboratory)	115	25	37	50	62
D5761	reline mandibular partial denture (laboratory)	115	25	37	50	62
D5810	interim complete denture (maxillary)	150	34	42	44	46
D5811	interim complete denture (mandibular)	150	34	42	44	46
D5820	interim partial denture (maxillary)	115	25	37	50	62
D5821	interim partial denture (mandibular)	115	25	37	50	62
D5850	tissue conditioning, maxillary	25	5	7	10	12
D5851	tissue conditioning, mandibular	25	5	7	10	12
D5863	overdenture – complete maxillary	535	114	171	228	285
D5864	overdenture – partial maxillary	540	114	171	228	285
D5865	overdenture – complete mandibular	535	119	178	238	297
D5866	overdenture – partial mandibular	540	119	178	238	297
D5876	add metal substructure to acrylic full denture (per arch)	150	32	48	63	79
D5992	adjust maxillofacial prosthetic appliance, by report	14	5	5	5	5
VIII. IMPLANT SERVICES						
D6010	surgical placement of implant body: endosteal implant	0 ¹	1,950	1,950	1,950	1,950
D6013	surgical placement of mini implant	0 ¹	1,950	1,950	1,950	1,950
D6052	semi-precision attachment abutment	0 ¹	368	368	368	368
D6055	connecting bar – implant supported or abutment supported	0 ¹	540	540	540	540
D6056	prefabricated abutment – includes modification and placement	0 ¹	368	368	368	368
D6057	custom fabricated abutment – includes placement	0 ¹	610	610	610	610
D6058	abutment supported porcelain/ceramic crown	0 ¹	1,050	1,050	1,050	1,050
D6059	abutment supported porcelain fused to metal crown (high noble metal)*	0 ¹	915	915	915	915
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	0 ¹	1,050	1,050	1,050	1,050
D6061	abutment supported porcelain fused to metal crown (noble metal)*	0 ¹	946	946	946	946
D6062	abutment supported cast metal crown (high noble metal)*	0 ¹	981	981	981	981
D6063	abutment supported cast metal crown (predominantly base metal)	0 ¹	854	854	854	854
D6064	abutment supported cast metal crown (noble metal)*	0 ¹	1,168	1,168	1,168	1,168
D6065	implant supported porcelain/ceramic crown	0 ¹	1,144	1,144	1,144	1,144
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)*	0 ¹	1,083	1,083	1,083	1,083
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)*	0 ¹	962	962	962	962
D6068	abutment supported retainer for porcelain/ceramic FPD	0 ¹	1,026	1,026	1,026	1,026
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)*	0 ¹	1,050	1,050	1,050	1,050
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	0 ¹	965	965	965	965
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)*	0 ¹	984	984	984	984
D6072	abutment supported retainer for cast metal FPD (high noble metal)*	0 ¹	997	997	997	997
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	0 ¹	910	910	910	910
D6074	abutment supported retainer for cast metal FPD (noble metal)*	0 ¹	967	967	967	967
D6075	implant supported retainer for ceramic FPD	0 ¹	1,018	1,018	1,018	1,018
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy high noble metal)*	0 ¹	992	992	992	992

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NTCV = Not Covered

UNITEDHEALTHCARE - RFK DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)*	0 ¹	962	962	962	962
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and	0 ¹	55	55	55	55
D6081	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	43	13	17	19	21
D6090	repair implant supported prosthesis, by report	0 ¹	135	135	135	135
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	0 ¹	410	410	410	410
D6092	re-cement or re-bond implant/abutment supported crown	0 ¹	79	79	79	79
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	0 ¹	124	124	124	124
D6094	abutment supported crown (titanium)	0 ¹	810	810	810	810
D6095	repair implant abutment, by report	0 ¹	55	55	55	55
D6096	remove broken implant retaining screw	75	55	55	55	55
D6100	implant removal, by report	0 ¹	600	600	600	600
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	57	13	17	19	21
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	190	42	53	57	61
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	0 ¹	350	350	350	350
D6190	radiographic/surgical implant index, by report	0 ¹	265	265	265	265
D6194	abutment supported retainer crown for FPD (titanium)	0 ¹	835	835	835	835
IX. PROSTHODONTICS, FIXED						
D6205	pontic – indirect resin based composite	75	32	48	63	79
D6210	pontic – cast high noble metal*	304	80	119	159	199
D6211	pontic – cast predominantly base metal	290	80	119	159	199
D6212	pontic – cast noble metal*	304	80	119	159	199
D6214	pontic – titanium*	304	80	119	159	199
D6240	pontic – porcelain fused to high noble metal*	304	80	119	159	199
D6241	pontic – porcelain fused to predominantly base metal	290	80	119	159	199
D6242	pontic – porcelain fused to noble metal*	304	80	119	159	199
D6245	pontic – porcelain/ceramic	365	80	119	159	199
D6250	pontic – resin with high noble metal*	90	80	119	159	199
D6251	pontic – resin with predominantly base metal	50	80	119	159	199
D6252	pontic – resin with noble metal*	63	80	119	159	199
D6253	provisional pontic	95	21	27	29	31
D6545	retainer – cast metal for resin bonded fixed prosthesis	45	25	38	51	63
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	45	25	38	51	63
D6600	retainer inlay – porcelain/ceramic, two surfaces	150	34	42	44	46
D6601	retainer inlay – porcelain/ceramic, three or more surfaces	175	38	48	52	56
D6602	retainer inlay – cast high noble metal, two surfaces*	150	34	42	44	46
D6603	retainer inlay – cast high noble metal, three or more surfaces*	175	38	48	52	56
D6604	retainer inlay – cast predominantly base metal, two surfaces*	150	34	42	44	46
D6605	retainer inlay – cast predominantly base metal, three or more surfaces*	175	38	48	52	56
D6606	retainer inlay – cast noble metal, two surfaces*	150	34	42	44	46
D6607	retainer inlay – cast noble metal, three or more surfaces*	175	38	48	52	56
D6608	retainer onlay – porcelain/ceramic, two surfaces	175	38	48	52	56

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UNITEDHEALTHCARE - RFK DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D6609	retainer onlay – porcelain/ceramic, three or more surfaces	185	42	53	57	61
D6610	retainer onlay – cast high noble metal, two surfaces*	200	46	58	62	66
D6611	retainer onlay – cast high noble metal, three or more surfaces*	225	50	63	67	71
D6612	retainer onlay – cast predominantly base metal, two surfaces*	185	42	53	57	61
D6613	retainer onlay – cast predominantly base metal, three or more surfaces*	200	46	58	62	66
D6614	retainer onlay – cast noble metal, two surfaces*	185	42	53	57	61
D6615	retainer onlay – cast noble metal, three or more surfaces*	195	42	53	57	61
D6624	retainer inlay – titanium*	175	38	48	52	56
D6634	retainer onlay – titanium*	289	63	79	86	92
D6710	retainer crown – indirect resin based composite	75	32	48	63	79
D6720	retainer crown – resin with high noble metal*	144	80	119	159	199
D6721	retainer crown – resin with predominantly base metal	108	80	119	159	199
D6722	retainer crown – resin with noble metal*	123	80	119	159	199
D6740	retainer crown – porcelain/ceramic	375	80	119	159	199
D6750	retainer crown – porcelain fused to high noble metal*	375	80	119	159	199
D6751	retainer crown – porcelain fused to predominantly base metal	350	80	119	159	199
D6752	retainer crown – porcelain fused to noble metal*	375	80	119	159	199
D6780	retainer crown – ¾ cast high noble metal*	362	80	119	159	199
D6781	retainer crown – ¾ cast predominantly base metal	345	80	119	159	199
D6782	retainer crown – ¾ cast noble metal*	362	80	119	159	199
D6783	retainer crown – ¾ porcelain/ceramic*	362	80	119	159	199
D6790	retainer crown – full cast high noble metal*	375	80	119	159	199
D6791	retainer crown – full cast predominately base metal	350	80	119	159	199
D6792	retainer crown – full cast noble metal*	375	80	119	159	199
D6794	retainer crown – titanium*	375	80	119	159	199
D6920	connector bar	276	59	74	81	87
D6930	re-cement or re-bond fixed partial denture	18	6	9	12	15
D6940	stress breaker	21	10	15	20	25
D6980	fixed partial denture repair	80	17	22	24	26
X. ORAL AND MAXILLOFACIAL SURGERY						
D7111	extraction, coronal remnants – deciduous tooth	25	0	0	0	0
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	36	0	0	0	0
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	45	0	0	0	0
D7220	removal of impacted tooth – soft tissue	105	22	33	44	55
D7230	removal of impacted tooth – partially bony	210	25	38	51	63
D7240	removal of impacted tooth – completely bony	150	32	48	63	79
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	250	21	35	52	69
D7250	surgical removal of residual tooth roots (cutting procedure)	60	13	19	25	32
D7251	surgical removal of residual tooth roots (cutting procedure)	43	13	19	25	32
D7261	primary closure of a sinus perforation	105	9	15	24	32
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	75	9	13	17	21
D7280	surgical access of an unerupted tooth	86	19	29	38	48
D7282	mobilization of erupted or malpositioned tooth to aid eruption	55	5	8	12	16
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	60	13	19	25	32
D7286	incisional biopsy of oral tissue – soft	60	13	19	25	32
D7287	exfoliative cytological sample collection	30	6	10	13	16

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UNITEDHEALTHCARE - RFK DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
PRODUCT ID:		D1000176	D1000224	D1000225	D1000226	
D7288	brush biopsy – transepithelial sample collection	30	6	10	13	16
D7290	surgical repositioning of teeth	115	9	15	24	32
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	115	9	15	24	32
D7297	corticotomy – four or more teeth or tooth spaces, per quadrant	115	9	15	24	32
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	62	13	20	27	33
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	42	9	13	18	22
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	80	17	25	34	42
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	60	11	17	22	28
D7340	vestibuloplasty – ridge extension (secondary epithelialization)	175	38	57	76	95
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	290	63	95	127	158
D7450	removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	175	17	27	37	48
D7451	removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	275	25	40	57	74
D7460	removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	185	17	28	41	53
D7461	removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	295	25	42	61	80
D7471	removal of lateral exostosis (maxilla or mandible)	165	13	23	36	48
D7472	removal of torus palatinus	275	25	40	57	74
D7473	removal of torus mandibularis	165	13	23	36	48
D7485	surgical reduction of osseous tuberosity	225	21	34	49	64
D7510	incision and drainage of abscess – intraoral soft tissue	60	0	0	0	0
D7511	incision and drainage of abscess – intraoral soft tissue – complicated	60	0	0	0	0
D7520	incision and drainage of abscess – extraoral soft tissue	86	0	0	0	0
D7521	incision and drainage of abscess – extraoral soft tissue – complicated	86	0	0	0	0
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	60	13	19	25	32
D7910	suture of recent small wounds up to 5 cm	20	0	2	4	6
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	60	5	8	12	16
D7963	frenuloplasty	60	5	8	12	16
D7970	excision of hyperplastic tissue - per arch	80	9	13	17	21
D7971	excision of pericoronal gingiva	72	9	13	17	21
D7972	surgical reduction of fibrous tuberosity	175	17	27	37	48
XII. ADJUNCTIVE GENERAL SERVICES						
D9110	palliative (emergency) treatment of dental pain - minor procedure	25	0	0	0	0
D9120	fixed partial denture sectioning	55	12	18	24	30
D9210	local anesthesia not in conjunction with operative or surgical procedures	10	0	2	4	6
D9211	regional block anesthesia	15	0	2	4	6
D9212	trigeminal division block anesthesia	20	0	2	4	6
D9215	local anesthesia in conjunction with operative or surgical procedures	8	0	0	0	0
D9222	deep sedation/general anesthesia – first 15 minutes	100	9	14	21	27
D9223	deep sedation/general anesthesia – each 15 minute increment	100	9	14	21	27
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	25	5	5	5	5
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	70	5	9	16	22
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	70	5	9	16	22
D9248	non-intravenous conscious sedation	50	5	8	12	16
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	10	10	14	19	24
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	10	4	6	8	9
D9440	office visit – after regularly scheduled hours	45	25	25	25	25
D9450	case presentation, detailed and extensive treatment planning	0 ¹	0	0	0	0

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**UNITEDHEALTHCARE - RFK DIRECT COMPENSATION PLANS
PRINCIPAL BENEFITS AND COVERAGES - MEMBER COPAYMENT SCHEDULE
EXHIBIT 2B**



**Dental Benefit
Providers of California**

CDT CODE	DESCRIPTION	RVU	RFK OPTION 1	RFK OPTION 2	RFK OPTION 3	RFK OPTION 4
	PRODUCT ID:		D1000176	D1000224	D1000225	D1000226
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	0 ¹	4	6	8	9
D9943	occlusal guard adjustment	15	3	5	6	7
D9944	occlusal guard – hard appliance, full arch	125	13	20	29	37
D9945	occlusal guard – soft appliance, full arch	125	13	20	29	37
D9946	occlusal guard – hard appliance, partial arch	125	13	20	29	37
D9951	occlusal adjustment – limited	25	5	7	10	12
D9952	occlusal adjustment – complete	68	15	22	30	37
D9971	odontoplasty 1-2 teeth; includes removal of enamel projections	23	0	0	0	0
D9972	external bleaching – per arch – performed in office	0 ¹	125	125	125	125
XI. ORTHODONTICS† (excluded from the FFS and Remote plans)						
D8070†	comprehensive orthodontic treatment of the transitional dentition		2,250	2,250	2,250	2,250
D8080†	comprehensive orthodontic treatment of the adolescent dentition		2,250	2,250	2,250	2,250
D8090†	comprehensive orthodontic treatment of the adult dentition		2,250	2,250	2,250	2,250
D8680†	orthodontic retention (removal of appliances, construction and placement of retainer(s))		150	150	150	150
D8695†	removal of fixed orthodontic appliances for reasons other than completion of treatment		150	150	150	150
D8999†	Start-Up fee (Including exam, beginning records,x-rays, tracing, photos and models		350	350	350	350

¹ Please collect applicable copay for this procedure as listed on the copay schedule. The member's copayment is the total compensation for this procedure. If the procedure is not covered under the plan, the member is responsible for the provider's UCR fee.

† Orthodontic Coverage for Child/Adult is ONLY available on the Direct Compensation plan. New Orthodontic plan covers both Phase 1 & 2.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

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CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
I. DIAGNOSTIC						
D0120	periodic oral evaluation – established patient	10	0	0	0	0
D0140	limited oral evaluation – problem focused	10	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	25	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient	30	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report	10	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	10	0	0	0	0
D0171	re-evaluation – post-operative office visit	10	15	5	0	0
D0180	comprehensive periodontal evaluation – new or established patient	30	0	0	0	0
D0190	screening of a patient	5	15	5	0	0
D0191	assessment of a patient	5	15	5	0	0
D0210	intraoral – complete series of radiographic images	62	0	0	0	0
D0220	intraoral – periapical first radiographic image	9	0	0	0	0
D0230	intraoral – periapical each additional radiographic imag	5	0	0	0	0
D0240	intraoral – occlusal radiographic image	10	0	0	0	0
D0250	extra-oral – 2D projection radiographic image created using stationary radiation source, detector	10	0	0	0	0
D0251	extra-oral posterior dental radiographic image	10	0	0	0	0
D0270	bitewing – single radiographic image	9	0	0	0	0
D0272	bitewings – two radiographic images	15	0	0	0	0
D0273	bitewings – three radiographic images	20	0	0	0	0
D0274	bitewings – four radiographic images	25	0	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images	24	0	0	0	0
D0330	panoramic film	37	0	0	0	0
D0340	cephalometric film	37	NTCV	0	0	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	10	30	10	0	0
D0411	HbA1c in-office point of service testing	24	0	0	0	0
D0412	blood glucose level test – in-office using a glucose meter	6	0	0	0	0
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	24	NTCV	0	0	0
D0415	collection of microorganisms for culture and sensitivity	24	NTCV	0	0	0
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	24	0	0	0	0
D0418	analysis of saliva sample	24	0	0	0	0
D0422	collection and preparation of genetic sample material for laboratory analysis and report	24	NTCV	0	0	0
D0423	genetic test for susceptibility to diseases – specimen analysis	24	NTCV	0	0	0
D0425	caries susceptibility tests	24	NTCV	0	0	0
D0460	pulp vitality tests	24	0	0	0	0
D0470	diagnostic casts	25	0	0	0	0

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CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	24	0	0	0	0
D0601	caries risk assessment and documentation, with a finding of low risk	25	0	0	0	0
D0602	caries risk assessment and documentation, with a finding of moderate risk	25	0	0	0	0
D0603	caries risk assessment and documentation, with a finding of high risk	25	0	0	0	0
II. PREVENTIVE						
D1110	prophylaxis – adult	45	0	0	0	0
D1120	prophylaxis – child	27	0	0	0	0
D1206	topical application of fluoride varnish	12	0	0	0	0
D1208	topical application of fluoride – excluding varnish	9	0	0	0	0
D1310	nutritional counseling for control of dental disease	0 ⁵	NTCV	0	0	0
D1320	tobacco counseling for the control and prevention of oral disease	0 ⁵	NTCV	NTCV	0	NTCV
D1330	oral hygiene instructions	0 ⁵	NTCV	0	0	0
D1351	sealant - per tooth	18	15	10	5	5
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	18	15	10	5	5
D1353	sealant repair – per tooth	18	15	10	5	5
D1510	space maintainer – fixed - unilateral	70	50	35	25	33
D1516	space maintainer – fixed – bilateral, maxillary	100	50	35	35	46
D1517	space maintainer – fixed – bilateral, mandibular	100	50	35	35	46
D1520	space maintainer – removable – unilateral	68	50	35	20	38
D1526	space maintainer – removable – bilateral, maxillary	87	50	35	25	39
D1527	space maintainer – removable – bilateral, mandibular	87	50	35	25	39
D1550	re-cement or re-bond space maintainer	10	10	10	0	10
D1555	removal of fixed space maintainer	10	12	12	0	12
D1575	distal shoe space maintainer – fixed – unilateral	70	50	35	25	33
III. RESTORATIVE						
D2140	amalgam – one surface, primary or permanent	36	14	10	0	12
D2150	amalgam – two surfaces, primary or permanent	54	20	12	0	15
D2160	amalgam – three surfaces, primary or permanent	72	25	14	0	18
D2161	amalgam – four or more surfaces, primary or permanent	72	30	14	0	22
D2330	resin-based composite – one surface, anterior	37	24	15	0	16
D2331	resin-based composite – two surfaces, anterior	56	30	15	0	24
D2332	resin-based composite – three surfaces, anterior	75	37	15	0	26
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	75	44	17	0	26
D2390	resin-based composite crown, anterior	70	47	NTCV	NTCV	NTCV
D2391	resin-based composite – one surface, posterior	55	40	20	NTCV	NTCV
D2392	resin-based composite – one surface, posterior	81	73	20	NTCV	NTCV

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CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D2393	resin-based composite – three surfaces, posterior	110	82	25	NTCV	NTCV
D2394	resin-based composite – four or more surfaces, posterior	110	102	NTCV	NTCV	NTCV
D2510	inlay – metallic – one surface	362	275 ¹	NTCV	NTCV	NTCV
D2520	inlay – metallic – two surfaces	362	275 ¹	NTCV	NTCV	NTCV
D2530	inlay – metallic – three or more surfaces	362	275 ¹	NTCV	NTCV	NTCV
D2542	onlay – metallic – two surfaces	362	275 ¹	NTCV	NTCV	NTCV
D2543	onlay – metallic – three surfaces	362	275 ¹	NTCV	NTCV	NTCV
D2544	onlay – metallic – four or more surfaces	362	275 ¹	NTCV	NTCV	NTCV
D2642	onlay – porcelain/ceramic – two surfaces	362	275 ²	NTCV	NTCV	NTCV
D2643	onlay – porcelain/ceramic – three surfaces	362	275 ²	NTCV	NTCV	NTCV
D2644	onlay – porcelain/ceramic – four or more surfaces	362	275 ²	NTCV	NTCV	NTCV
D2710	crown – resin-based composite (indirect)	72	95 ²	85 ³	50 ³	112 ³
D2712	crown – ¾ resin-based composite (indirect)	72	95 ²	85 ³	50 ³	112 ³
D2720	crown – resin with high noble metal	144	275 ^{1,2}	150 ³	60 ³	158 ³
D2721	crown – resin with predominantly base metal	108	275 ²	150 ³	60 ³	159 ³
D2722	crown – resin with noble metal	123	275 ^{1,2}	150 ³	60 ³	167 ³
D2740	crown – porcelain/ceramic	375	275 ²	150 ³	80 ³	175 ³
D2750	crown – porcelain fused to high noble metal	375	275 ^{1,2}	150 ³	80 ³	195 ³
D2751	crown – porcelain fused to predominantly base metal	350	275 ²	150 ³	70 ³	175 ³
D2752	crown – porcelain fused to noble metal	375	275 ^{1,2}	150 ³	70 ³	185 ³
D2780	crown – ¾ cast high noble metal	362	275 ¹	150 ³	80 ³	196 ³
D2781	crown – ¾ cast predominantly base metal	345	275	150 ³	60	170
D2782	crown – ¾ cast noble metal	362	275 ¹	150 ³	70 ³	185 ³
D2783	crown – ¾ porcelain/ceramic	362	275 ²	150 ³	80 ³	175 ³
D2790	crown – full cast high noble metal	375	275 ¹	150 ³	80 ³	196 ³
D2791	crown – full cast predominantly base metal	350	275	150	60	170
D2792	crown – full cast noble metal	375	275 ¹	150 ³	70 ³	185 ³
D2794	crown – titanium	375	275 ¹	150 ³	80 ³	196 ³
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10	20	10	0	17
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	20	10	0	17
D2920	re-cement or re-bond crown	10	18	10	15	18
D2930	prefabricated stainless steel crown – primary tooth	32	40	10	20	38
D2931	prefabricated stainless steel crown – permanent tooth	45	40	5	25	45



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D2932	prefabricated resin crown	35	40 ²	25 ³	20 ³	36 ³
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	32	40 ^{1,2}	10 ³	20 ³	38 ³
D2940	protective restoration	15	60	25	0	13
D2941	interim therapeutic restoration – primary dentition	12	60	25	0	13
D2950	core buildup, including any pins when required	20	60	25	20	37
D2951	pin retention – per tooth, in addition to restoration	10	60	25	10	15
D2952	post and core in addition to crown, indirectly fabricated	89	60 ¹	25	45	59
D2953	each additional indirectly fabricated post – same tooth	23	30 ¹	6	11	15
D2954	prefabricated post and core in addition to crown	41	45	25	20	43
D2957	each additional prefabricated post – same tooth	10	23	6	5	11
D2990	resin infiltration of incipient smooth surface lesions	18	NTCV	10	0	5
IV. ENDODONTICS						
D3110	pulp cap – direct (excluding final restoration)	18	25	6	0	8
D3120	pulp cap – indirect (excluding final restoration)	5	25	6	0	12
D3220	therapeutic pulpotomy (excluding final restoration)	18	25	8	0	14
D3221	pulpal debridement, primary and permanent teeth	25	25	5	0	12
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	18	25	8	0	14
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	18	25	8	0	14
D3310	endodontic therapy, anterior tooth (excluding final restoration)	150	150	50	35	68
D3320	endodontic therapy, premolar tooth (excluding final restoration)	200	190	100	50	81
D3330	endodontic therapy, molar tooth (excluding final restoration)	350	275	150	75	161
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	20	75	8	0	14
D3346	retreatment of previous root canal therapy – anterior	150	180	60	35	68
D3347	retreatment of previous root canal therapy – premolar	200	360	120	50	81
D3348	retreatment of previous root canal therapy – molar	355	550	180	75	161
D3351	apexification/recalcification – initial visit	42	92	20	0	25
D3352	apexification/recalcification – interim medication replacement	40	40	55	NTCV	NTCV
D3353	apexification/recalcification – final visit	75	136	110	NTCV	NTCV
D3355	pulpal regeneration – initial visit	42	92	20	0	25
D3356	pulpal regeneration – interim medication replacement	40	40	55	NTCV	NTCV
D3357	pulpal regeneration – completion of treatment	75	137	110	NTCV	NTCV
D3410	apicoectomy – anterior	135	140	60	40	86
D3421	apicoectomy – premolar (first root)	202	140	60	50	171
D3425	apicoectomy – molar (first root)	302	140	60	90	257
D3426	apicoectomy (each additional root)	101	77	0	40	134
D3427	periradicular surgery without apicoectomy	101	77	0	40	134
D3430	retrograde filling - per root	95	125	60	40	134

NTCV = Not Covered



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D3450	root amputation – per root	75	110	0	45	61
D3920	hemisection (including any root removal), not including root canal therapy	60	135	NTCV	45	56
V. PERIODONTICS						
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quad	90	190	125	45	57
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quad	30	60	25	20	18
D4230	anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant	135	NTCV	NTCV	0	NTCV
D4231	anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant	77	NTCV	NTCV	0	NTCV
D4240	gingival flap procedure, inc root planing – four+ contiguous teeth/tooth bounded spaces per quad	90	185	125	45	40
D4241	gingival flap procedure, including root planing – 1-3 contiguous teeth/bounded spaces per quad	57	111	83	30	27
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four +contiguous teeth/bounded spaces per quadrant	300	375	250	85	150
D4261	osseous surgery (including elevation of a full thickness flap and closure) – 1-3 contiguous teeth or tooth bounded spaces per quad	190	225	167	57	100
D4263	bone replacement graft – first site in quadrant	150	NTCV	NTCV	85	176
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	95	NTCV	NTCV	85	124
D4270	pedicle soft tissue graft procedure	90	410	NTCV	85	162
D4274	distal or proximal wedge procedure	90	55	125	45	40
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	120	410	NTCV	85	162
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	70	25	30	23
D4342	periodontal scaling and root planing – one to three teeth per quadrant	45	42	25	30	23
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	45	50	20	15	17
D4910	periodontal maintenance	45	50	20	15	17
D4921	gingival irrigation – per quadrant	13	NTCV	0	0	0
VI. PROSTHODONTICS (REMOVABLE)						
D5110	complete denture – maxillary	535	350	200	90	247
D5120	complete denture – mandibular	535	350	200	90	248
D5130	immediate denture – maxillary	535	385	225	95	248
D5140	immediate denture – mandibular	535	385	225	95	248
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	150	320	200	70	168
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	150	320	200	70	173
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	540	385 ¹	200 ²	90	212 ³
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	540	385 ¹	200 ²	90	206 ³
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	115	90	0	50	74
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	115	90	0	50	73

NTCV = Not Covered



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	115	90	0	50	74
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	115	90	0	50	73
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	160	320 ³	200 ²	70	168 ³
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	160	320 ³	200 ²	70	173 ³
D5410	adjust complete denture – maxillary	15	15	10	0	0
D5411	adjust complete denture – mandibular	15	15	10	0	0
D5421	adjust partial denture – maxillary	15	15	10	10	27
D5422	adjust partial denture – mandibular	15	15	10	10	27
D5511	repair broken complete denture base, mandibular	42	15	10	0	0
D5512	repair broken complete denture base, maxillary	42	15	10	0	0
D5520	replace missing or broken teeth – complete denture (each tooth)	27	25	15	10	25
D5611	repair resin partial denture base, mandibular	42	15	10	0	0
D5612	repair resin partial denture base, maxillary	42	15	10	0	0
D5621	repair cast partial framework, mandibular	90	15	10	0	0
D5622	repair cast partial framework, maxillary	90	15	10	0	0
D5630	repair or replace broken clasp - per tooth	90	35	25	10	30
D5640	replace broken teeth - per tooth	42	35	15	10	34
D5650	add tooth to existing partial denture	42	35	15	10	21
D5660	add clasp to existing partial denture - per tooth	75	35	15	10	46
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	175	160	180	63	151
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	175	160	180	63	156
D5710	rebase complete maxillary denture	150	110	60	35	94
D5711	rebase complete mandibular denture	150	110	60	35	94
D5720	rebase maxillary partial denture	120	110	60	35	79
D5721	rebase mandibular partial denture	120	110	60	35	75
D5730	reline complete maxillary denture (chairside)	86	55	25	25	42
D5731	reline complete mandibular denture (chairside)	86	55	25	25	43
D5740	reline maxillary partial denture (chairside)	72	50	25	25	43
D5741	reline mandibular partial denture (chairside)	72	50	25	25	43
D5750	reline complete maxillary denture (laboratory)	115	90	60	35	72
D5751	reline complete mandibular denture (laboratory)	115	90	60	35	73
D5760	reline maxillary partial denture (laboratory)	115	90	60	35	75
D5761	reline mandibular partial denture (laboratory)	115	90	60	35	75
D5820	interim partial denture (maxillary)	115	90	0	50	74
D5821	interim partial denture (mandibular)	115	90	0	50	73
D5850	tissue conditioning, maxillary	25	30	20	10	22



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D5851	tissue conditioning, mandibular	25	30	20	10	22
D5863	overdenture – complete maxillary	535	350	200	90	247
D5864	overdenture – partial maxillary	540	385	200	90	212
D5865	overdenture – complete mandibular	535	350	200	90	248
D5866	overdenture – partial mandibular	540	385	200	90	206
D5876	add metal substructure to acrylic full denture (per arch)	150	110	60	35	94
IX. PROSTHODONTICS, FIXED						
D6205	pontic – indirect resin based composite	75	95 ²	85 ³	50 ³	112 ³
D6210	pontic – cast high noble metal	304	275 ¹	150 ³	70 ³	179 ³
D6211	pontic – cast predominantly base metal	290	275	150	60	156 ³
D6212	pontic – cast noble metal	304	275 ¹	150 ³	60 ³	171 ³
D6214	pontic – titanium	304	275 ¹	150 ³	70 ³	179 ³
D6240	pontic – porcelain fused to high noble metal	304	275 ^{1,2}	150 ³	80 ³	185 ³
D6241	pontic – porcelain fused to predominantly base metal	290	275 ²	150 ³	70 ³	167 ³
D6242	pontic – porcelain fused to noble metal	304	275 ^{1,2}	150 ³	70 ³	177 ³
D6245	pontic – porcelain/ceramic	365	275 ²	150 ³	80 ³	175 ³
D6250	pontic – resin with high noble metal	90	275 ^{1,2}	150 ³	60 ³	165 ³
D6251	pontic – resin with predominantly base metal	50	275 ²	150 ³	60 ³	154 ³
D6252	pontic – resin with noble metal	63	275 ^{1,2}	150 ³	60 ³	162 ³
D6545	retainer – cast metal for resin bonded fixed prosthesis	45	275	NTCV	33	87
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	45	275 ²	NTCV	33 ³	87 ³
D6549	resin retainer – for resin bonded fixed prosthesis	45	275	NTCV	33	87
D6710	retainer crown – indirect resin based composite	75	95 ²	85 ³	50 ³	112 ³
D6720	retainer crown – resin with high noble metal	144	275 ^{1,2}	150 ³	70 ³	183 ³
D6721	retainer crown – resin with predominantly base metal	108	275 ²	150 ³	60 ³	175 ³
D6722	retainer crown – resin with noble metal	123	275 ^{1,2}	150 ³	60 ³	166 ³
D6740	retainer crown – porcelain/ceramic	375	275 ²	150 ³	80 ³	175 ³
D6750	retainer crown – porcelain fused to high noble metal	375	275 ^{1,2}	150 ³	80 ³	194 ³
D6751	retainer crown – porcelain fused to predominantly base metal	350	275 ²	150 ³	70 ³	185 ³
D6752	retainer crown – porcelain fused to noble metal	375	275 ^{1,2}	150 ³	70 ³	192 ³
D6780	retainer crown – ¾ cast high noble metal	362	275 ¹	150 ³	70 ³	192 ³
D6781	retainer crown – ¾ cast predominantly base metal	345	275	150	60	170
D6782	retainer crown – ¾ cast noble metal	362	275 ¹	150 ³	70 ³	185 ³
D6783	retainer crown – ¾ porcelain/ceramic	362	275 ²	150 ³	80 ³	175 ³

NTCV = Not Covered



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D6790	retainer crown – full cast high noble metal	375	275 ¹	150 ³	80 ³	198 ³
D6791	retainer crown – full cast predominately base metal	350	275	150	60	185
D6792	retainer crown – full cast noble metal	375	275 ¹	150 ³	70 ³	187 ³
D6794	retainer crown – titanium	375	275 ¹	150 ³	80 ³	198 ³
D6930	re-cement or re-bond fixed partial denture	18	25	15	15	26
X. ORAL AND MAXILLOFACIAL SURGERY						
D7111	extraction, coronal remnants – deciduous tooth	25	9	7	7	9
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	36	17	10	10	13
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	45	40	22	10	22
D7220	removal of impacted tooth – soft tissue	105	75	40	15	43
D7230	removal of impacted tooth – partially bony	210	75	60	30	62
D7240	removal of impacted tooth – completely bony	150	110	80	40	80
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	250	110	80	40	83
D7250	surgical removal of residual tooth roots (cutting procedure)	60	30	0	20	37
D7251	coronectomy – intentional partial tooth removal	43	30	0	20	37
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	60	120	NTCV	30	80
D7286	incisional biopsy of oral tissue – soft	60	48	0	30	80
D7287	exfoliative cytological sample collection	30	48	0	15	40
D7288	brush biopsy – transepithelial sample collection	30	48	0	15	40
D7310	alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	62	75	50	20	34
D7311	alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	42	50	33	13	22
D7320	alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	80	100	70	30	38
D7321	alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	60	66	46	20	25
D7340	vestibuloplasty – ridge extension (secondary epithelialization)	175	NTCV	NTCV	20	0
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	290	NTCV	NTCV	50	0
D7510	incision and drainage of abscess – intraoral soft tissue	60	16	0	5	23
D7511	incision and drainage of abscess – intraoral soft tissue – complicated	60	16	0	5	23
D7520	incision and drainage of abscess – extraoral soft tissue	86	16	0	5	23
D7521	incision and drainage of abscess – extraoral soft tissue – complicated	86	16	0	5	23
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	60	100	NTCV	5	32
D7881	occlusal orthotic device adjustment	15	15	10	0	0
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	60	30	0	40	44
D7963	frenuloplasty	60	30	0	40	44
XII. ADJUNCTIVE GENERAL SERVICES						



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
D9110	palliative (emergency) treatment of dental pain - minor procedure	25	20	5	0	12
D9120	fixed partial denture sectioning	55	50	30	30	52
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	10	30	10	0	0
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	10	15	5	0	0
D9440	office visit – after regularly scheduled hours	45	50	20	35	25
D9450	case presentation, detailed and extensive treatment planning	0 ⁵	0	0	0	0
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	0 ⁵	25	NTCV	25	0
D9940	occlusal guard, by report	125	NTCV	NTCV	25	25
D9942	repair and/or reline of occlusal guard	40	NTCV	25	10	25
D9943	occlusal guard adjustment	15	15	10	0	0
D9944	occlusal guard – hard appliance, full arch	125	NTCV	NTCV	25	25
D9945	occlusal guard – soft appliance, full arch	125	NTCV	NTCV	25	25
D9946	occlusal guard – hard appliance, partial arch	125	NTCV	NTCV	25	25
D9951	occlusal adjustment – limited	25	50	NTCV	10	22
D9952	occlusal adjustment – complete	68	NTCV	NTCV	20	68
D9971	odontoplasty 1-2 teeth; includes removal of enamel projections	23	20	5	0	12

FOOTNOTES:

- ¹ If titanium, noble or high noble metals are requested for fillings, crowns, inlays, onlays, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used.
- ² Member pays an additional \$100 fee for resin or porcelain on molars.
- ³ Resin, porcelain, and any resin to metal or porcelain to metal crowns and pontics are excluded on molar teeth. If titanium, noble or high noble metals are requested for fillings, crowns, inlays, onlays, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used.
- ⁴ Flexible base partial dentures are subject to an additional charge based on additional laboratory.
- ⁵ Please collect applicable copay for this procedure as listed on the copay schedule. The member's copayment is the total compensation for this procedure. If the procedure is not covered under the plan, the member is responsible for the provider's UCR fee.



CDT CODE	DESCRIPTION	RVU	AVALON 200	FOSTER FARMS	NAPA REGENCY	VENTURA
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All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

LIMITATION OF BENEFITS:

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. **ORAL EVALUATION** - Limited to 2 times per 12 months.
2. **SCREENING/ASSESSMENT OF A PATIENT** - Limited to 1 time per 12 months.
3. **INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)** - Limited to 1 time per 2 Plan Years.
4. **PERIAPICAL, OCCLUSAL, EXTRAORAL RADIOGRAPHS** - Limited to 1 time per 12 months.
5. **INTRAORAL BITEWING RADIOGRAPHS** - Limited to 1 series of 4 films per 6 months.
6. **DENTAL PROPHYLAXIS** - Limited to 2 times per 12 months
7. **FLUORIDE TREATMENTS** - Limited to 2 times per 12 months.
8. **ADJUNCTIVE PRE-DIAGNOSTIC TEST** - Limited to Covered Persons over the age of 30 years, and limited to 1 time per 12 months.
9. **CARIES RISK ASSESSMENT** - Limited to 2 times per 12 months.
10. **SEALANT, PREVENTIVE RESIN RESTORATION, AND SPACE MAINTAINERS** - Limited to Covered Persons under the age of 15 years and once per first or second permanent molar every 36 months.
11. **STAINLESS STEEL CROWNS** - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.
12. **POST AND CORES** - Covered only for teeth that have had root canal therapy.
13. **LABIAL VENEERS** - Limited to 1 time per tooth per 36 months. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.
14. **GINGIVECTOMY/GINGIVOPLASTY/APICALLY POSITIONED FLAP/CROWN LENGTHENING/OSSEOUS SURGERY/BONE GRAFTS/TISSUE GRAFTS** - Limited to 1 per quadrant or site per 36 months.
15. **SCALING AND ROOT PLANING** - Limited to 4 quadrants per 12 months.
16. **PERIODONTAL MAINTENANCE PROCEDURES** - Limited to 2 per 12 months following active therapy, exclusive of gross debridement.
17. **REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (Major Restorative Services)** - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement. No additional allowances for precision or semi-precision attachments for dentures (complete, immediate, interim, partial, unilateral or overdenture).
18. **CROWNS/INLAYS/ONLAYS** - Retainers / Abutments - Limited to 1 time per tooth per 5 years.
19. **CROWNS/INLAYS/ONLAYS/TEMPORARY CROWNS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
20. **CROWNS, FIXED BRIDGES, AND IMPLANTS** - The maximum benefit within a 12 month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a member within a 12 month period, the dentist's fee for any additional crowns within that period would not be limited to the listed copayment, but instead can reflect the Dentist's Billed Charges.
21. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS, ONLAYS, AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROSTHESIS** - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implant crowns, implant prostheses previously submitted for payment under the plan is limited to 1 time per tooth per 5 years from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable orthodontic appliances.
22. **ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS** - Limited to repairs or adjustments performed more than 6 months after the initial insertion.
23. **REMOVAL OF TORUS/INCISION AND DRAINAGE/REMOVAL OF FOREIGN BODY** - Limited to 1 per site per visit.
24. **INTRAVENOUS SEDATION OR GENERAL ANESTHESIA** - Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions). If required for patients under 6 years of age or patients with behavioral problems or physical disabilities or if it is medically/clinically Necessary. Covered for patients over age of 6 if it is medically/clinically Necessary.

All Specialty Referral Services Must Be:

UNITEDHEALTHCARE CALIFORNIA
CA 210 - 250 DIRECT COMPENSATION PLANS
LIMITATIONS AND EXCLUSIONS



**Dental Benefit
Providers® of California**

(A) Pre-Authorized by us; and (B) Coordinated by a covered person's participating dentist. Any covered person who elects specialist care without prior referral by his or her participating dentist and approval by us is responsible for all charges incurred.

- In order for specialty services to be Covered by this plan, the following referral process must be followed:
- A covered person's participating dentist must coordinate all Dental Services.
- When the care of a network specialist dentist is required, the covered person's participating dentist must contact us and request authorization.
- If the participating dentist request for specialist referral is denied, the participating dentist and the covered person will be notified of the reason for the denial. If the service in question is a covered service, and no limitations or exclusions apply, the participating dentist may be asked to perform the service.
- Covered person who receives authorized specialty services must pay all applicable copayments associated with the services provided. When we authorize specialty dental care, a covered person will be referred to a network specialist dentist for treatment. The network includes network specialist dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the covered person's service area. If there is no network specialist dentist in the covered person's service area, we will refer the covered person to a non-participating specialist of our choice. Except for emergency dental services, in no event will we cover dental care provided to a covered person by a specialist not preauthorized by us to provide such services.
- Covered person's financial responsibility is limited to applicable copayments. Copayments are listed in the covered person's Schedule of Covered Dental Services.

EXCLUSION OF BENEFITS:

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

- A.** Dental Services that are not Necessary.
- B.** Costs for non-Dental Services related to the provision of Dental Services in hospitals, extended care facilities, or Subscriber's home. When deemed Necessary by the Participating Dentist, the Subscriber's Physician and authorized by us, Covered Dental Services that are delivered in an inpatient or outpatient hospital setting are Covered as indicated in the Schedule of Covered Dental Services.
- C.** Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services.
- D.** Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
- E.** Any Dental Procedure not directly associated with dental disease.
- F.** Any Dental Procedure not performed in a participating dental setting. This will not apply to Covered Emergency Dental Services.
- G.** Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- I.** Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- J.** Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
- K.** Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- L.** Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- M.** Replacement of complete dentures, fixed and removable partial dentures or crowns and implants, implant crowns, implant prosthesis and implant supporting structures (such as connectors), if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- N.** Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- O.** Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Contract.
- P.** Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.

- Q.** Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- R.** Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- S.** Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- T.** Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- U.** Services rendered by a provider who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
- V.** Dental Services otherwise Covered under the Contract, but rendered after the date individual Coverage under the Contract terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Contract terminates.
- W.** Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
- X.** Foreign Services are not Covered unless required as an Emergency.
- Y.** Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- Z.** Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.
- AA.** Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
- BB.** Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by the Participating Dentist; or (b) treatment by a specialist without referral from the Participating Dentist and our approval.
- CC.** Cephalometric x-rays, except when performed as part of the orthodontic treatment plan and records for a covered course of comprehensive orthodontic treatment.
- DD.** Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.
- EE.** Consultations for non-Covered services.
- FF.** A service started but not completed prior to the Covered Person's eligibility to receive benefits under the plan. Inlays, onlays and fixed bridges are considered started when the tooth or teeth are prepared. Root canal treatment is considered started when the pulp chamber is opened. Orthodontics are considered started at the time of initial banding. Dentures are considered started when the impressions are taken.
- GG.** A service started (as defined above) by a Non-Participating Dentist. This will not apply to Covered Emergency Dental Services.
- HH.** Procedures performed to facilitate non-Covered services, including but not limited to: (a) root canal therapy to facilitate either hemisection or root amputation; and (b) osseous surgery
- II.** Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor
- JJ.** Relative analgesia (N2O2-nitrous oxide).
- KK.** Any Dental Service Covered under an Essential Health Benefit plan is not Covered under this Contract.

ORTHODONTIC LIMITATIONS & EXCLUSIONS

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for services rendered by a Network orthodontist. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

- A.** The following are not Covered orthodontic benefits:
- Treatment in progress prior to the effective date of this Coverage
 - Extractions required for orthodontic purposes
 - Surgical orthodontics or jaw repositioning
 - Myofunctional therapy
 - Cleft palate
 - Micrognathia
 - Macroglossia
 - Hormonal imbalances

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CA 210 - 250 DIRECT COMPENSATION PLANS
LIMITATIONS AND EXCLUSIONS



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- Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of accident
 - Palatal expansion appliances
 - Services performed by outside laboratories
 - Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
- B.** If a treatment plan is for less than 24 months, then a prorated portion of the full Copayment shall apply.
- C.** If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
- D.** If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist. The fee will be waived if the treatment program is completed.
- E.** One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this benefit for either Interceptive Orthodontic Treatment or Comprehensive Orthodontic Treatment, or both. If both interceptive treatment and comprehensive treatment are Necessary, and both are completed within a 24 month period, the Copayments listed will apply. If both are Necessary and active treatment for both extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy.
- F.** Orthodontic Treatment that extends beyond 24 months will be subject to an office visit charge, which will be the member's responsibility. The charge for each additional month will not exceed \$125.00 per month.

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LIMITATION OF BENEFITS:

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. **ORAL EVALUATION** - Limited to 2 times per 12 months.
2. **SCREENING/ASSESSMENT OF A PATIENT** - Limited to 1 time per 12 months.
3. **INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)** - Limited to 1 time per 2 Plan Years.
4. **PERIAPICAL, OCCLUSAL, EXTRAORAL RADIOGRAPHS** - Limited to 1 time per 12 months.
5. **INTRAORAL BITEWING RADIOGRAPHS** - Limited to 1 series of 4 films per 6 months.
6. **DENTAL PROPHYLAXIS** - Limited to 2 times per 12 months
7. **FLUORIDE TREATMENTS** - Limited to 2 times per 12 months.
8. **ADJUNCTIVE PRE-DIAGNOSTIC TEST** - Limited to Covered Persons over the age of 30 years, and limited to 1 time per 12 months.
9. **CARIES RISK ASSESSMENT** - Limited to 2 times per 12 months.
10. **SEALANT, PREVENTIVE RESIN RESTORATION, AND SPACE MAINTAINERS** - Limited to Covered Persons under the age of 15 years and once per first or second permanent molar every 36 months.
11. **STAINLESS STEEL CROWNS** - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.
12. **POST AND CORES** - Covered only for teeth that have had root canal therapy.
13. **LABIAL VENEERS** - Limited to 1 time per tooth per 36 months. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and
14. **GINGIVECTOMY/GINGIVOPLASTY/APICALLY POSITIONED FLAP/CROWN LENGTHENING/OSSEOUS SURGERY/BONE GRAFTS/TISSUE GRAFTS** - Limited to 1 per quadrant or site per 36 months.
15. **SCALING AND ROOT PLANING** - Limited to 4 quadrants per 12 months.
16. **PERIODONTAL MAINTENANCE PROCEDURES** - Limited to 2 per 12 months following active therapy, exclusive of gross debridement.
17. **REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (Major Restorative Services)** - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement. No additional allowances for precision or semi-precision attachments for dentures (complete, immediate, interim, partial, unilateral or overdenture).
18. **CROWNS/INLAYS/ONLAYS** - Retainers / Abutments - Limited to 1 time per tooth per 5 years.
19. **CROWNS/INLAYS/ONLAYS/TEMPORARY CROWNS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
20. **CROWNS, FIXED BRIDGES, AND IMPLANTS** - The maximum benefit within a 12 month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a member within a 12 month period, the dentist's fee for any additional crowns within that period would not be limited to the listed copayment, but instead can reflect the Dentist's Billed Charges.
21. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS, ONLAYS, AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROSTHESIS** - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implant crowns, implant prostheses previously submitted for payment under the plan is limited to 1 time per tooth per 5 years from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable orthodontic appliances.
22. **ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS** - Limited to repairs or adjustments performed more than 6 months after the initial insertion.

EXCLUSION OF BENEFITS:

1. Dental Services that are not necessary.
2. Any service done for cosmetic purposes that is not listed as a covered cosmetic service in the Schedule of Covered Dental Services.
3. Any dental procedure not directly associated with dental disease.
4. Any implant procedures performed which are not listed as covered implant procedures in the Schedule of Covered Dental Services.
5. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
6. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.

7. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or congenital anomalies of hard or soft tissue, including excision.
8. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
9. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
10. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
11. Dental services otherwise covered under the policy, but rendered after the date individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date individual coverage under the policy terminates.
12. Dental services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
13. Any dental services or procedures not listed in the Schedule of Covered Dental Services.
14. Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or member's home are not covered. When deemed necessary by the Primary Care Dentist, the member's physician, and authorized by the plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the
15. Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor
16. Removable Prosthetics/Fixed Prosthetics/Crowns, Inlays and Onlays (Major Restorative Services) - The plan provides for the use of noble metals for inlays, onlays, crowns and fixed bridges. When high noble metal is used, the covered person must pay: (a) the copayment for the inlay, onlay, crown or fixed bridge; and (b) an added charge equal to the actual laboratory cost of
17. Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
18. Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval.
19. Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services.
20. Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.
21. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
22. Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.

ORTHODONTIC LIMITATIONS & EXCLUSIONS

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. The following are not covered orthodontic benefits:
 - a) Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person.
 - b) Treatment in progress prior to the effective date of this coverage.
 - c) Extractions required for orthodontic purposes.
 - d) Surgical orthodontics or jaw repositioning.
 - e) Myofunctional therapy
 - f) Cleft palate
 - g) Micrognathia
 - h) Macroglossia
 - i) Hormonal imbalances
 - j) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident.
 - k) Palatal expansion appliances
 - l) Services performed by outside laboratories
2. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.

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3. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be pro-rated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and
4. If the Covered Person has the orthodontist perform a diagnostic work-up (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
5. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.

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LIMITATION OF BENEFITS:

Set forth below are the limitations that are applicable to this Plan:

1. Prophylaxis is limited to one treatment each six month period (includes periodontal maintenance following active therapy);
2. Crowns, bridges and dentures (including immediate dentures) are not to be replaced within a five year period from initial placement;
3. Partial dentures are not to be replaced within any five year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
4. Denture relines are limited to one per denture during any 12 consecutive months;
5. Replacement will be provided for an existing denture, partial denture or bridge only if it is unsatisfactory and cannot be made satisfactory by reline or repair;
6. Treatment for conditions is generally limited to conventional techniques and does not include splinting, hemisection implants, overdentures, grafting, precision attachments, duplicate dentures and bruxating appliances;
7. The plan allows up to five units of crown or bridgework per arch. Upon the sixth unit, the Plan considers the treatment to be full mouth reconstruction. The patient is responsible for fees incurred for anything beyond the fifth unit.
8. Periodontal treatments (root planing/subgingival curettage) are limited to four quadrants during any 12 consecutive months;
9. Full mouth debridement (gross scale) is limited to one treatment in any 24 consecutive month period;
10. Bitewing x-rays are limited to not more than one series of four films in any six month period;
11. Full mouth x-rays and/or panoramic type films are limited to one set every 24 consecutive months. A full mouth x-ray is defined as a minimum of 6 periapical films plus bite wing x-rays;
12. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age nine and second molars and bicuspid up to age fourteen. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application;
13. Single unit cast metal and/or ceramic restorations and crowns are covered only when the tooth cannot be adequately restored with other restorative materials. Crown build-ups including pins are only allowable as a separate procedure in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and x-rays;
14. Cosmetic dental care is limited to composite restorations on posterior teeth "distal to canines" when a POD dentist determines treatment to be appropriate dental care. Composite restorations will be covered on premolar facial surfaces.

EXCLUSION OF BENEFITS:

The following dental procedures and services are not included in the Plan:

1. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation and prescription drugs;
2. Dental conditions arising out of and due to member's employment or for which Worker's Compensation is payable. Services that are provided to the member by state government or agency thereof, or are provided without cost to the member by any municipality, county and/or other subdivision, except as provided in Section 1373 (a) of the California Health and Safety Code;
3. Treatment required by reason of war;
4. Dental services performed in a hospital and related hospital fees;
5. Treatment of fractures and dislocations;
6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to Member's eligibility with DBP (e.g.: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics);
8. Any service that is not specifically listed as a covered expense;

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9. Procedures, appliances or restorations to correct congenitally and/or developmentally missing teeth or other congenital and/or developmental conditions, developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, andodontia) and supernumerary teeth;
10. Treatment/removal of malignancies, cysts over 1.25 centimeters, tumors and neoplasms;
11. Dispensing of drugs not normally supplied in a dental office;
12. Treatment as a result of accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the
13. Cases which in the professional opinion of the DBP attending dentist determines that a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
14. Dental services received from any dental office other than a DBP dental office, unless expressly authorized in writing by DBP or as cited under "Out of Area Emergency Treatment.";
15. Prophylactic removal of asymptomatic, nonpathological impacted teeth, extractions for orthodontic purposes; surgical orthognatic procedures and crown exposure with ligation;
16. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
17. Crown lengthening procedures;
18. Replacement of long standing missing tooth/teeth in an otherwise stable dentition;
19. Dental services and treatments for restoring tooth structure loss from wear, bruxism, attrition and/or erosion, changing or restoring vertical dimension, and full mouth reconstruction to enhance occlusion, diagnosis and/or treatment of the temporomandibular joint (TMJ);
20. Dental services that cannot be performed in the DBP general dental office because of physical, medical or behavioral limitations of eligible dependents over the age of six

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LIMITATION OF BENEFITS:

Set forth below are the limitations that are applicable to this Plan:

1. Prophylaxis is limited to one treatment each six (6) month period (includes periodontal maintenance following active therapy);
2. Replacement of crowns, bridges and dentures (including immediate dentures) is not to be replaced within a five (5) year period from initial placement.
3. Partial dentures are not to be replaced within any five year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
4. Denture relines are limited to one per denture during any twelve (12) consecutive months;
5. Replacement will be provided for an existing denture, partial denture or bridge only if it is unsatisfactory and cannot be made satisfactory by reline or repair;
6. Treatment for conditions is generally limited to conventional techniques and does not include splinting, hemisection implants, overdentures, grafting, precision attachments, duplicate dentures and bruxating appliances;
7. The plan allows up to five units of crown or bridgework per arch. Upon the sixth unit, the Plan considers the treatment to be full mouth reconstruction. The patient is responsible for fees incurred for anything beyond the fifth unit.
8. Periodontal treatments (root planing/subgingival curettage) are limited to four (4) quadrants during any twelve (12) consecutive months;
9. Full mouth debridement (gross scale) is limited to one treatment in any twenty-four (24) consecutive month period;
10. Bitewing x-rays are limited to not more than one (1) series of four (4) films in any six (6) month period;
11. Full mouth x-rays and/or panoramic type films are limited to one set every twenty-four (24) consecutive months. A full mouth x-ray is defined as a minimum of six (6) periapical films plus bite wing x-rays;
12. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age nine (9) and second molars and bicuspids up to age fourteen (14). Sealant benefits do not include the repair or replacement of a sealant on any tooth within three (3) years of its application;
13. Single unit cast metal and/or ceramic restorations and crowns are covered only when the tooth cannot be adequately restored with other restorative materials. Crown build ups including pins are only allowable as a separate procedure in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and x-rays;
14. Cosmetic dental care is limited to composite restorations on posterior teeth "distal to canines" when a DBP dentist determines treatment to be appropriate dental care. Composite restorations will be covered on premolar facial surfaces.

EXCLUSION OF BENEFITS:

The following dental procedures and services are not included in the Plan:

1. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation and prescription drugs;
2. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373 (a) of the California Health and Safety Code;
3. Treatment required by reason of war;
4. Dental services performed in a hospital and related hospital fees;
5. Treatment of fractures and dislocations;
6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to enrollees eligibility with DBP (e.g.: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics);
8. Any service that is not specifically listed as a covered expense;
9. Procedures, appliances or restorations to correct congenitally and/or developmentally missing teeth or other congenital and/or developmental conditions, developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, andodontia) and supernumerary teeth;

LIMITATIONS AND EXCLUSIONS



10. Treatment /removal of malignancies, cysts over 1.25 centimeters, tumors or neoplasms;
11. Dispensing of drugs not normally supplied in a dental office;
12. Treatment as a result of accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the
13. Cases which in the professional opinion of the DBP attending dentist determines that a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
14. Dental services received from any dental office other than a DBP dental office, unless expressly authorized in writing by DBP or as cited under "Out of Area Emergency Treatment.";
15. Prophylactic removal of asymptomatic, nonpathological impacted teeth, extractions for orthodontic purposes; surgical orthognatic procedures and crown exposure with ligation;
16. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
17. Crown lengthening procedures;
18. Replacement of long standing missing tooth/teeth in an otherwise stable dentition;
19. Dental services and treatments for restoring tooth structure loss from wear, bruxism, attrition and /or erosion; changing or restoring vertical dimension; and full mouth reconstruction to enhance occlusion; diagnosis and/or treatment of the temporomandibular joint (TMJ);
20. Dental services that cannot be performed in the DBP general dental office because of physical, medical or behavioral limitations of eligible enrollees over the age of six (6) years.

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LIMITATION OF BENEFITS:

Set forth below are the limitations that are applicable to this Plan:

1. Prophylaxis is limited to one treatment each six (6) month period (includes periodontal maintenance following active therapy);
2. Crowns, bridges and dentures (including immediate dentures) are not to be replaced within a five-year (5) period from initial placement regardless of payor. Adjustments to crowns, bridges and dentures are included in the coverage for the appliance for the first six (6) months after initial placement.
3. Partial dentures (including interim partial dentures, resin-based partial dentures and metal-framework partial dentures) are not to be replaced within any five (5) year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible; an interim partial denture (5820 or 5821) may be replaced with a covered partial denture (5211, 5212, 5213 or 5214) no more than one time in a five (5) year period from the placement of the interim partial denture (also known as “stapplate”).
4. Denture relines are limited to one per denture during any twelve (12) consecutive months;
5. Replacement will be provided for an existing denture, partial denture or bridge only if it is unsatisfactory and cannot be made satisfactory by reline or repair;
6. The plan allows up to five (5) units of crown or bridgework per arch within a five (5) year period. Upon the sixth unit, the Plan considers the treatment to be full mouth reconstruction. The patient is responsible for fees incurred for anything beyond the fifth unit within any five (5) year period.
7. Non-surgical periodontal treatments (including but not limited to root planing/subgingival curettage) are limited to four (4) quadrants during any twelve (12) consecutive months. Surgical procedures are limited to one treatment per quadrant or area during any thirty-six (36) consecutive months.
8. Full mouth debridement (gross scale) is limited to one treatment in any twenty-four (24) consecutive month period;
9. Bitewing x-rays are limited to not more than one series in any six (6) month period.
10. Full mouth x-rays and panoramic type films are limited to one set every twenty-four (24) consecutive months. A full mouth x-ray is defined as a minimum of six (6) periapical films plus bitewing x-rays.
11. Sealant benefits include the application of sealants to permanent first and second molars and bicuspid with no decay, with no restorations and with the occlusal surface intact up to age fourteen (14). Sealant benefits do not include the repair or replacement of a sealant on any tooth within three (3) years of its application.
12. Single unit cast metal and/or ceramic restorations and crowns are covered only when the member is seventeen (17) years of age or older, and the tooth cannot be adequately restored with other restorative materials. Crown build-ups including pins are only allowable as a separate procedure in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and x-rays. An allowance is made for pre-fabricated crown for children sixteen (16) and under.
13. Referral to a dental specialist (if covered) is limited to only those covered procedures that cannot be performed by a contracted general dentist, as determined by the Dental Director.
14. Third-molar (“wisdom teeth”) extraction is limited to only those instances where the teeth cannot be treated in a more conservative manner.
15. Use of cosmetic materials is limited to anterior and posterior composite restorations (including composite restorations on the facial surfaces of premolar teeth), and porcelain-fused-to-metal cast crown restorations on posterior teeth due to decay or fracture. All other cosmetic or esthetic care is excluded from coverage.
16. The Plan benefits cast restoration using predominantly base metal. If the member requests noble or high noble metal be used (e.g., gold, semi-precious metals, etc.), the member may be charged a surcharge based on the additional laboratory charges for such metals.
17. OPTIONAL DENTAL TREATMENT: Listed copayments apply for services ONLY when prescribed by a contracted dentist as a necessary, adequate and appropriate procedure for your dental condition. In some cases there may be more than one appropriate procedure or option to address a dental condition. Optional Dental Treatment is defined as any procedure that is a dental laboratory upgrade of a standard covered service (members may be charged a surcharge based on the additional laboratory costs); OR a more extensive covered service that is an alternative to an adequate, but more conservative, covered dental service. If a member selects a more extensive form of treatment than is recommended by the contracted dentist or that is alternative to an adequate, but more conservative covered dental service, the member may be charged the difference between the contracted dental office’s usual fee for the more extensive form of treatment, and the usual fee for the covered treatment, plus the copayment for the covered benefit as listed in the benefit schedule.

EXCLUSION OF BENEFITS:

LIMITATIONS AND EXCLUSIONS



The following dental procedures and services are not included in the Plan:

1. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation and prescription drugs;
2. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373 (a) of the California Health and Safety Code;
3. Benefits do not include splinting, hemisection, implants, overdentures, grafting (unless otherwise stated), guided tissue regeneration, all-ceramic cast restorations, precision attachments, duplicate dentures, and appliances for the treatment of bruxism.
4. Dental services and any related fees performed in a treatment facility other than the contracted provider's office (i.e. hospital, ambulatory care facility, outpatient clinic, surgical center, etc.).
5. Treatment of fractures and dislocations;
6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures) regardless of payor.
7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to Member's eligibility with DBP (e.g.: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics). Crowns, bridges or dentures started in one office (while under DBP coverage) are considered "in progress" until delivered. Additional benefits will not be provided for such treatment in progress.
8. The Schedule of Benefits of procedures is the definitive statement of coverage, and supersedes all other materials. Any service that is not specifically listed as a covered benefit is excluded from coverage, regardless of any other written material presented or implied.
9. Procedures, appliances or restorations to correct congenitally and/or developmentally missing teeth or other congenital and/or developmental conditions, developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, anodontia) and supernumerary teeth.
10. Treatment/removal of malignancies, cysts, tumors or neoplasms.
11. Dispensing of drugs not associated with a course of dental care, such as medicinal irrigation, locally administered antibiotics and prescription drugs.
12. Crowns, bridges and/or dentures placed as a definitive restoration of tooth structure lost as a result of accidental injury. Accidental injury is defined as damage to the hard or soft tissues of the oral cavity resulting from external forces to the mouth. Treatment for all accident-related services payable by another liability carrier, other than a dental plan. (NOTE: "Definitive" refers to a "final" or "permanent" appliance or treatment.)
13. Cases which in the professional opinion of the DBP attending dentist or Dental Director it is determined that a satisfactory result cannot be obtained or where the prognosis is poor or guarded (i.e. without a minimum service expectancy of three (3) years).
14. Dental services received from any dental office other than a DBP dental office, unless expressly authorized in writing by DBP or as cited under "Out of Area Emergency Treatment."
15. Removal of asymptomatic teeth, nonpathological teeth, extractions for orthodontic purposes; surgical orthognatic procedures and crown exposure with or without ligation.
16. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
17. Crown lengthening procedures.
18. Replacement of long-standing missing tooth/teeth in an otherwise stable dentition. (Example: teeth missing two (2) years or longer, not currently replaced, and where adjacent and opposing teeth are in occlusion).
19. Dental services and treatments for restoring tooth structure loss from abnormal or excessive wear or attrition, abrasion, abfraction, bruxism, and/or erosion, except when due to normal masticatory function; changing or restoring vertical dimension, or occlusion, and full mouth reconstruction, diagnosis and/or treatment of the temporomandibular joint.
20. Dental services that cannot be performed in the DBP general dental office because of physical, medical or behavioral limitations of eligible enrollees over the age of seven (7) years.
21. Pathology reports are excluded from coverage.



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
		PRODUCT ID:	D1000392 D1000391 D1000394
Please call our Dedicated Toll Free Customer Service number if a procedure code is not listed to obtain the benefit information for a specific member.			
I. DIAGNOSTIC			
D0120	periodic oral evaluation – established patient	5	0
D0140	limited oral evaluation – problem focused	5	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	15	0
D0150	comprehensive oral evaluation – new or established patient	15	0
D0160	detailed and extensive oral evaluation – problem focused, by report	5	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	5	0
D0171	re-evaluation – post-operative office visit	5	NTCV
D0180	comprehensive periodontal evaluation – new or established patient	15	0
D0190	screening of a patient	5	NTCV
D0191	assessment of a patient	5	NTCV
D0210	intraoral – complete series of radiographic images	5	0
D0220	intraoral – periapical first radiographic image	0	0
D0230	intraoral – periapical each additional radiographic image	0	0
D0240	intraoral – occlusal radiographic image	0	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	0
D0251	extra-oral posterior dental radiographic image	0	0
D0270	bitewing – single radiographic image	0	0
D0272	bitewings – two radiographic images	0	0
D0273	bitewings – three radiographic images	0	0
D0274	bitewings – four radiographic images	0	0
D0277	vertical bitewings – 7 to 8 radiographic images	0	0
D0330	panoramic radiographic image	10	0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	NTCV	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	NTCV
D0460	pulp vitality tests	5	NTCV
D0470	diagnostic casts	15	18
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	5	NTCV
D0601	caries risk assessment and documentation, with a finding of low risk	5	0
D0602	caries risk assessment and documentation, with a finding of moderate risk	5	0
D0603	caries risk assessment and documentation, with a finding of high risk	5	0
II. PREVENTIVE			
D1110	prophylaxis – adult	20	0
D1120	prophylaxis – child	NTCV	0
D1206	topical application of fluoride varnish	NTCV	0

NTCV = Not a Covered Benefit



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
D1208	topical application of fluoride – excluding varnish	NTCV	0
D1310	nutritional counseling for control of dental disease	0	0
D1330	oral hygiene instructions	0	0
D1351	sealant – per tooth	15	20
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	15	20
D1353	sealant repair – per tooth	15	20
D1510	space maintainer – fixed, unilateral	40	200
D1516	space maintainer – fixed – bilateral, maxillary	80	295
D1517	space maintainer – fixed – bilateral, mandibular	80	295
D1520	space maintainer – removable – unilateral	50	90
D1526	space maintainer – removable – bilateral, maxillary	70	126
D1527	space maintainer – removable – bilateral, mandibular	70	126
D1550	re-cement or re-bond space maintainer	9	11
D1555	removal of fixed space maintainer	11	13
D1575	distal shoe space maintainer – fixed – unilateral	40	200
III. RESTORATIVE			
D2140	amalgam – one surface, primary or permanent	25	10
D2150	amalgam – two surfaces, primary or permanent	30	15
D2160	amalgam – three surfaces, primary or permanent	40	20
D2161	amalgam – four or more surfaces, primary or permanent	55	68
D2330	resin-based composite – one surface, anterior	40	15
D2331	resin-based composite – two surfaces, anterior	45	20
D2332	resin-based composite – three surfaces, anterior	50	63
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	65	72
D2710	crown – resin-based composite (indirect)	115 ²	144 ¹
D2712	crown – ¾ resin-based composite (indirect)	115 ²	144 ¹
D2720	crown – resin with high noble metal	185 ^{2,3}	288 ¹
D2721	crown – resin with predominantly base metal	185 ²	216 ¹
D2722	crown – resin with noble metal	185 ^{2,3}	245 ¹
D2740	crown – porcelain/ceramic substrate	335 ²	362 ¹
D2750	crown – porcelain fused to high noble metal	430 ^{2,3}	362 ¹
D2751	crown – porcelain fused to predominantly base metal	430 ²	362 ¹
D2752	crown – porcelain fused to noble metal	430 ^{2,3}	362 ¹
D2780	crown – ¾ cast high noble metal	430 ^{2,3}	362 ¹
D2781	crown – ¾ cast predominantly base metal	430	362
D2782	crown – ¾ cast noble metal	430 ^{2,3}	362 ¹
D2783	crown – ¾ porcelain/ceramic	NTCV	362 ¹
D2790	crown – full cast high noble metal	430 ^{2,3}	362 ¹

NTCV = Not a Covered Benefit



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
D2791	crown – full cast predominantly base metal	430	362
D2792	crown – full cast noble metal	430 ^{2,3}	362 ¹
D2794	crown – titanium	NTCV	362 ¹
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	19	22
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	19	22
D2920	re-cement or re-bond crown	25	22
D2930	prefabricated stainless steel crown – primary tooth	NTCV	100
D2931	prefabricated stainless steel crown – permanent tooth	NTCV	86
D2932	prefabricated resin crown	NTCV	43 ¹
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	NTCV	100 ¹
D2940	protective restoration	20	NTCV
D2941	interim therapeutic restoration – primary dentition	20	NTCV
D2950	core buildup, including any pins when required	NTCV	50
D2951	pin retention – per tooth, in addition to restoration	20	14
D2952	post and core in addition to crown, indirectly fabricated	100	115
D2953	each additional indirectly fabricated post – same tooth	NTCV	29
D2954	prefabricated post and core in addition to crown	100	59
D2957	each additional prefabricated post – same tooth	NTCV	15
D2990	resin infiltration of incipient smooth surface lesions	15	20
IV. ENDODONTICS			
D3110	pulp cap – direct (excluding final restoration)	25	18
D3120	pulp cap – indirect (excluding final restoration)	25	14
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	NTCV	75
D3221	pulpal debridement, primary and permanent teeth	NTCV	23
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	NTCV	75
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	NTCV	75
D3310	endodontic therapy, anterior tooth (excluding final restoration)	240	300
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	297	400
D3330	endodontic therapy, molar (excluding final restoration)	373	550
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	NTCV	75
D3346	retreatment of previous root canal therapy – anterior	240	300
D3347	retreatment of previous root canal therapy – bicuspid	297	400
D3348	retreatment of previous root canal therapy – molar	373	550
D3351	apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	NTCV	45
D3410	apicoectomy – anterior	NTCV	250
D3421	apicoectomy – bicuspid (first root)	NTCV	300
D3425	apicoectomy – molar (first root)	NTCV	350

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CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
D3426	apicoectomy (each additional root)	NTCV	200
D3430	retrograde filling – per root	NTCV	200
D3450	root amputation – per root	NTCV	72
D3920	hemisection (including any root removal), not including root canal therapy	NTCV	58
V. PERIODONTICS			
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	NTCV	86
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	NTCV	29
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	NTCV	86
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	NTCV	57
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	NTCV	650
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	NTCV	433
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	NTCV	86
D4341	periodontal scaling and root planing – four or more teeth per quadrant	80	125
D4342	periodontal scaling and root planing – one to three teeth per quadrant	80	125
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	40	75
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	80	36
D4910	periodontal maintenance	40	75
D4921	gingival irrigation - per quadrant	0	0
VI. PROSTHODONTICS (REMOVABLE)			
D5110	complete denture – maxillary	475	450
D5120	complete denture – mandibular	475	450
D5130	immediate denture – maxillary	475	450
D5140	immediate denture – mandibular	475	450
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	340	144
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	340	144
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	525	540 ¹
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	525	540 ¹
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	NTCV	144 ¹
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	NTCV	144 ¹
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	350	NTCV
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	350	NTCV
D5410	adjust complete denture – maxillary	28	14
D5411	adjust complete denture – mandibular	28	14
D5421	adjust partial denture – maxillary	28	14
D5422	adjust partial denture – mandibular	28	14
D5510	repair broken complete denture base	45	41

NTCV = Not a Covered Benefit



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
D5520	replace missing or broken teeth – complete denture (each tooth)	30	27
D5620	repair cast framework	45	86
D5630	repair or replace broken clasp – per tooth	50	86
D5640	replace broken teeth – per tooth	45	41
D5650	add tooth to existing partial denture	45	41
D5660	add clasp to existing partial denture – per tooth	49	72
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	306	130
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	306	130
D5710	rebase complete maxillary denture	135	144
D5711	rebase complete mandibular denture	135	144
D5720	rebase maxillary partial denture	95	113
D5721	rebase mandibular partial denture	95	113
D5730	reline complete maxillary denture (chairside)	95	86
D5731	reline complete mandibular denture (chairside)	95	86
D5740	reline maxillary partial denture (chairside)	95	72
D5741	reline mandibular partial denture (chairside)	95	72
D5750	reline complete maxillary denture (laboratory)	150	113
D5751	reline complete mandibular denture (laboratory)	150	113
D5760	reline maxillary partial denture (laboratory)	140	113
D5761	reline mandibular partial denture (laboratory)	140	113
D5850	tissue conditioning, maxillary	35	22
D5851	tissue conditioning, mandibular	35	22
D5863	overdenture - complete maxillary	475	450
D5864	overdenture - complete mandibular	525	540
D5865	overdenture - partial maxillary	475	450
D5866	overdenture - partial mandibular	525	540
D5876	add metal substructure to acrylic full denture (per arch)	135	144
IX. PROSTHODONTICS, FIXED			
D6205	pontic – indirect resin based composite	177 ^{2,3}	144 ¹
D6210	pontic – cast high noble metal	311 ^{2,3}	362 ¹
D6211	pontic – cast predominantly base metal	311 ²	362
D6212	pontic – cast noble metal	311 ^{2,3}	362 ¹
D6214	pontic – titanium	NTCV	362 ¹
D6240	pontic – porcelain fused to high noble metal	299 ^{2,3}	362 ¹
D6241	pontic – porcelain fused to predominantly base metal	299 ²	362 ¹
D6242	pontic – porcelain fused to noble metal	299 ^{2,3}	362 ¹
D6245	pontic – porcelain/ceramic	NTCV	362 ¹
D6250	pontic – resin with high noble metal	177 ^{1,2}	362 ¹

NTCV = Not a Covered Benefit



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
D6251	pontic – resin with predominantly base metal	177 ²	362 ¹
D6252	pontic – resin with noble metal	177 ^{2,3}	362 ¹
D6253	provisional pontic – further treatment or completion of diagnosis necessary prior to final impression	NTCV	NTCV
D6545	retainer – cast metal for resin bonded fixed prosthesis	NTCV	115
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	NTCV	115 ¹
D6549	resin retainer – for resin bonded fixed prosthesis	NTCV	115 ¹
D6710	retainer crown – indirect resin based composite	185 ^{2,3}	144 ¹
D6720	retainer crown – resin with high noble metal	185 ^{2,3}	362 ¹
D6721	retainer crown – resin with predominantly base metal	185 ²	362 ¹
D6722	retainer crown – resin with noble metal	185 ^{2,3}	362 ¹
D6740	retainer crown – porcelain/ceramic	NTCV	362 ¹
D6750	retainer crown – porcelain fused to high noble metal	299 ^{2,3}	362 ¹
D6751	retainer crown – porcelain fused to predominantly base metal	299 ¹	362 ¹
D6752	retainer crown – porcelain fused to noble metal	299 ^{2,3}	362 ¹
D6780	retainer crown – ¾ cast high noble metal	291 ^{2,3}	362 ¹
D6781	retainer crown – ¾ cast predominantly base metal	430	350
D6782	retainer crown – ¾ cast noble metal	430 ^{2,3}	362 ¹
D6783	retainer crown – ¾ porcelain/ceramic	NTCV	362 ¹
D6790	retainer crown – full cast high noble metal	291 ^{2,3}	362 ¹
D6791	retainer crown – full cast predominantly base metal	291	350
D6792	retainer crown – full cast noble metal	291 ^{2,3}	362 ¹
D6794	retainer crown – titanium	NTCV	362 ¹
D6930	re-cement or re-bond fixed partial denture	40	27
X. ORAL AND MAXILLOFACIAL SURGERY			
D7111	extraction, coronal remnants – deciduous tooth	23	7
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35	10
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	60	150
D7220	removal of impacted tooth – soft tissue	80	150
D7230	removal of impacted tooth – partially bony	NTCV	210
D7240	removal of impacted tooth – completely bony	NTCV	275
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	NTCV	158
D7250	removal of residual tooth roots (cutting procedure)	NTCV	58
D7251	coronectomy – intentional partial tooth removal	NTCV	58
D7286	incisional biopsy of oral tissue – soft	NTCV	150
D7287	exfoliative cytological sample collection	NTCV	75
D7288	brush biopsy – transepithelial sample collection	NTCV	75
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	NTCV	300
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	NTCV	198

NTCV = Not a Covered Benefit



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	NTCV	400
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	NTCV	264
D7510	incision and drainage of abscess – intraoral soft tissue	80	58
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	80	58
D7520	incision and drainage of abscess – extraoral soft tissue	80	58
D7521	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	80	58
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	NTCV	58
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	NTCV	58
D7963	frenuloplasty	NTCV	58
XII. ADJUNCTIVE GENERAL SERVICES			
D9110	palliative (emergency) treatment of dental pain – minor procedure	35	23
D9120	fixed partial denture sectioning	80	54
D9215	local anesthesia in conjunction with operative or surgical procedures	0	NTCV
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	5	NTCV
D9440	office visit – after regularly scheduled hours	50	43
D9450	case presentation, detailed and extensive treatment planning	0	0
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	NTCV	35
D9942	repair and/or relining of occlusal guard	NTCV	41
D9943	occlusal guard adjustment	28	14
D9951	occlusal adjustment – limited	25	23
D9952	occlusal adjustment – complete	15	NTCV
D9971	odontoplasty 1-2 teeth; includes removal of enamel projections	NTCV	23
D9999	broken appointment, with no prior notification at least 24 hrs before the scheduled appointment	10	20

FOOTNOTES:

¹ Resin, porcelain, and any resin to metal or porcelain to metal crowns and pontics are excluded on molar teeth. If titanium, noble or high noble metals are requested for fillings, crowns, inlays, onlays, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used.

² Not a covered benefit for molar teeth.

³ The member is responsible for applicable member copayments and the cost of the noble metal(s).



CDT CODE	CDT Description	INDIVIDUAL ADVANTAGE	PATIENT'S CHOICE
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All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

LIMITATION OF BENEFITS:

Set forth below are the limitations that are applicable to this Plan:

1. Prophylaxis is limited to one treatment each six (6) month period (includes periodontal maintenance following active therapy);
2. Crowns, bridges and dentures (including immediate dentures) are not to be replaced within a five (5) year period from initial placement;
3. Partial dentures are not to be replaced within any five (5) year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
4. Denture relines are limited to one per denture during any twelve (12) consecutive months;
5. Replacement will be provided for an existing denture, partial denture or bridge only if it is unsatisfactory and cannot be made satisfactory by reline or repair;
6. Treatment for conditions is generally limited to conventional techniques and does not include splinting, hemisection implants, overdentures, grafting, precision attachments, duplicate dentures and bruxating appliances;
7. The plan allows up to five (5) units of crown or bridgework per arch. Upon the sixth unit, the Plan considers the treatment to be full mouth reconstruction. The patient is responsible for fees incurred for anything beyond the fifth unit.
8. Periodontal treatments (root planing/subgingival curettage) are limited to four (4) quadrants during any twelve (12) consecutive months;
9. Full mouth debridement (gross scale) is limited to one (1) treatment in any twenty-four (24) consecutive month period;
10. Bitewing x-rays are limited to not more than one (1) series of four (4) films in any six (6) month period;
11. Full mouth x-rays and/or panoramic type films are limited to one (1) set every twenty-four (24) consecutive months. A full mouth x-ray is defined as a minimum of six (6) periapical films plus bite wing x-rays;
12. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age nine (9) and second molars and bicuspid up to age fourteen (14). Sealant benefits do not include the repair or replacement of a sealant on any tooth within three (3) years of its application;
13. Single unit cast metal and/or ceramic restorations and crowns are covered only when the tooth cannot be adequately restored with other restorative materials. Crown build ups including pins are only allowable as a separate procedure in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and x-rays;
14. Cosmetic dental care is limited to composite restorations on facial surfaces of posterior teeth “distal to canines” when a DBP dentist determines treatment to be appropriate dental care;

EXCLUSION OF BENEFITS:

The following dental procedures and services are not included in the Plan:

1. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation and prescription drugs;
2. Dental conditions arising out of and due to enrollee’s employment or for which Worker’s Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373 (a) of the California Health and Safety Code;
3. Treatment required by reason of war;
4. Dental services performed in a hospital and related hospital fees;
5. Treatment of fractures and dislocations;
6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to Member’s eligibility with DBP (e.g.: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics);
8. Any service that is not specifically listed as a covered expense;

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LIMITATIONS AND EXCLUSIONS**



**Dental Benefit
Providers® of California**

9. Procedures, appliances or restorations to correct congenitally and/or developmentally missing teeth or other congenital and/or developmental conditions, developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, andodontia) and supernumerary teeth;
10. Treatment/removal of malignancies, cysts over 1.25 centimeters, tumors or neoplasms;
11. Dispensing of drugs not normally supplied in a dental office;
12. Treatment as a result of accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the
13. Cases which in the professional opinion of the DBP attending dentist determines that a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
14. Dental services received from any dental office other than a DBP dental office, unless expressly authorized in writing by DBP or as cited under "Out of Area Emergency Treatment.";
15. Prophylactic removal of asymptomatic, nonpathological impacted teeth, extractions for orthodontic purposes; surgical orthognatic procedures and crown exposure with ligation;
16. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
17. Crown lengthening procedures;
18. Replacement of long standing missing tooth/teeth in an otherwise stable dentition;
19. Dental services and treatments for restoring tooth structure loss from wear, bruxism, attrition and/or erosion; changing or restoring vertical dimension; and full mouth reconstruction to enhance occlusion; diagnosis and/or treatment of the temporomandibular joint (TMJ);
20. Dental services that cannot be performed in the DBP general dental office because of physical, medical or behavioral limitations of eligible dependents over the age of six (6) years.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

LIMITATION OF BENEFITS:

Set forth below are the limitations that are applicable to this Plan:

1. Routine teeth cleaning (prophylaxis with scaling) is limited to not more than (1) visit every six (6) months;
2. Periodontal curettage and root planning is limited to a maximum of four (4) quadrants per year;
3. Fixed bridges replacing second bicuspid and molar teeth are covered only when a partial cannot satisfactorily restore and maintain the case;
4. Lab or office relines are limited to one (1) per denture every Calendar Year;
5. Treatment of dental emergencies outside the service area by a non-network dentist are reimbursed up to a maximum of \$50.00 per occurrence.


EXCLUSION OF BENEFITS:

The following dental procedures and services are not included in the Plan:

1. General anesthetic, IV sedation and the services of a special anesthesiologist;
2. Dental services for aesthetics only. Cosmetic dentistry;
3. Any services related to implants or attachments to implants of any kind;
4. Full mouth rehabilitation, periodontal splints, restoration of tooth structure lost from erosion or abrasion, restoration of malalignment of the teeth, and prosthodontic specialty services;
5. Temporomandibular Joint (TMJ) disorders and related symptoms;
6. Hospital expenses and services requiring treatment in a hospital;
7. Replacement of lost or stolen dentures, bridges, or other dental appliances;
8. Extractions of non-pathologic asymptomatic teeth including extractions for orthodontic reasons;
9. Any treatment which, in the opinion of the dentist, is not necessary for the Member's dental health;
10. Expenses incurred by a Member for services secured from non-Plan Dentist and/or non-Plan Specialist, except in an Emergency situation when outside the service area;
11. Treatment to alter vertical dimension or restore occlusion, unless full denture are involved;
12. Benefits, services and procedures not listed in the benefit/copayment schedule;
13. Dental treatment that has been previously started by another dentist prior to the participants eligibility to receive benefits under this Plan;
14. Accidental injury;
15. Dental conditions arising out of and due to member's employment or for which Worker's Compensations is payable.

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OPTIONAL, UPGRADED OR ALTERNATIVE TREATMENT DISCLOSURE FORM

Patient's Name:	ID:	
Treatment Plan No.:		Chart ID No.:

I. FORMULA for DETERMINING CHARGES for OPTIONAL, UPGRADED or ALTERNATIVE TREATMENT:

When a Member elects a more extensive service that is an alternative to an adequate, but more conservative covered service, please use the following formula to determine the charge:

$$\text{UCR Fee of Proposed Upgrade [1]} - \text{UCR Fee of the Benefit [2]} + \text{Copayment for the Benefit [3]} = \text{Accepted Charge for the Proposed Upgrade [4]}$$

			1	2	3	4
CDT Code of Proposed Treatment	Proposed Procedure Description (Indicate reason this is not covered in explanation area below*)	Tooth No. or Area	UCR Fee of Upgrade	UCR Fee of Benefit	Copayment of Benefit	[1] - [2] + [3] = Accepted Charge

II. METAL UPGRADES (for crowns, bridge abutments & pontics)

When a Member elects a laboratory upgrade of a standard covered service, please use the following formula to determine the charge:

Some plans only allow a metal laboratory upgrade charge (e.g. Blue Shield 65 Plus, plans with version 5 Limitations). Metal Upgrades are based on the additional cost of the metal. In these instances please use the following formula to determine the charge:

$$\text{Copayment [1]} + \text{Metal Upgrade [2]} = \text{Accepted fee [3]}$$

				1	2	3
CDT Code of Proposed Treatment	Proposed Procedure Description	Tooth No. or Area	UCR Fee of Proposed Treatment	Copayment of Benefit	Additional Charge for Metal Upgrade	Accepted Charge

*Reason for Upgrade / Reason proposed service is not covered:

I agree to the above charges which represent additional financial obligations for treatment or features that I desire that are not part of my dental benefit plan.

Patient's (Parent or Guardian) Signature:	Date:
Treatment Plan presented by DDS:	Date: