

# Dental Net® 2000 Series Plan 2700

# We're Committed To Providing You With Great Dental Care Options

Dental care is an important part of your comprehensive health care coverage and well-being. Anthem Blue Cross knows being protected with dental coverage is an important safeguard for you and your family. We have been dedicated to providing you and your family with dental coverage for more than thirty years.

Diagnostic and preventive services are the key to maintaining good dental health. Dental coverage is designed to assure that you receive regular preventive care. With routine examinations, minor dental problems can be diagnosed and treated before major, more costly problems occur. Anthem Blue Cross' Dental Net plan can be instrumental in your long-term dental health.

Dental Net is a dental HMO that offers one of the most extensive networks of quality dentists in California. When you use your selected Dental Net dentist, you will receive a higher benefit level. With Dental Net there are no deductibles and no copayments for most diagnostic or preventive services, which keeps your out-of-pocket expenses to a minimum.

Simply select the office and primary dentist that is most convenient to your home or work. Your selected dental office will provide all routine dental services and arrange for any specialty care you may need. Because each eligible family member may choose his or her own dentist, you and your family will enjoy greater flexibility and freedom of choice.

**Dental Net Advantages –** some important advantages when using your Dental Net plan include:

- Easy to use
- Most diagnostic and preventive care at no cost to members
- No claim forms
- No deductibles or annual maximums for most dental services
- Orthodontic coverage
- Referral to specialists from your primary dentist

Your Dental Net Plan – when you enroll in Dental Net, you'll be asked to select a participating dental office and primary dentist from a statewide directory of Dental Net network dentists. With the exception of out-of-area emergency services and certain specialty services, all of your dental care needs will be provided by, or coordinated through, your selected dental office and primary dentist. After enrollment, you will receive a member ID card listing your selected participating dental office and the phone number.

Your First Visit – because preventive dental care is so important, Dental Net provides benefits at no cost for X-rays and two teeth cleanings per year. Soon after enrollment, you should call your participating dental office for an initial diagnostic examination. X-rays will usually be taken at this time to determine the overall condition of your teeth. Through routine check-ups, minor dental problems can often be diagnosed and treated before they become major problems.

We encourage you to call your participating dental office whenever you need dental care. Please note that Dental Net does not limit the number of times you can see your dentist.

**Customer Service** – a Customer Service representative is available to answer your questions and inquiries at (800) 627-0004.

**Dental Net Benefits** – there is no deductible with Dental Net, however, some procedures require a copayment that you will need to pay at the time of service. Please refer to the amount on the chart.

**Continuing Coverage** – as required by federal law, certain restrictions and conditions apply to the right to continue coverage and are described in your Evidence of Coverage (EOC).

Covered Services	Per Member Copay
Diagnostic	
0120 – Periodic oral evaluation	No copay
0140 – Limited oral evaluation	No copay
<ul><li>problem focused</li></ul>	
0150 – Comprehensive oral examinations	No copay
0160 – Detailed and extensive oral evaluation	No copay
0170 – Re-evaluation – Limited problem	
focused (not post-operative visit)	No copay
<ul> <li>Office visit – per patient per office vi</li> </ul>	sit No copay
in addition to patient copays	, ,
0210 – X-rays – intraoral – complete series	No copay
(including bitewings)	, ,
0220 – X-rays – intraoral – periapical – first film	n No copay

Covered Services	Per Member Copay	
Diagnostic (continued)		
0230 – X-rays – intraoral – periapical	No copay	
<ul> <li>each additional film</li> </ul>	-	
0240 – X-rays – intraoral – <i>occlusal film</i>	No copay	
0270 – X-rays – bitewing – single film	No copay	
0272 – X-rays – bitewings – two films	No copay	
0274 – X-rays – bitewings – four films	No copay	
0277 – X-rays – vertical bitewings	No copay	
0330 – X-rays – panoramic film	No copay	
0460 – Pulp vitality tests	No copay	
0470 – Diagnostic casts	No copay	
9310 – Consultation – per session	No copay	

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Covered Services	Per Member Copay
Preventive	-
1110 – Prophylaxis – adult <sup>1</sup>	No copay
1120 – Prophylaxis – child <sup>1</sup>	No copay
1201 – Topical Fluoride – child <i>(including  </i>	<i>prophylaxis</i> ) No copay
1203 – Topical Fluoride – child <i>(excluding</i>	prophylaxis) No copay
1204 – Topical Fluoride – adult <i>(excluding</i>	g prophylaxis) No copay
1205 – Topical Fluoride – adult <i>(including</i>	
1330 – Oral hygiene instructions	No copay
1351 – Sealants – per tooth	\$10
1510 – Space maintainers – fixed - unilate	
1515 – Space maintainers – fixed - bilater	
1520 – Space maintainers – <i>removable</i> -	
1525 – Space maintainers – <i>removable</i> - I	
1550 – Recementation of space maintain	
Restorative	- Ψ
2110 – Fillings, amalgams <i>– one surface,</i>	primary No copay
2120 – Fillings, amalgams <i>– two surfaces</i> ,	primary No copay
2130 – Fillings, amalgams <i>– three surface</i>	es, primary No copay
2131 – Fillings, amalgams <i>– four or more</i>	
primary	surraces, No copay
2140 – Fillings, amalgams <i>– one surface,</i>	permanent No copay
2150 – Fillings, amalgams <i>– two surfaces</i> ,	
2160 – Fillings, amalgams – three surface	es, permanent No copay
2161 – Fillings, amalgams – four or more	surfaces.
permanent	No copay
2330 – Resin – <i>one surface, anterior</i>	No copay
2331 – Resin – <i>two surfaces, anterior</i>	No copay
2332 – Resin – three surfaces, anterior	No copay
2335 – Resin – <i>four or more surfaces, ante</i>	erior
or involving incisal angle	\$10
2391 – Resin – <i>based composite, one su</i>	
posterior – primary	, was 1
2391 – Resin – <i>based composite, two su</i> r	faces, \$50
posterior – permanent	races, \$50
	urfaces, \$40
2392 – Resin – based composite, three s	uriaces, \$40
posterior – primary	more curfoses ¢4E
2392 – Resin – based composite, four or	more surfaces, \$65
posterior – permanent	450
2393 – Resin – based composite, one su	rface, \$50
posterior – primary	
2393 – Resin – <i>based composite, two sui</i>	faces, \$75
posterior – permanent	
2394 – Resin – based composite, four or	more surfaces, \$85
posterior	
Endodontics	
3110 – Pulp cap – <i>Direct</i>	No copay
(excluding final restoration)	_
3120 – Pulp cap – <i>Indirect</i>	No copay
(excluding final restoration)	. ,
3220 – Therapeutic pulpotomy	\$5
(excluding final restoration)	
For the third cleaning in a 12 month period, the co	ppay is 80% of the dentist's usua
ee.	
Independent procedures copays cannot be comb	
Histopathological exam is not included and is not	benefited.
In accompation for doubtures	

Covered Services	Per Member Copay
Endodontics (continued)	
3221 – Gross pulp debridement	\$15
primary & permanent teeth	<b>47</b> 5
3310 – Anterior root canal therapy – <i>1 canal</i> (excluding final restoration)	\$75
3320 – Bicuspid root canal therapy – <i>2 canals</i>	\$125
(excluding final restoration)	
3330 – Molar root canal therapy – <i>3 canals</i>	\$180
(excluding final restoration) 3332 – Incomplete endodontic therapy	\$45
(inoperable or fractured tooth) 3346 – Retreatment of previous anterior	\$85
root canal therapy 3347 – Retreatment of previous bicuspid	\$130
root canal therapy	
3348 – Retreatment of previous molar root canal therapy	\$150
3410 – Apicoectomy/periradicular surgery – a	anterior \$90
3421 – Apicoectomy/periradicular surgery – <i>b</i> ( <i>first root</i> )	picuspid \$90
3425 – Apicoectomy/periradicular surgery – n	molar (first root) \$90
3426 – Apicoectomy/periradicular surgery – each additional tooth	\$90
3430 – Retrograde filling – <i>per root</i>	\$75
3910 – Surgical procedure for isolation of tool	
with rubber dam	No copou
3950 – Canal preparation and fitting of preformed dowel or post	No copay
Periodontics	
4210 - Gingivectomy/Gingivoplasty - per qua	
4211 – Gingivectomy/Gingivoplasty – per toot	
4220 – Gingival curettage, surgical – per quad	drant \$15
4260 – Osseous surgery – four or more contig	
per quadrant 4261 – Osseous surgery – one to three contig	\$200
per quadrant	\$200 \$200
4341 – Periodontal scaling/root planing – four	r or more teeth,
per quadrant 4342 – Periodontal scaling/root planing – one	\$25 to three teeth
per quadrant	\$25
4355 – Full mouth debridement to enable	\$25
comprehensive periodontal evaluation	n/diagnosis
4910 – Periodontal maintenance procedures	\$30
(following active therapy)	
Oral Surgery	No copay
7110 – Single extraction/each	No copay
7111 – Extraction, coronal remnants – decidu 7120 – Additional tooth	
7130 – Root removal – <i>exposed roots</i>	No copay No copay
7140 – Extraction, erupted tooth or exposed r	
7210 – Surgical removal of erupted tooth	\$25
7210 - Surgical removal of enupled tooth	
7220 – Removal of impacted tooth – <i>soft tissu</i>	<i>ie</i> \$30
7230 – Removal of impacted tooth – <i>partial bo</i>	ony \$75 ely bony <sup>2</sup> \$85
7240 – Removal of impacted tooth – <i>complete</i>	
7241 – Removal of impacted tooth – <i>complete</i>	ely bony, \$85
with unusual surgical <sup>2</sup> 7250 – Surgical removal of residual tooth root	ts \$55
(cutting procedure) 7285 – Biopsy of oral tissue – hard (bone, too	th) <sup>3</sup> \$20
7285 – Biopsy of oral tissue – <i>Hard (borie, tool)</i> 7286 – Biopsy of oral tissue – <i>soft (all others)</i>	
7310 – Alveoloplasty in preparation for dentui	res, \$65
with extractions – per quadrant <sup>4</sup>	103, \$00
7320 – Alveoloplasty in preparation for dentur	res, \$80
without extractions – per quadrant 4	\$25
7510 – Incision & drainage of abscess – Intraoral soft tissue	φΖΟ

<sup>4</sup> In preparation for dentures.
5 Plus actual costs for noble/high (precious) metal not to exceed \$100.

Prosthodontics   Solid   Prosthodontics   Solid   Prosthodontics   Solid   Prosthodontics   Solid   Prosthodontics   Solid	Covered Services	Per Member Copay	Covered Services Per Member	er Copay
2510 - Initiay - metallic - now surfaces 5	Prosthodontics		Prosthodontics (continued)	
52006530 - Inlay - metallic - five surfaces   535   5306530 - Inlay - metallic - five or more surfaces   535   5306530 - Inlay - metallic - five or more surfaces   535   5346543 - Onlay - metallic - five certaines   5125   53466543 - Onlay - metallic - five or more surfaces   5125   53466543 - Onlay - metallic - five or more surfaces   5125   53466543 - Onlay - metallic - five or more surfaces   5125   53466543 - Onlay - metallic - five or more surfaces   5125   53466543 - Onlay - metallic - five or more surfaces   5125   53466543 - Onlay - metallic - five or more surfaces   5125   53466544 - Onlay - metallic - five or more surfaces   5125   53466544 - Onlay - metallic - five or more surfaces   5125   53466544 - Onlay - metallic - five or more surfaces   5125   53466544 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - metallic - five or more surfaces   5125   5346644 - Onlay - Metallic - five or more surfaces   5125   5346644 - Onlay - Metallic - five or more surfaces   5125   5346644 - Onlay - Metallic - five or more surfaces   5125   5346644 - Onlay - Metallic - five or more surfaces   5125   5346644 - O		5 \$65		\$35
25306330 - inlary - metallic - force or more surfaces				\$35
2543/6543 - Onlay - metallic - Pour surfaces   \$125   2543/6544 - Onlay - metallic - Pour or more surfaces   \$125   2543/6544 - Onlay - metallic - Pour or more surfaces   \$125   2543/6544 - Onlay - metallic - Pour or more surfaces   \$125   2750 - Crown - porcolain fused to high noble metal   \$100   2752 - Crown - porcolain fused to predominantly base metal   \$100   2752 - Crown - porcolain fused to predominantly base metal   \$100   2752 - Crown - porcolain fused to predominantly base metal   \$100   2752 - Crown - porcolain fused to noble metal   \$100   2753 - Crown - porcolain fused to noble metal   \$100   2764 - Crown - porcolain fused to moble metal   \$100   2779 - Crown - porcolain fused by the predominantly base metal   \$100   2779 - Crown - porcolain fused by the predominantly base metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2770 - Crown - Full cast problem metal   \$100   2771 - Partial function of the problem metal   \$100   2772 - Crown - Full cast problem metal   \$100   2773 - Crown - Full cast problem metal   \$100   2774 - Crown - Full cast problem metal   \$100   2775 - Crown - Full cast problem metal   \$100   2776 - Crown - Full cast problem metal   \$100   2777 - Crown - Full cast problem metal   \$100   2778 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast problem metal   \$100   2779 - Crown - Full cast	2530/6530 – Inlay – metallic – <i>three</i>			
2544/6543 — Onlay — metallic — Price surfaces \ 5.125 2544/6544 — Onlay — metallic — Price or more surfaces \ 5.125 2570 — Crown — porcelain fused to high noble metal \ 5.000 2751 — Crown — porcelain fused to high noble metal \ 5.000 2752 — Crown — porcelain fused to high noble metal \ 5.000 2753 — Crown — porcelain fused to high noble metal \ 5.000 2754 — Crown — cast high predominantly base metal \ 5.000 2759 — Crown — cast high predominantly base metal \ 5.000 2779 — Crown — cast high noble metal \ 5.000 2779 — Crown — Full cast high noble metal \ 5.000 2779 — Crown — Full cast high noble metal \ 5.000 2779 — Crown — Full cast high noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2779 — Crown — Full cast noble metal \ 5.000 2770 — Recement links of the predominantly base metal \ 5.000 2770 — Portic — Cast metal metal \ 5.000 2770 — Portic — Cast high noble for crown \ 5.000 2770 — Portic — Cast high noble for crown \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Full cast predominantly base metal \ 5.000 2770 — Temporary crown (iractured tool) 2770 — Portic — Cast high noble metal \ 5.000 2770 — Temporary crown (iractured tool) 2770 — Crown — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Crown — Portic — Cast high noble metal \ 5.000 2770 — Crown — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Crown — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Portic — Cast high noble metal \ 5.000 2770 — Crown — Porcelain fused to high noble metal \ 5.000 2770 — Crown — Porcelain fused to high noble m				\$15
25446 - Cornia   - metallic - four or more surfaces   \$125				
2790 - Crown — porcelain fused to high noble metal 1 5100 2791 - Crown — porcelain fused to predominantly base metal 5100 2792 - Crown — porcelain fused to predominantly base metal 5100 2793 - Crown — cast high noble metal 1 5100 2793 - Crown — cast high noble metal 1 5100 2794 - Crown — cast high noble metal 1 5100 2795 - Crown — porcelain fused to noble metal 1 5100 2796 - Crown — Full cast high noble metal 1 5100 2797 - Crown — Full cast high noble metal 1 5100 2799 - Crown — Full cast problemating by a seminantly by	2543/6544 Onlay motallic four			
2750 - Crown – porcelain fused to high noble metal 1	2740 Crown porcolain/coramic s			
2752 - Crown - porcelain fused to noble metal 3 100 5752 - Crown - cast high noble metal 3 100 5781 - Crown - cast high noble metal 3 100 5782 - Crown - cast high noble metal 3 100 5783 - Crown - cast high noble metal 3 100 5783 - Crown - cast high noble metal 3 100 5792 - Crown - Full cast high noble metal 3 100 5792 - Crown - Full cast high noble metal 3 100 5792 - Crown - Full cast high noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5792 - Crown - Full cast noble metal 3 100 5793 - Prefabricated stanless steel crown No copay 3930 - Prefabricated stanless steel crown No copay 3930 - Prefabricated resin crown (provisional) 5793 - Prefabricated province of the p	2750 Crown porcelain/ceramic 3			4.00
2752 - Crown - procedain fused to noble metal 1	2750 - Crown - porcelain fused to n			\$150
2780 - Crown - cast high notion metal 1	2757 - Crown - porcelain fused to p	oblo motal 1 \$100		Ψ100
2781 - Crown - cast high predominantly base metal 5100			5211/ – Partial denture (maxillary/mandibular)	\$175
2783 - Crown – cast noble metal 1	2700 - Crown cast high prodoming			Ψ170
2783 - Crown – porcelain/ceramic 5100 2790 - Crown – Full cast predominantly base metal 5100 2791 - Crown – Full cast predominantly base metal 5100 2792 - Crown – Full cast predominantly base metal 5100 2792 - Crown – Cast predominantly base metal 5100 2810 - Crown – Cast predominantly base metal 5100 2810 - Crown – Cast predominantly base metal 5100 2810 - Crown – Cast predominantly base metal 5100 2810 - Crown – Cast predominantly base metal 5100 2811 - Profabricated resin crown (provisional) 510 2812 - Prefabricated resin crown (provisional) 510 2813 - primarplyermanent tooth (provisional) 510 2814 - Cast predominantly base metal 5100 2815 - Prefabricated resin crown (provisional) 510 2816 - Crown – Cast predominantly base metal 5100 2817 - Prefabricated post (asme tooth) 510 2818 - Crown – Cast predominantly base metal 5100 2819 - Prefabricated post (asme tooth) 510 2810 - Prefabricated post (asme tooth) 510 2811 - Pontic – Cast predominantly base metal 5100 2812 - Pontic – Cast predominantly base metal 5100 2814 - Pontic – Porcelain fused to high noble metal 1 5100 2815 - Crown – Porcelain fused to high noble metal 1 5100 2816 - Prefabricated proving the seminantly base metal 5100 2816 - Prefabricated proving the seminantly base metal 5100 2816 - Crown – Cast predominantly base metal 5100 2816 - Prefabricated proving the seminantly base metal 5100 2817 - Pontic – Porcelain fused to high noble metal 1 5100 2818 - Crown – Porcelain fused to high noble metal 1 5100 2819 - Crown – Cast predominantly base metal 5100 2819 - Profice and fused to noble metal 1 5100 2810 - Prefabricated proving the seminantly base metal 5100 2810 - Prefabricated proving the seminantly base metal 5100 2810 - Prefabricated proving the seminantly base metal 5100 2810 - Prefabricated proving the seminantly base metal 5100 2810 - Prefabricated proving the seminantly 520 2811 - Province – Cast predominantly base metal 5100 2810 - Prefabricated proving the seminantly 520 2810 - Prefabricated proving the seminantly 520 2810 - Prefabricated				\$200
2791 - Crown - Full cast pédominantly base metal 1 5100 5791 - Crown - Full cast pédominantly base metal 5100 5792 - Crown - Full cast pédominantly base metal 5100 5792 - Crown - Full cast pédominantly base metal 5100 5791 - Recement inday No copay 5791 - Recement inday No copay 5791 - Protein function funct				ΨΖΟΟ
2791 — Crown – Full cast predominantly base metal 2792 — Crown – Call cast pole metal 2792 — Crown – Cast metallic 2793 — Recement crown 2794 — Recement inlay 2795 — Recement inlay 2795 — Prefabricated stainless steel crown 2795 — Prefabricated resin crown (provisional) 2795 — Core buildup, including any pins 2795 — Core buildup, including any pins 2795 — Core buildup, including any pins 2795 — Prefabricated post and dore in addition to crown 2795 — Prefabricated post (ame both) 2795 — Each additional prefab post (same both) 2795 — Prefabricated post and core in addition to crown 2795 — Prefabricated post (ame both) 2796 — Prefabricated post and core in addition to crown 2796 — Prefabricated post (ame both) 2797 — Temporary crown (fractured tooth) 2797 — Temporary crown (fractured tooth) 2797 — Temporary crown (fractured tooth) 2798 — Pontic — Cast predominantly base metal 1 1 100 100 100 100 100 100 100 100 10				\$15
Stop				Ψ10
Section   Corown   Cast metallic   Stock   S				<b>\$15</b>
2910 - Recement Irray No copay 2920 - Recement Irray No copay 2920 - Recement Irray No copay 2920 - Recement Irray No copay 2931 - primary/permanent (ooth (provisional) No copay 2931 - primary/permanent (ooth (provisional) No copay 2932 - Prefabricated resin crown (provisional) No copay 2950 - Core buildup, including any pins 155				ΨΙΟ
2930 — Prefabricated stainless steel crown No copay 2931 — primary/permanent tooth (provisional) \$10				\$25
2931 — Prefabricated stainless steel crown 2931 — Primary/permanent tooth (provisional) 2932 — Prefabricated resin crown (provisional) 2932 — Prefabricated resin crown (provisional) 2940 — Sedative filling 2950 — Core buildup, including any pins 2951 — Prin retention — per tooth, in addition to crown 2952 — Cast post and core in addition to crown 2953 — Sea Additional cast post (same tooth) 2954 — Prefabricated post and core in addition to crown 2955 — Post removal (not in conjunction with endodontic therapy) 210 2957 — Each additional prefab post (same tooth) 2958 — Prefabricated post and core in addition to crown 2958 — Prefabricated post and core in addition to crown 2959 — Prefabricated post and core in addition to crown 2951 — Prefabricated post and core in addition to crown 2952 — Each additional prefab post (same tooth) 2957 — Each additional prefab post (same tooth) 2958 — Profabricated post and core in addition to crown 2970 — Temporary crown (faculteral tooth) 2970 — Portice of the carried of the provision of the prefabricated post and core in addition to crown 2971 — Pontic — Cast predominantly base metal 1 2970 — Pontic — Cast predominantly base metal 3 100 2041 — Pontic — Porcelain fused to predominantly base metal 3 100 2042 — Pontic — Porcelain fused to noble metal 1 2042 — Pontic — Porcelain fused to noble metal 3 2053 — Pontic — Porcelain fused to noble metal 3 2065 — Cast predominantly base metal, two surfaces 3 2075 — Corwn — porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2076 — Pontic — Porcelain fused to noble metal 3 2077 — Pontic — Porcelain fused to noble metal 3 2078				
2931 — primary/permanent tooth (provisional) 2932 — Prefabricated resin crown (provisional) 2932 — Prefabricated resin crown (provisional) 2934 — Sedalive filling 2935 — Core buildup, including any pins 2951 — Pin relention — per tooth, in addition to crown 2952 — Prefabricated post and core in addition to crown 2953 — Each additional cast post (same brooth) 2954 — Prefabricated post and core in addition to crown 2954 — Prefabricated post and core in addition to crown 2955 — Post removal (not in conjunction with endodontic therapy) \$10 2956 — Post removal (not in conjunction with endodontic therapy) \$10 2957 — Each additional parted post (same brooth) 2957 — Each additional parted post (same brooth) 2958 — Each additional parted post (same brooth) 2958 — Each additional parted post (same brooth) 2958 — Post removal (not in conjunction with endodontic therapy) \$10 2960 — Post removal (not in conjunction with endodontic therapy) \$10 2970 — Temporary crown (fractured tooth) 2971 — Pontic — Cast predominantly base metal 3100 2970 — Pontic — Porcelain fused to high noble metal 1 3100 2970 — Pontic — Porcelain fused to predominantly base metal 3100 2970 — Pontic — Porcelain fused to predominantly base metal 3100 2970 — Cast predominantly base metal, two surfaces 1 3750 — Pontic — Porcelain fused to predominantly base metal, three or more surfaces 1 3750 — Cast predominantly base metal, two surfaces 1 3750 — Complete denture reline — Laboratory 3750 — Pontic — Porcelain fused to predominantly base metal 3100 3750 — Crown — Porcelain fused to predominantly base metal 3100 3750 — Crown — porcelain fused to predominantly base metal 3100 3750 — Crown — porcelain fused to predominantly base metal 3100 3750 — Crown — porcelain fused to predominantly base metal 3100 3750 — Crown — cast high predominantly base metal 3100 3750 — Crown — cast high predomi				Ψ <b>Z</b> J
2940 - Sedative filling with the provisional states of the policy of the			5610 Donair rosin donturo haso	¢25
2940 - Sedative filling 2950 - Core buildup, including any pins 2951 - Pin retention - per tooth, in addition to restoration 2951 - Pin retention - per tooth, in addition to crown 2953 - Each additional cast post (same tooth) 2953 - Each additional cast post (same tooth) 2954 - Prefabricated post and core in addition to crown 2955 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) 2957 - Each additional prefab post (same tooth) 2957 - Each additional prefab post (same tooth) 2958 - Post removal (not in conjunction with endodontic therapy) \$10 2970 - Temporary crown (tractured tooth) 2971 - Pontic - Cast predominantly base metal 2970 - Temporary crown (tractured tooth) 2971 - Pontic - Cast predominantly base metal 2970 - Pontic - Cast predominantly base metal 2970 - Pontic - Porcelain fused to high noble metal 2970 - Pontic - Porcelain fused to high noble metal 2970 - Pontic - Porcelain fused to high noble metal 2970 - Pontic - Porcelain fused to noble metal 2970 - Core more surfaces				
2950 - Core buildup, including any pins \$15 2951 - Pin retention – per looth, in addition to restoration \$10 2952 - Casts post and core in addition to crown \$35 2953 - Each additional cast post (same tooth) No copay 2954 - Prefabricated post and core in addition to crown \$35 2954 - Prefabricated post and core in addition to crown \$35 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2958 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2958 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2958 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2957 - Each additional prefab post (same tooth) No copay 2958 - Post removal (not in conjunction with endodontic therapy) \$10 2958 - Post removal (not in conjunction with endodontic therapy) \$10 2959 - Each additional prefab post (same tooth) No copay 2959 - Post removal (not in conjunction with endodontic therapy) \$10 2950 - Post removal (not in conjunction with endodontic therapy) \$10 2950 - Post removal (not in conjunction with endodontic therapy) \$10 2950 - Post removal (not in conjunction with endodontic therapy) \$10 2950 - Post removal (not in conjunction with endodontic therapy) \$10 2950 - Post removal (not in conjunction with endoto				
2951 - Pin retention — per tooth, in addition to restoration \$10 2952 - Cast post and core in addition to crown \$35 2953 - Each additional cast post (same tooth) No copay 2954 - Prefabricated post and core in addition to crown \$35 2957 - Each additional cast post (same tooth) No copay 2959 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) No copay 2970 - Temporary crown (fractured looth) \$15 5 5120 / Rebase partial denture \$80 2957 - Each additional prefab post (same tooth) No copay 2970 - Temporary crown (fractured looth) \$15 5 5120 / Rebase partial denture \$80 2957 - Each additional prefab post (same tooth) No copay 2970 - Temporary crown (fractured looth) \$15 5 5120 / Rebase partial denture \$100 6210 - Pontic - Cast predominantly base metal \$100 6211 - Pontic - Cast predominantly base metal \$100 6212 - Pontic - Porcelain fused to high noble metal \$100 6224 - Pontic - Porcelain fused to predominantly base metal \$100 6242 - Pontic - Porcelain fused to predominantly base metal, three or more surfaces \$100 6604 - Inlay - Cast predominantly base metal, two surfaces \$15 5601 - Add toast to existing partial denture \$100 6210 - Pontic - Porcelain fused to high noble metal \$100 6210 - Pontic - Porcelain fused to predominantly base metal \$100 6210 - Pontic - Porcelain fused to predominantly base metal, two surfaces \$15 650 - Add toast to existing partial denture \$80 5710 - Rebase complete denture \$101				
2952 - Cast post and core in addition to crown \$35 2953 - Each additional cast post (same tooth) \$35 2954 - Prefabricated post and core in addition to crown \$35 2955 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) \$15 2970 - Temporary crown (fractured tooth) \$15 2970 - Portical in Used to predominantly base metal \$100 2970 - Crown - Porticalian fused to noble metal 1 \$100 2970 - Crown - Porticalian fused to noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high noble metal 1 \$100 2970 - Crown - Cast high predominantly base metal \$100 2970 - Crown - Full cast high noble metal 1 \$100 2970 - Crown -	2950 – Core buildup, <i>including any p</i>			
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2954 - Prefabricated post and core in addition to crown \$35   5711 (maxillary/mandibular) \$80   2955 - Post removal (not in conjunction with endodonlic therapy) \$10   5720   Rebase partial denture per legine – chairside \$25   5721   Pontic – Cast high noble metal 1 \$100   5740   Partial denture reline – chairside \$25   5740   Partial denture reline – laboratory \$50   5750   (maxillary/mandibular) \$50   5750   Partial denture reline – laboratory \$50   5750   (maxillary/mandibular) \$50   5750   Partial denture reline – laboratory \$50   5750   Partial denture \$50   1000   5750   Partial denture \$50   1000   10				\$30
2955 - Post removal (not in conjunction with endodontic therapy) \$10 2957 - Each additional prefab post (same tooth) No copay 2970 - Temporary crown (fractured tooth) \$15 2570 - Complete denture reline – chairside \$25 2710 - Pontic – Cast predominantly base metal \$100 2721 - Pontic – Cast predominantly base metal \$100 2722 - Pontic – Cast predominantly base metal \$100 2723 - Pontic – Porcelain fused to high noble metal \$100 2734 - Pontic – Porcelain fused to high noble metal \$100 2740 - Pontic – Porcelain fused to noble metal \$100 2741 - Pontic – Porcelain fused to noble metal \$100 2742 - Pontic – Porcelain fused to noble metal \$100 2743 - Pontic – Porcelain fused to noble metal \$100 2744 - Pontic – Porcelain fused to noble metal \$100 2745 - Pontic – Porcelain fused to noble metal \$100 2746 - Pontic – Porcelain fused to noble metal \$100 2745 - Pontic – Porcelain fused to noble metal \$100 2746 - Pontic – Porcelain fused to noble metal \$100 2745 - Pontic – Porcelain fused to noble metal \$100 2746 - Pontic – Porcelain fused to noble metal \$100 2745 - Comyn – Porcelain fused to predominantly base metal, three or more surfaces \$100 2745 - Crown – Porcelain fused to high noble metal \$100 2746 - Pontic – Porcelain/ceramic \$100 2747 - Crown – Porcelain fused to high noble metal \$100 2748 - Crown – porcelain fused to high noble metal \$100 2749 - Crown – porcelain fused to high noble metal \$100 2740 - Crown – porcelain fused to high noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcelain fused to noble metal \$100 2740 - Crown – porcel				¢oo
2977 — Each additional prefab post (same looth) No copay 2970 — Temporary crown (fractured looth) \$15   \$730   Complete denture reline – chairside \$25   \$731   (maxillary/mandibular)   \$730   Complete denture reline – chairside \$25   \$731   Complete denture reline – chairside \$25   \$731   Complete denture reline – chairside \$25   \$731   Complete denture reline – chairside \$25   \$25   Complete denture reline – chairside \$25   Complete denture reli				
2970 - Temporary crown (fractured looth) \$15 c21 - Pontic - Cast high noble metal 1 \$100 c211 - Pontic - Cast predominantly base metal \$100 c240 - Pontic - Cast noble metal 1 \$100 c240 - Pontic - Porcelain fused to high noble metal 1 \$100 c241 - Pontic - Porcelain fused to high noble metal 1 \$100 c241 - Pontic - Porcelain fused to noble metal 1 \$100 c242 - Pontic - Porcelain fused to noble metal 1 \$100 c245 - Pontic - Porc				\$00
State   Ponitic - Cast high noble metal   Stoo   State   Ponitic - Cast predominantly base metal   Stoo   State   Ponitic - Cast predominantly base metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to predominantly base metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   State   Ponitic - Porcelain fused to high noble metal   Stoo   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Ponitic - Porcelain fused to high noble metal   Stoo   Ponitic - P	2957 – Each additional prefab post (	(same tooth) No copay		\$25
For the control of the predominantly base metal production of the control of the	2970 – Temporary crown ( <i>tractured</i> to	ooth) \$15		Ψ <b>Z</b> J
6212 – Pontic – Cast noble metal <sup>1</sup> \$100 6240 – Pontic – Porcelain fused to high noble metal <sup>1</sup> \$100 6241 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6242 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6245 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6245 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6245 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6245 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6605 – Inlay – Cast predominantly base metal, two surfaces <sup>1</sup> \$85 6612 – Onlay – Cast predominantly base metal, two surfaces <sup>1</sup> \$85 6612 – Onlay – Cast predominantly base metal, two surfaces <sup>1</sup> \$100 6750 – Crown – Porcelain fused to high noble metal <sup>1</sup> \$100 6750 – Crown – Porcelain fused to high noble metal <sup>1</sup> \$100 6750 – Crown – Porcelain fused to hoble metal <sup>1</sup> \$100 6751 – Crown – porcelain fused to noble metal <sup>1</sup> \$100 6752 – Crown – porcelain fused to noble metal <sup>1</sup> \$100 6753 – Crown – cast high noble metal <sup>1</sup> \$100 6753 – Crown – cast high noble metal <sup>1</sup> \$100 6753 – Crown – cast high noble metal <sup>1</sup> \$100 6753 – Crown – porcelain/ceramic \$100 6753 – Crown – porcelain/ceramic \$100 6753 – Crown – porcelain/ceramic \$100 6755 – Crown – porcelain/ceramic	6210 – Pontic – Cast nigh noble mei	.al ' \$100	5740/ – Partial denture reline – chairside	\$25
Solid   Pontic   Porcelain fused to high noble metal   \$100	6211 - Portic - Cast predominantly			Ψ20
6241 – Pontic – Porcelain fused to predominantly base metal \$100 6242 – Pontic – Porcelain fused to noble metal 1 \$100 6245 – Pontic – Porcelain fused to noble metal 1 \$100 6045 – Pontic – Porcelain fused to noble metal 1 \$100 6064 – Inlay – Cast predominantly base metal, two surfaces 1 \$75 6065 – Inlay – Cast predominantly base metal, two surfaces 1 \$85 6012 – Onlay – Cast predominantly base metal, two surfaces 1 \$85 6012 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Onlay – Cast predominantly base metal, two surfaces 1 \$125 6013 – Orown – porcelain fused to high noble metal 1 \$100 6752 – Crown – cast high predominantly base metal \$100 6780 – Crown – Eull cast high noble metal 1 \$100 6783 – Crown – Full cast predominantly base metal \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full cast noble metal 1 \$100 6790 – Crown – Full c				\$50
6242 – Pontic – Porcelain fused to noble metal <sup>1</sup> \$100 6245 – Pontic – Porcelain/ceramic \$100 6604 – Inlay – Cast predominantly base metal, two surfaces <sup>1</sup> 75 6605 – Inlay – Cast predominantly base metal, three or more surfaces <sup>1</sup> \$85 6612 – Onlay – Cast predominantly base metal, three or more surfaces <sup>1</sup> \$85 6613 – Onlay – Cast predominantly base metal, three or more surfaces <sup>1</sup> \$125 6613 – Onlay – Cast predominantly base metal, three or more surfaces <sup>1</sup> \$125 6613 – Onlay – Cast predominantly base metal, three or more surfaces <sup>1</sup> \$125 6740 – Crown – Porcelain/ceramic \$100 6750 – Crown – porcelain fused to high noble metal <sup>1</sup> \$100 6751 – Crown – porcelain fused to noble metal <sup>1</sup> \$100 6752 – Crown – porcelain fused to noble metal <sup>1</sup> \$100 6782 – Crown – cast high predominantly base metal \$100 6783 – Crown – porcelain/ceramic \$100 6782 – Crown – Full cast high predominantly base metal \$100 6790 – Crown – Full cast predominantly base metal \$100 6792 – Crown – Full cast predominantly base metal \$100 6792 – Crown – Full cast noble metal <sup>1</sup> \$100 6792 – Crown – Full cast noble metal <sup>1</sup> \$100 6792 – Crown – Full cast predominantly base metal \$100 6792 – Crown – Full cast noble metal <sup>2</sup> \$100 5792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast predominantly base metal \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$100 6792 – Crown – Full cast noble metal <sup>3</sup> \$	4241 Pontic Porcelain fused to n			,
6245 – Pontic – Porcelain/ceramic 6604 – Inlay – Cast predominantly base metal, two surfaces¹ \$75 6605 – Inlay – Cast predominantly base metal, two surfaces¹ \$85 6612 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6613 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6613 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6613 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6613 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6740 – Crown – Porcelain/ceramic \$100 6750 – Crown – porcelain fused to high noble metal ¹\$100 6751 – Crown – porcelain fused to noble metal ¹\$100 6752 – Crown – porcelain fused to noble metal ¹\$100 6783 – Crown – cast high predominantly base metal \$100 6783 – Crown – cast high predominantly base metal \$100 6783 – Crown – Full cast high noble metal ¹\$100 6790 – Crown – Full cast high noble metal ¹\$100 6791 – Crown – Full cast noble metal \$100 6792 – Crown – Full cast noble metal \$100 6793 – Recement fixed partial denture \$5 6970 – Cast post and core in addition to fixed partial denture retainer  1 Plus actual costs for noble/high (precious) metal not to exceed \$100. 2 Either type of denture is an acceptable restoration; however, Dental Net benefits the first one placed, not both.  5761 (maxillary/mandibular) 5820 / Interin partial denture \$25 5851 – Tissue conditioning – per d		oblo motal 1 \$100	5760/ – Partial denture reline – laboratory	\$50
6604 – Inlay – Cast predominantly base metal, two surfaces¹ \$75 6605 – Inlay – Cast predominantly base metal, two surfaces¹ \$85 6612 – Onlay – Cast predominantly base metal, two surfaces¹ \$85 6613 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6613 – Onlay – Cast predominantly base metal, two surfaces¹\$125 6740 – Crown – Porcelain/ceramic 6750 – Crown – porcelain fused to high noble metal ¹\$100 6751 – Crown – porcelain fused to noble metal ¹\$100 6752 – Crown – porcelain fused to noble metal ¹\$100 6781 – Crown – cast high noble metal ¹\$100 6781 – Crown – cast high predominantly base metal \$100 6782 – Crown – cast high predominantly base metal \$100 6783 – Crown – Full cast predominantly base metal \$100 6790 – Crown – Full cast predominantly base metal \$100 6791 – Crown – Full cast predominantly base metal \$100 6792 – Crown – Full cast predominantly base metal \$100 6790 – Cast post and core in addition to fixed partial denture etainer  1 Plus actual costs for noble/high (precious) metal not to exceed \$100. 2 Either type of denture is an acceptable restoration; however, Dental Net benefits the first one placed, not both.  5825 6820 / Interim partial denture \$525 5851 – Tissue conditioning – per denture \$25 5851 – Tissue conditioning – power – per denture \$25 0ther Services 0ut-of-area emergency (limited to \$50 benefit) No copay; all charges over \$50 (limited to \$50 benefit) No copay; all charges over \$50 0ther Services 0ut-of-area emergency (limited to \$50 benefit) No copay; all charges over \$50 0ther Services 0ut-of-area emergency (limited to \$50 benefit) No copay; all charges over \$50 0ther Services 0ut-of-area emergency 0ut-of-area e				
Sest   Finally   Cast   predominantly   base metal,   three or more surfaces   surfaces   sest   surfaces   sest   surfaces   sest   surfaces				\$100
three or more surfaces¹ \$85 6612 - Onlay - Cast predominantly base metal, two surfaces¹\$125 6613 - Onlay - Cast predominantly base metal, two surfaces¹\$125 6613 - Onlay - Cast predominantly base metal, three or more surfaces¹\$125 6613 - Onlay - Cast predominantly base metal, three or more surfaces¹\$125 6740 - Crown - Porcelain/ceramic \$100 6750 - Crown - porcelain fused to high noble metal ¹\$100 6751 - Crown - porcelain fused to predominantly base metal \$100 6752 - Crown - porcelain fused to noble metal ¹\$100 6753 - Crown - porcelain fused to noble metal ¹\$100 6754 - Crown - cast high noble metal ¹\$100 6758 - Crown - cast high predominantly base metal \$100 6780 - Crown - cast high predominantly base metal \$100 6781 - Crown - cast high predominantly base metal \$100 6782 - Crown - cast noble metal ¹\$100 6783 - Crown - porcelain/ceramic \$100 6790 - Crown - Full cast high noble metal ¹\$100 6790 - Crown - Full cast high noble metal ¹\$100 6790 - Crown - Full cast noble metal ¹\$100 6790 - Crown - Full cast noble metal \$100 6791 - Crown - Full cast noble metal \$100 6792 - Crown - Full cast noble metal \$100 6930 - Recement fixed partial denture \$5 6970 - Cast post and core in addition to fixed partial denture retainer  1 Plus actual costs for noble/high (precious) metal not to exceed \$100. 2 Either type of denture is an acceptable restoration; however, Dental Net benefits the first one placed, not both.  5850 - Tissue conditioning - per denture \$25  Other Services  Out-of-area emergency (limited to \$50 benefit) No copay: all charges over \$50  Other Services  Out-of-area emergency (limited to \$50 benefit) No copay: all charges over \$50  9211 - Palliative emergency treatment of dental pain - minor procedure  9215 - Local anesthesia No copay 9215 - Local anesthesia No copay 9310 - Consultation No copay 9440 - Office visits for observation (during regularly scheduled hours) 9630 - Other drugs and/or medicaments, (by report) ³ \$15 - Broken appointments (less than 24 hours) \$24 months of usual and customary exclusive of recor				
6612 - Onlay - Cast predominantly base metal, two surfaces¹\$125 6613 - Onlay - Cast predominantly base metal, three or more surfaces¹\$125 6740 - Crown - Porcelain/ceramic \$100 6750 - Crown - porcelain fused to high noble metal ¹\$100 6751 - Crown - porcelain fused to predominantly base metal \$100 6752 - Crown - porcelain fused to noble metal ¹\$100 6780 - Crown - cast high noble metal ¹\$100 6781 - Crown - cast high predominantly base metal \$100 6782 - Crown - cast high predominantly base metal \$100 6783 - Crown - cast noble metal ¹\$100 6783 - Crown - porcelain/ceramic \$100 6790 - Crown - Full cast high noble metal ¹\$100 6790 - Crown - Full cast high noble metal ¹\$100 6790 - Crown - Full cast noble metal ¹\$100 6790 - Crown - Full cast noble metal ¹\$100 6790 - Crown - Full cast noble metal \$100 6790 - Crown - Full cast noble metal \$100 6790 - Crown - Full cast noble metal \$100 6790 - Crown - Full cast noble metal \$100 6791 - Crown - Full cast noble metal \$100 6792 - Crown - Full cast noble metal \$100 6793 - Recement fixed partial denture \$5 6970 - Cast post and core in addition to fixed partial denture retainer  1 Plus actual costs for noble/high (precious) metal not to exceed \$100. 2 Either type of denture is an acceptable restoration; however, Dental Net benefits the first one placed, not both.  5851 - Tissue conditioning - lower - per denture  \$25  Other Services  Out-of-area emergency ((limited to \$50 benefit) No copay; all charges over \$50  Out-of-area emergency ((limited to \$50 benefit) No copay; all charges over \$50  P101 - Palliative emergency treatment of dental pain \$5  - minor procedure  9211 - Regional block anesthesia No copay 9215 - Local anesthesia No copay 9310 - Consultation 9430 - Office visits for observation (during regularly scheduled hours) 9440 - Office visits - after hours 9630 - Other drugs and/or medicaments, (by report) ³ S15  - Broken appointments (less than 24 hours)  2 4 months of usual and customary exclusive of records and retention fees 8080 - Child through age 17 8090 - Adult age 1			5850 – Tissue conditioning – per denture	\$25
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	<sup>3</sup> Not prescription drugs.		8680 - Orthodontic retention	\$275

This Summary of Benefits is a brief review of benefits. Once enrolled, members will receive the Combined Evidence of Coverage and Disclosure Form, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.

<sup>&</sup>lt;sup>3</sup> Not prescription drugs.

# **Dental Net 2000 Series Exclusions & Limitations**

### LIMITED SERVICES

Unauthorized Services. Dental services must be received from the member's participating dental office unless an exception is specifically authorized in writing by the member's participating dental office and/or Dental Net.

Oral Exams. Oral exams are limited to two per calendar year.

Prophylaxis. Procedures are limited to two treatments during each calendar year. If a third prophylaxis is provided within the calendar year, it will be subject to a 80% copayment based on the participating dentist's usual fee.

Periodontal Procedures. Periodontal scaling and root planing and/or gingival curettage are limited to one course of therapy per quadrant during any 12-month period. Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis is limited to one course of treatment per lifetime.

**Prosthodontic Replacements.** Partial dentures are not eligible for replacement within five years of original placement unless required as a result of additional tooth loss which cannot be restored by modification of the existing partial denture. Crowns, bridges, inlays and/or complete dentures are not eligible for replacement within five years of original placement.

Sealants. Sealants are limited to children under 16 years of age for permanent molars, unrestored. Treatment is limited to once every 36 months per tooth.

**Denture Relines**. Complete and/or partial denture relines or rebases are limited to one per denture during any 12-month period.

Precious Metals. The use of alloys with 25% or more noble metal content for any restorative procedure is considered optional and, if used, the additional cost for such alloy should not exceed \$100 and will be the member's responsibility.

Impactions. Removal of impacted teeth is limited to impactions which show radiographic evidence of a pathologic condition or for which the member experiences unresolved symptoms of infection, swelling or chronic pain.

Pediatric Annual Maximum. Pediatric dental services are limited to \$500 per calendar year for each child. Referral to a pedodontist will be considered for children to the age of 5. Charges in excess of \$500 will be the member's financial responsibility.

Porcelain on molars. If porcelain to metal crowns are placed on molars, an additional charge of \$75 per tooth will be charged.

Seven (7) or more crowns. If a treatment plan involves seven (7) or more crowns and/or fixed bridge units, an additional charge of \$125 per tooth or artificial tooth will be charged for all teeth and artificial teeth.

## SERVICES NOT COVERED

Not Acceptable Services. Any service or supply which we determine not to be an acceptable service, as specified in the Evidence of Coverage (EOC).

Cosmetic Services. Dental services necessary solely for cosmetic reasons including, but not limited to, bleaching of non-vital discolored teeth, veneers and all other cosmetic procedures (unless specifically shown as a covered benefit).

**Workers' Compensation.** Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication or settlement, under any workers' compensation or occupational disease law, even if the member does not claim those benefits.

Government Programs. Care or treatment which is obtained from or for which payment is made by any federal, state, county, municipal or other government agency, including any foreign government.

Fractures or Dislocations. Treatment of jaw fractures or dislocations.

**Hospital Charges.** Hospital and associated physician charges of any kind or charges for any dental treatment which cannot be performed in the participating dental office.

Member Health Limitations. Charges for any dental treatment, which because of the member's general health or mental, emotional, behavioral, or physical limitations, cannot be performed in the participating dental office.

**Lost or Stolen Dentures or Appliances**. Replacement of lost crowns, lost or stolen dentures, bridgework or other dental appliances.

Services Provided Before or After the Term of the Member's Coverage. Dental treatment or expenses incurred in connection with any dental procedure started prior to the member's effective date. Dental treatment or expenses incurred after termination of the member's coverage, as specified as covered in the Evidence of Coverage (EOC).

Treatment by a Non-Participating Dentist. Any corrective treatment required as a result of dental services performed by a non-participating dentist while this coverage is in effect, and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or Dental Net for completion.

**Cysts and Neoplasms**. Histopathological exams and/or the removal of tumors, cysts, neoplasms and foreign bodies.

Congenital (Hereditary) or Developmental Malformations. Dental treatment or expenses incurred in connection with the correction of congenital or developmental malformations including, but not limited to, enamel hypoplasia, fluorosis, anodontia, supernumary or impacted teeth other than third molars.

Surgical Services. Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, hemisection or root amputation, apexification, vestibuloplasty or ostectomy

**Prosthetic Services Age Limitations.** Inlays, onlays, crowns, fixed bridges, or removable cast partials for members under 16 years of age. Space maintainers for members over age sixteen.

**Experimental or Investigative Procedures.** Procedures which are considered experimental or investigative or which are not widely accepted as proven and effective procedures within the organized dental community.

Implants. Dental procedures and charges incurred as part of implants or the removal of same. Fixed or removable prosthetics in conjunction with implants. Prophylaxis on implants.

Vertical Dimension and Attrition. Dental treatment or procedures (other than those for replacement of structure lost due to dental decay) required in conjunction with opening a bite or replacing tooth structure lost by wear, erosion or abrasion or due to bruxism. (Does not apply to alteration by removable prosthodontics.)

Periodontal Splinting. Dental treatment or expenses incurred in connection with periodontal splinting.

**Treatment of the Joint of the Jaw**. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues.

General Anesthesia. General anesthesia, inhalation sedation, intravenous sedation or intramuscular sedation.

Procedures Not Specified as Covered. Any procedure not specifically listed as a covered service. Drugs or Dispensing of Drugs. Plan does not cover prescription drugs as a dental benefit.

Questionable, Guarded or Poor Prognosis. Teeth with questionable, guarded or poor prognosis are not covered for endodontic treatment, periodontal surgery or crown and bridge. Dental Net will allow for observation or extraction and prosthetic replacement.

Personalization, Characterization or Precision Attachments. Precision attachments, characterization or personalization of dentures is excluded.

Crown Lengthening. Crown exposure, ligation and crown lengthening are not covered. Removal of Third Molars. Immature erupting third molars are not covered for extraction, i.e., tooth proceeding through a normal eruption process.

Primary Restorations. Gold, porcelain or resin fillings on primary teeth are excluded.

Denture Replacement. Dentures, full or partial-replacements will be made only if existing denture is five (5) years old, is unsatisfactory and cannot be made serviceable.

### ORTHODONTIC EXCLUSIONS AND LIMITATIONS

### ORTHODONTIC LIMITATIONS

Authorized Orthodontic Services. Orthodontic services must be received from the member's participating orthodontic office as specifically authorized and referred by Dental Net in writing.

Lifetime Maximum. Orthodontic treatment is limited to one full case (up to 24 months of standard orthodontic care) during the member's lifetime.

Loss of Coverage During Orthodontic Treatment. If the member's coverage under the plan ends, for any reason, while the member is still receiving orthodontic treatment during the 24 month treatment period, the member and NOT Dental Net will be responsible for the remainder of the cost for that treatment, at the contracted fee for the remaining number of months of treatment.

Orthodontic consultation/Observation Fees. If treatment is not required or the member chooses not to start treatment after a diagnosis and consultation have been completed by the provider, the member may be charged a consultation fee of \$30 in addition to diagnostic record fees.

Orthodontic Retention Phase of Care. Retention services include initial fabrication, placement, observation, and adjustments of passive retention appliances for a 12-month period. The retention services fee of \$275 is the member's responsibility and is payable at the beginning of the retention phase of treatment. Retention services fees are subject to review and modification on an annual basis.

Orthodontic Services in Excess of 24 Months of Active Care. The member is required to pay the participating orthodontist of \$55 per month for each additional month of standard active orthodontic treatment provided beyond the 24 month period, but before the retention phase of treatment begins.

## ORTHODONTIC EXCLUSIONS

**Changes in Treatment.** Changes in treatment necessitated by an accident of any kind or patient noncompliance.

Myofunctional Therapy. Myofunctional therapy and related services. (Myofunctional therapy involves the use of muscle exercises as an adjunct to orthodontic mechanical correction of maloculusion.)

Orthodontic Retreatment. The retreatment of a previously treated orthodontic case (whether treated under this coverage, at fee-for-service, or under another benefit plan) is not covered. Services Provided Before or After the Term of This Coverage. Orthodontic treatment begun prior to the member's effective date or after the termination of coverage.

Other Orthodontic Services. Services for braces, other orthodontic appliances, or orthodontic services, except as specifically stated in this coverage.

Orthodontic Treatment Incidental to Surgical Procedures. Orthodontic treatment in conjunction with oral surgical procedures including, but not limited to, orthognatic surgery.

Phase I Orthodontics/Orthopaedic/Orthodontic Treatment. Any Phase I treatment or orthopaedic/orthodontic treatment which may be deemed advantageous or necessary by the participating orthodontist prior to the 24 months or standard active treatment. Orthodontic treatment for malocclusions which, in the opinion of the participating orthodontist will not produce beneficial results

Replacement of Orthodontic Appliances. Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances broken due to the member's negligence.

Special Orthodontic Appliances. Special types of orthodontic appliances which are considered cosmetic including, but not limited to, lingual or "invisible" braces, sapphire or clear braces, or ceramic braces.

Surgical Procedures Incidental to Orthodontic Treatment. Surgical procedures incidental to orthodontic treatment including, but not limited to, extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, ligation, correction of micrognathia or macrognathia, or repair of cleft palate.

T.M.J. or Hormonal Imbalance Orthodontic Services. Treatment related to the joint of the jaw (temporomandibular joint, TMJ) and/or hormonal imbalance.

**Third Party Liability.** Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

**Coordination of Benefits.** The benefits of this plan may be reduced if the member has any other group dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

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