

**BLUE SHIELD OF CALIFORNIA DHMO / DISCOUNT PLANS  
QUICK REFERENCE GUIDE (QRG)**



	Blue Shield of CA DHMO	Blue Shield of CA DHMO	Blue Shield of CA Medicare DHMO	Pacific Union Dental BSC Medicare DHMO	Blue Shield of CA Discount Plan
<b>PLAN:</b>	Commercial & EHB Pediatric DHMO (Off Exchange)	EHB Pediatric DHMO (On Exchange)	BSC 65 Plus Optional Supplemental	Blue Shield High-Option	65 Plus Choice Embedded Discount
<b>Client Name on Capitation Roster:</b>	Blue Shield of California			Pacific Union Dental	Not Applicable
<b>Website:</b> Offers eligibility verification, claim status and network specialist locations.	www.uhcdental.com				
<b>Using our website to locate Dentists including Specialists:</b> Before Log in, select "Provider Search", "State", and "Select A Network".	Blue Shield Dental HMO		Blue Shield Medicare DHMO	Blue Shield Medicare DHMO	BSC Medicare Embedded Discount Plan
<b>Specialty Referral Process:</b>	Direct Referral	Pre-Auth - Ortho Direct - Other Codes	Direct Referral	Pre-Authorization	Not Covered
<b>Member ID Cards:</b> The following brand names are found on the member ID cards for your reference.					
<b>Integrated Voice Response (IVR) System:</b> • 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	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
<b>Dedicated Toll Free Customer Service:</b> Issues such as eligibility, claims and dental plan information.	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
<b>Provider Relations:</b> Questions regarding fee schedules, monthly rosters and contracts	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
<b>Emergency Specialty Referral Phone Number:</b>	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	Not Applicable
<b>Request for Specialty Referral Form or Provider Manual:</b>	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
<b>Address:</b> Encounter Data/Minimum Guarantee/Supplemental Claims	Blue Shield of California Pacific Union Dental Claims Unit P.O. Box 30567 Salt Lake City, UT 84130-0567				
<b>Address:</b> Specialty Referral and Pre-Treatment Estimates	P.O. Box 30552 Salt Lake City, UT 84130-0552				Not Applicable
<b>Address:</b> Written Inquiries and Appeals	P.O. Box 30569 Salt Lake City, UT 84130-0569				
<b>Electronic Claims Submission - Payor ID:</b>	52133				
<b>California Language Assistance Program:</b> If language assistance is required, contact UHC at the number provided on the back of the member's ID Card. You will be connected with the Language Line, via a customer service representative, where certified interpreters are available to provide telephonic interpretation services.					
<b>Benefits for the Blue Shield of CA DHMO Plans are administered by Dental Benefit Providers of California, Inc. Dental Benefit Providers of California, Inc. is affiliated with UnitedHealthcare.</b>					

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.

**BLUE SHIELD OF CALIFORNIA DHMO/ DISCOUNT PLANS  
CAPITATION CROSSWALK / PER MEMBER-PER MONTH (PMPM)**

**EXHIBIT 2-A-i**

Product Name / Client Name	Plan Name / Copayment Schedule	Product ID	Agreement ID	PMPM Capitation Rate	Minimum Guarantee	Specialty Referral Process	Plan Type
Blue Shield of CA	BSCA FEHBP DHMO Voluntary	D0002313	SCFG00000015	\$5.39	No	Direct	Commercial
Blue Shield of CA	BSCA DHMO Voluntary	D0001259	SCFG00000016	\$5.39	No	Direct	Commercial
Blue Shield of CA	BSCA Printers Association DHMO Plan 252	D0001267	SCFG00000017	\$4.63	No	Direct	Commercial
Blue Shield of CA	BSCA DHMO Plus	D0001305	SCFG00000018	\$6.12	No	Direct	Commercial
Blue Shield of CA	BSCA Employees DHMO Deluxe	D0001293	SCFG00000019	\$6.48	No	Direct	Commercial
Blue Shield of CA	BSCA DHMO Deluxe	D0001306	SCFG00000019	\$6.48	No	Direct	Commercial
Blue Shield of CA	BSCA Employees DHMO Deluxe	D0001307	SCFG00000019	\$6.48	No	Direct	Commercial
Blue Shield of CA	BSCA Custom Plan IFP DHMO	D0001302	SCFG00000030	\$5.78	Yes	Direct	Commercial
Blue Shield of CA	BSCA Custom Plan IFP DHMO	D0001310	SCFG00000030	\$5.78	Yes	Direct	Commercial
Pacific Union Dental	Blue Shield High-Option (Dental Plus)	D1000139	SCFG00000160	\$6.00	No	Prior-Auth	Medicare
Blue Shield of CA	BSC SG DHMO Basic	D0013872	SCFG00000268	\$4.26	Yes	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Plus	D0013873	SCFG00000269	\$6.12	Yes	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Deluxe	D0013874	SCFG00000270	\$6.48	Yes	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Voluntary	D0013875	SCFG00000271	\$5.39	Yes	Direct	Commercial
Blue Shield of CA	EHB DHMO Pediatric	All other "E" Product ID's "E00XXXXX"	SCFG06990ST1	\$0.00 (Adult) \$3.28 (Child 0-19)	Yes	Pre-Auth - Ortho Only Direct - All Other Codes	EHB
Blue Shield of CA	BSC IFP Enhanced DHMO	D0014799	SCFG00000274	\$5.08	Yes	Direct	Commercial
Blue Shield of CA	65 Plus Optional Supplemental	D0013613	SCFG00000275	\$6.00	No	Direct	Medicare
Blue Shield of CA	BSC DHMO Core Basic	D0015682	SCFG00000278	\$4.26	Yes	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Plus	D0015683	SCFG00000279	\$6.12	Yes	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Deluxe	D0015684	SCFG00000280	\$6.48	Yes	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Standard	D0021894	SCFG00000289	\$5.39	Yes	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Standard	D0022851	SCFG00000289	\$5.39	Yes	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Standard	D0022852	SCFG00000289	\$5.39	Yes	Direct	Commercial
Blue Shield of CA	65 Plus Choice Embedded Discount	D0013817	SFSG00000054	Non-Capitated Copay Only	No	No Specialty Coverage	Medicare

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**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
	Office Visit	5	5	5	5
<b>I. DIAGNOSTIC</b>					
D0120	periodic oral evaluation – established patient	0	0	0	0
D0140	limited oral evaluation – problem focused	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	0	0	0	0
D0171	re-evaluation – post-operative office visit	12	NTCV	NTCV	NTCV
D0180	comprehensive periodontal evaluation – new or established patient	0	0	0	0
D0190	screening of a patient	NTCV	NTCV	NTCV	0
D0191	assessment of a patient	NTCV	NTCV	NTCV	0
D0210	intraoral – complete series of radiographic images	0	0	0	0
D0220	intraoral – periapical first radiographic image	0	0	0	0
D0230	intraoral – periapical each additional radiographic image	0	0	0	0
D0240	intraoral – occlusal radiographic image	0	0	0	0
D0270	bitewing – single radiographic image	0	0	0	0
D0272	bitewings – two radiographic images	0	0	0	0
D0273	bitewings – three radiographic images	0	NTCV	0	0
D0274	bitewings – four radiographic images	0	0	0	0
D0330	panoramic radiographic image	0	0	0	0
D0411	HbA1c in-office point of service testing	0	0	0	NTCV
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	0	0	NTCV	NTCV
D0418	analysis of saliva sample	0	0	NTCV	NTCV
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	13	NTCV	NTCV	0
D0460	pulp vitality tests	0	0	0	0
D0470	diagnostic casts	0	0	0	0
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	0	0	0
D0601	caries risk assessment and documentation, with a finding of low risk	0	0	0	0

NTCV = Not Covered

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		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D0602	caries risk assessment and documentation, with a finding of moderate risk	0	0	0	0
D0603	caries risk assessment and documentation, with a finding of high risk	0	0	0	0
<b>II. PREVENTIVE</b>					
<ul style="list-style-type: none"> <li>• BSCA Printers Association DHMO Plan 252: Coverage for sealants is limited to the first and second permanent molars. Additionally, coverage is limited to Members under the age 16.</li> <li>• BSCA Printers Association DHMO Plan 252: Eligible to Members under age 19.</li> <li>• BSCA FEHBP DHMO Voluntary Plan: Every 6 months, covered through age 17.</li> <li>• BSCA FEHBP DHMO Voluntary Plan: Every 6 months, covered through age 15.</li> </ul>					
D1110	prophylaxis – adult	0	0	0	0
D1120	prophylaxis – child	0	0	0	0
D1206	topical application of fluoride varnish	0	0	0	0
D1208	topical application of fluoride – excluding varnish	0	0	0	0
D1330	oral hygiene instructions	0	0	0	0
D1351	sealant – per tooth	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0	NTCV	NTCV	0
D1353	sealant repair – per tooth	0	NTCV	0	NTCV
D1354	interim caries arresting medicament application - per tooth	22	NTCV	0	NTCV
D1510	space maintainer – fixed, unilateral	55	40	10	5
D1516	space maintainer – fixed – bilateral, maxillary	55	40	10	5
D1517	space maintainer – fixed – bilateral, mandibular	55	40	10	5
D1520	space maintainer – removable – unilateral	55	40	10	5
D1526	space maintainer – removable – bilateral, maxillary	55	40	10	5
D1527	space maintainer – removable – bilateral, mandibular	55	40	10	5
D1550	re-cement or re-bond space maintainer	17	20	10	5
D1555	removal of fixed space maintainer	13	NTCV	NTCV	0
D1575	distal shoe space maintainer – fixed – unilateral	55	NTCV	10	5
<b>III. RESTORATIVE</b>					
D2140	amalgam – one surface, primary or permanent	15	10	10	0
D2150	amalgam – two surfaces, primary or permanent	18	20	20	0
D2160	amalgam – three surfaces, primary or permanent	21	30	30	0
D2161	amalgam – four or more surfaces, primary or permanent	24	40	40	0
D2330	resin-based composite – one surface, anterior	18	10	10	0

NTCV = Not Covered

**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2331	resin-based composite – two surfaces, anterior	23	20	20	0
D2332	resin-based composite – three surfaces, anterior	27	30	30	0
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	90	40	40	0
D2390	resin-based composite crown, anterior	90	NTCV	188	150
D2391	resin-based composite – one surface, posterior	NTCV	58	64	61
D2392	resin-based composite – two surfaces, posterior	NTCV	68	76	72
D2393	resin-based composite – three surfaces, posterior	NTCV	88	98	93
D2394	resin-based composite – four or more surfaces, posterior	NTCV	108	120	114

**III. RESTORATIVE**

- All plans except BSCA DHMO Deluxe / Employees Deluxe: D2740 is covered on anterior through 2nd bicuspid permanent teeth only.
- BSCA Printers Association DHMO Plan 252: Precious metals and porcelain on molar teeth, if used, will be charged to the Member at the Dentist's cost.
- BSCA DHMO Plus Plan: Precious metals, if used, will be charged to the Member at the Dentist's cost.
- BSCA FEHBP DHMO Voluntary Plan: Precious Metals, if used, will be charged to the patient at the additional cost of the metal. Porcelain and porcelain to metal crowns on molar teeth are subject to an additional charge of \$75.
- BSCA DHMO Deluxe / Employees Deluxe Plans: Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$200 per unit.

D2510	inlay – metallic – one surface	NTCV	NTCV	NTCV	125
D2520	inlay – metallic – two surfaces	NTCV	NTCV	NTCV	125
D2530	inlay – metallic – three or more surfaces	NTCV	NTCV	NTCV	125
D2542	onlay – metallic – two surfaces	332	NTCV	125	125
D2543	onlay – metallic – three surfaces	346	NTCV	125	125
D2544	onlay – metallic – four or more surfaces	360	NTCV	125	125
D2610	inlay – porcelain/ceramic – one surface	NTCV	NTCV	NTCV	250
D2620	inlay – porcelain/ceramic – two surfaces	NTCV	NTCV	NTCV	260
D2630	inlay – porcelain/ceramic – three or more surfaces	NTCV	NTCV	NTCV	275
D2642	onlay – porcelain/ceramic – two surfaces	344	NTCV	NTCV	250
D2643	onlay – porcelain/ceramic – three surfaces	357	NTCV	NTCV	260
D2644	onlay – porcelain/ceramic – four or more surfaces	370	NTCV	NTCV	275
D2650	inlay – resin-based composite – one surface	NTCV	NTCV	NTCV	215
D2651	inlay – resin-based composite – two surfaces	NTCV	NTCV	NTCV	225
D2652	inlay – resin-based composite – three or more surfaces	NTCV	NTCV	NTCV	245

NTCV = Not Covered

**BLUE SHIELD OF CA DHMO**  
**PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS**  
**EXHIBIT 2 - PART I**



**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
	<b>Agreement ID:</b>				
	<b>Specialty Referral Process:</b>				
D2662	onlay – resin-based composite – two surfaces	318	NTCV	NTCV	215
D2663	onlay – resin-based composite – three surfaces	330	NTCV	NTCV	225
D2664	onlay – resin-based composite – four or more surfaces	340	NTCV	NTCV	245
D2710	crown – resin-based composite (indirect)	100	NTCV	NTCV	165
D2720	crown – resin with high noble metal	100	NTCV	NTCV	260
D2721	crown – resin with predominantly base metal	100	NTCV	NTCV	195
D2722	crown – resin with noble metal	100	NTCV	NTCV	225
D2740	crown – porcelain/ceramic	300	200	150	125
D2750	crown – porcelain fused to high noble metal	300	200	150	125
D2751	crown – porcelain fused to predominantly base metal	300	200	150	125
D2752	crown – porcelain fused to noble metal	300	200	150	125
D2780	crown – ¾ cast high noble metal	300	200	150	125
D2781	crown – ¾ cast predominantly base metal	300	200	150	125
D2782	crown – ¾ cast noble metal	300	200	150	125
D2783	crown – ¾ porcelain/ceramic	NTCV	200	150	125
D2790	crown – full cast high noble metal	300	200	150	125
D2791	crown – full cast predominantly base metal	300	200	150	125
D2792	crown – full cast noble metal	300	200	150	125
D2794	crown – titanium	NTCV	200	150	125
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0	NTCV	18	9
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	0	NTCV	19	10
D2920	re-cement or re-bond crown	0	5	5	5
D2921	reattachment of tooth fragment, incisal edge or cusp	65	NTCV	49	NTCV
D2930	prefabricated stainless steel crown – primary tooth	35	15	10	5
D2931	prefabricated stainless steel crown – permanent tooth	50	NTCV	NTCV	15
D2932	prefabricated resin crown	40	NTCV	NTCV	25
D2933	prefabricated stainless steel crown with resin window	NTCV	NTCV	NTCV	20
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	35	NTCV	NTCV	20
D2940	protective restoration	20	NTCV	19	10
D2941	interim therapeutic restoration – primary dentition	20	NTCV	19	
D2950	core buildup, including any pins when required	20	NTCV	47	24

NTCV = Not Covered

**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Direct Member Copayment	Direct Member Copayment	Direct Member Copayment	Direct Member Copayment
CDT Code	CDT Description				
		<b>Agreement ID:</b>			
		<b>Specialty Referral Process:</b>			
D2951	pin retention – per tooth, in addition to restoration	20	15	10	5
D2952	post and core in addition to crown, indirectly fabricated	60	90	72	36
D2953	each additional indirectly fabricated post – same tooth	30	100	50	25
D2954	prefabricated post and core in addition to crown	60	75	59	30
D2955	post removal	NTCV	NTCV	NTCV	0
D2957	each additional prefabricated post – same tooth	50	63	32	16
D2980	crown repair necessitated by restorative material failure	65	NTCV	49	25
D2981	inlay repair necessitated by restorative material failure	NTCV	NTCV	49	10
D2982	onlay repair necessitated by restorative material failure	NTCV	NTCV	49	15
D2990	resin infiltration of incipient smooth surface lesions	NTCV	NTCV	0	NTCV
<b>IV. ENDODONTICS</b>					
D3110	pulp cap – direct (excluding final restoration)	20	10	5	0
D3120	pulp cap – indirect (excluding final restoration)	25	10	5	0
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	36	20	10	5
D3221	pulpal debridement, primary and permanent teeth	NTCV	NTCV	NTCV	25
D3310	endodontic therapy, anterior tooth (excluding final restoration)	155	100	75	50
D3320	endodontic therapy, premolar tooth (excluding final restoration)	235	140	105	80
D3330	endodontic therapy, molar tooth (excluding final restoration)	290	180	135	145
D3331	treatment of root canal obstruction; non-surgical access	0	NTCV	165	25
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	177	NTCV	NTCV	40
D3346	retreatment of previous root canal therapy – anterior	350	100	75	50
D3347	retreatment of previous root canal therapy – premolar	400	140	105	70
D3348	retreatment of previous root canal therapy – molar	475	180	135	90
D3410	apicoectomy – anterior	265	40	30	20
D3421	apicoectomy – premolar (first root)	240	40	30	20
D3425	apicoectomy – molar (first root)	250	40	30	20
D3426	apicoectomy (each additional root)	126	40	30	20
D3427	periradicular surgery without apicoectomy	126	NTCV	30	NTCV
D3430	retrograde filling – per root	120	NTCV	45	23
D3450	root amputation – per root	NTCV	75	50	100

NTCV = Not Covered



<b>Customer Service Phone Number 1-800-585-8111</b>		<b>BSCA FEHBP DHMO Voluntary</b>	<b>BSCA Printers Association DHMO Plan 252</b>	<b>BSCA DHMO Plus</b>	<b>BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe</b>
		<b>Agreement ID: SCFG00000015</b>	<b>SCFG00000017</b>	<b>SCFG00000018</b>	<b>SCFG00000019</b>
<b>Specialty Referral Process:</b>		<b>Direct Member Copayment</b>	<b>Direct Member Copayment</b>	<b>Direct Member Copayment</b>	<b>Direct Member Copayment</b>
<b>CDT Code</b>	<b>CDT Description</b>				
D3920	hemisection (including any root removal), not including root canal therapy	276	75	50	25
D3950	canal preparation and fitting of preformed dowel or post	NTCV	NTCV	NTCV	0
<b>V. PERIODONTICS</b>					
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	138	125	100	75
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	50	25	20	15
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	NTCV	NTCV	NTCV	0
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	165	225	150	125
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	83	113	175	63
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	303	200	150	125
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	152	25	75	63
D4263	bone replacement graft – retained natural tooth – first site in quadrant	154	NTCV	115	58
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	154	NTCV	85	43
D4265	biologic materials to aid in soft and osseous tissue regeneration	NTCV	NTCV	0	NTCV
D4266	guided tissue regeneration – resorbable barrier, per site	286	NTCV	143	72
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	363	NTCV	165	83
D4270	pedicle soft tissue graft procedure	280	NTCV	140	70
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	363	NTCV	180	90
D4276	combined connective tissue and double pedicle graft, per tooth	NTCV	NTCV	185	NTCV
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	248	NTCV	150	75
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	NTCV	NTCV	NTCV	45
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	363	NTCV	180	NTCV
D4341	periodontal scaling and root planing – four or more teeth per quadrant	75	30	20	10
D4342	periodontal scaling and root planing – one to three teeth per quadrant	38	30	10	5

NTCV = Not Covered



**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
		<b>Agreement ID:</b>			
		<b>Specialty Referral Process:</b>			
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	55	NTCV	0	5
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	75	40	20	10
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	NTCV	NTCV	NTCV	6
D4910	periodontal maintenance	55	0	0	5
D4921	gingival irrigation - per quadrant	0	NTCV	0	NTCV

**VI. PROSTHODONTICS (REMOVABLE)**

- All plans except BSCA DHMO Deluxe / Employees Deluxe: Includes adjustments for first 6 months post insertion.
- BSCA FEHBP DHMO Voluntary & BSCA DHMO Plus Plans: Includes relines and adjustments for first six months post insertion.
- BSCA DHMO Plus & BSCA DHMO Deluxe / Employees Deluxe Plans: Denture relines if done within six (6) months of the initial insertion of a denture are considered part of the original denture service and are included in the denture Copayment; denture relines after six (6) months of the initial insertion of a denture require the additional denture reline copayment.
- BSCA FEHBP DHMO Voluntary Plan: Denture relines (5730 and 5750), if done within 6 months of the initial inserting of a denture are considered part of the original denture service and are included in the denture Copayment; denture relines after 7 months of the initial insertion of a denture require the additional denture reline Copayment. Thereafter, coverage is limited to once every 36 months.
- BSCA FEHBP DHMO Voluntary Plan: CDT codes D5410, D5411, D5421 and D5422, BSCA will pay a supplemental fee of \$77.

D5110	complete denture – maxillary	400	225	175	100
D5120	complete denture – mandibular	400	225	175	100
D5130	immediate denture – maxillary	400	225	175	100
D5140	immediate denture – mandibular	400	225	175	100
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	325	250	200	175
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	325	250	200	175
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	375	250	200	175
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	375	250	200	175
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	375	250	200	175
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	375	250	200	175
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	NTCV	NTCV	200	175
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	NTCV	NTCV	200	175
D5410	adjust complete denture – maxillary	85	50	0	25

NTCV = Not Covered

**BLUE SHIELD OF CA DHMO**  
**PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS**  
**EXHIBIT 2 - PART I**



**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5411	adjust complete denture – mandibular	85	50	0	25
D5421	adjust partial denture – maxillary	85	50	75	25
D5422	adjust partial denture – mandibular	85	50	75	25
D5511	repair broken complete denture base, mandibular	85	50	0	25
D5512	repair broken complete denture base, maxillary	85	50	0	25
D5520	replace missing or broken teeth – complete denture (each tooth)	30	25	75	25
D5611	repair resin partial denture base, mandibular	85	50	0	25
D5612	repair resin partial denture base, maxillary	85	50	0	25
D5621	repair cast partial framework, mandibular	85	50	0	25
D5622	repair cast partial framework, maxillary	85	50	0	25
D5630	repair or replace broken clasp – per tooth	30	75	75	25
D5640	replace broken teeth – per tooth	30	50	75	25
D5650	add tooth to existing partial denture	35	50	50	25
D5660	add clasp to existing partial denture – per tooth	45	75	50	25
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	295	125	120	105
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	295	125	120	105
D5710	rebase complete maxillary denture	55	100	50	25
D5711	rebase complete mandibular denture	55	100	50	25
D5720	rebase maxillary partial denture	55	75	50	25
D5721	rebase mandibular partial denture	55	75	50	25
D5730	reline complete maxillary denture (chairside)	40	75	50	25
D5731	reline complete mandibular denture (chairside)	40	75	50	25
D5740	reline maxillary partial denture (chairside)	40	75	50	25
D5741	reline mandibular partial denture (chairside)	40	75	50	25
D5750	reline complete maxillary denture (laboratory)	60	100	75	50
D5751	reline complete mandibular denture (laboratory)	60	100	75	50
D5760	reline maxillary partial denture (laboratory)	60	100	75	50
D5761	reline mandibular partial denture (laboratory)	60	100	75	50
D5850	tissue conditioning, maxillary	60	15	10	5
D5851	tissue conditioning, mandibular	65	15	10	5
D5863	overdenture - complete maxillary	400	NTCV	175	NTCV

NTCV = Not Covered

**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5864	overdenture - complete mandibular	375	NTCV	200	NTCV
D5865	overdenture - partial maxillary	400	NTCV	175	NTCV
D5866	overdenture - partial mandibular	375	NTCV	200	NTCV
D5876	add metal substructure to acrylic full denture (per arch)	55	NTCV	50	25

**IX. PROSTHODONTICS, FIXED**

- BSCA FEHBP DHMO Voluntary Plan: Precious Metals, if used, will be charged to the patient at the additional cost of the metal. Porcelain and porcelain to metal crowns on molar teeth are subject to an additional charge of \$75.
- BSCA Printers Association DHMO Plan 252 & BSCA DHMO Plus Plan: Precious metals, if used, will be charged to the Member at the Dentist's cost.
- BSCA DHMO Deluxe / Employees Deluxe Plans: Member pays the actual cost of precious metals, if any, in addition to the indicated copayment. Covered on anterior through 2nd bicuspid/premolar permanent teeth only.
- D6980: Member pays for lab fees in addition to the member copayment.

<sup>1</sup> Covered on anterior through 2nd bicuspid/premolar permanent teeth only.

D6205	pontic – indirect resin based composite	100	200	150	125
D6210	pontic – cast high noble metal	300	200	150	125
D6211	pontic – cast predominantly base metal	300	200	150	125
D6212	pontic – cast noble metal	300	200	150	125
D6214	pontic – titanium	300	200	150	125
D6240	pontic – porcelain fused to high noble metal	300	200	150	125
D6241	pontic – porcelain fused to predominantly base metal	300	200	150	125
D6242	pontic – porcelain fused to noble metal	300	200	150	125
D6245	pontic – porcelain/ceramic	300	200	150	125
D6250	pontic – resin with high noble metal	NTCV	NTCV	150	125
D6251	pontic – resin with predominantly base metal	NTCV	NTCV	150	125
D6252	pontic – resin with noble metal	NTCV	NTCV	150	125
D6545	retainer – cast metal for resin bonded fixed prosthesis	205	200	150	125
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	205	200	150	125
D6549	resin retainer – for resin bonded fixed prosthesis	205	NTCV	150	NTCV
D6600	retainer inlay – porcelain/ceramic, two surfaces	NTCV	NTCV	NTCV	125
D6601	retainer inlay – porcelain/ceramic, three or more surfaces	NTCV	NTCV	NTCV	125
D6602	retainer inlay – cast high noble metal, two surfaces	NTCV	NTCV	NTCV	125
D6603	retainer inlay – cast high noble metal, three or more surfaces	NTCV	NTCV	NTCV	125

NTCV = Not Covered

**Customer Service Phone Number 1-800-585-8111**

		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
		<b>Agreement ID:</b>			
		<b>Specialty Referral Process:</b>			
D6604	retainer inlay – cast predominantly base metal, two surfaces	NTCV	NTCV	NTCV	125
D6605	retainer inlay – cast predominantly base metal, three or more surfaces	NTCV	NTCV	NTCV	125
D6606	retainer inlay – cast noble metal, two surfaces	NTCV	NTCV	NTCV	125
D6607	retainer inlay – cast noble metal, three or more surfaces	NTCV	NTCV	NTCV	125
D6608	retainer onlay – porcelain/ceramic, two surfaces	360	200	150	125
D6609	retainer onlay – porcelain/ceramic, three or more surfaces	392	200	150	125
D6610	retainer onlay – cast high noble metal, two surfaces	370	200	150	125
D6611	retainer onlay – cast high noble metal, three or more surfaces	396	200	150	125
D6612	retainer onlay – cast predominantly base metal, two surfaces	355	200	150	125
D6613	retainer onlay – cast predominantly base metal, three or more surfaces	383	200	150	125
D6614	retainer onlay – cast noble metal, two surfaces	362	200	150	125
D6615	retainer onlay – cast noble metal, three or more surfaces	390	200	150	125
D6634	retainer onlay – titanium	NTCV	200	150	NTCV
D6710	retainer crown – indirect resin based composite	100	200	150 <sup>1</sup>	125 <sup>1</sup>
D6720	retainer crown – resin with high noble metal	100	200	150 <sup>1</sup>	125 <sup>1</sup>
D6721	retainer crown – resin with predominantly base metal	100	200	150	125
D6722	retainer crown – resin with noble metal	100	200	150 <sup>1</sup>	125 <sup>1</sup>
D6740	retainer crown – porcelain/ceramic	300	200	150 <sup>1</sup>	125 <sup>1</sup>
D6750	retainer crown – porcelain fused to high noble metal	300	200	150 <sup>1</sup>	125 <sup>1</sup>
D6751	retainer crown – porcelain fused to predominantly base metal	300	200	150 <sup>1</sup>	125 <sup>1</sup>
D6752	retainer crown – porcelain fused to noble metal	300	200	150 <sup>1</sup>	125 <sup>1</sup>
D6780	retainer crown – ¾ cast high noble metal	300	200	150	125
D6781	retainer crown – ¾ cast predominantly base metal	300	200	150	125
D6782	retainer crown – ¾ cast noble metal	300	200	150	125
D6783	retainer crown – ¾ porcelain/ceramic	300	200	150 <sup>1</sup>	125 <sup>1</sup>
D6790	retainer crown – full cast high noble metal	300	200	150	125
D6791	retainer crown – full cast predominantly base metal	300	200	150	125
D6792	retainer crown – full cast noble metal	300	200	150	125
D6794	retainer crown – titanium	NTCV	200	150	125
D6930	re-cement or re-bond fixed partial denture	0	15	10	0

NTCV = Not Covered

Customer Service Phone Number 1-800-585-8111		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018
Specialty Referral Process:		Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D6980	fixed partial denture repair necessitated by restorative material failure	20	15	10
<b>X. ORAL AND MAXILLOFACIAL SURGERY</b>				
<ul style="list-style-type: none"> <li>• BSCA FEHBP DHMO Voluntary Plan: Member pays lab fees for biopsies and excisions.</li> <li>• BSCA DHMO Deluxe / Employees Deluxe Plans: Member pays lab fees for biopsies and excisions (D7285 and D7286).</li> </ul>				
D7111	extraction, coronal remnants – primary tooth	15	15	5
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	34	15	11
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	70	35	25
D7220	removal of impacted tooth – soft tissue	85	40	30
D7230	removal of impacted tooth – partially bony	105	60	50
D7240	removal of impacted tooth – completely bony	125	80	75
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	95	80	75
D7250	removal of residual tooth roots (cutting procedure)	75	50	40
D7251	coronectomy – intentional partial tooth removal	60	50	40
D7260	oroantral fistula closure	280	NTCV	140
D7283	placement of device to facilitate eruption of impacted tooth	NTCV	30	NTCV
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	NTCV	NTCV	NTCV
D7286	incisional biopsy of oral tissue – soft	176	30	20
D7287	exfoliative cytological sample collection	88	30	10
D7288	brush biopsy – transepithelial sample collection	88	30	10
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	70	50	40
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	130	50	20
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	85	50	40
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	43	50	20
D7471	removal of lateral exostosis (maxilla or mandible)	140	NTCV	105
D7472	removal of torus palatinus	140	NTCV	126
D7473	removal of torus mandibularis	140	NTCV	120
D7510	incision and drainage of abscess – intraoral soft tissue	55	NTCV	39
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	69	NTCV	56
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	182	NTCV	87

NTCV = Not Covered

<b>Customer Service Phone Number 1-800-585-8111</b>		<b>BSCA FEHBP DHMO Voluntary</b>	<b>BSCA Printers Association DHMO Plan 252</b>	<b>BSCA DHMO Plus</b>	<b>BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe</b>
<b>Agreement ID:</b>		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
<b>Specialty Referral Process:</b>		<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
<b>CDT Code</b>	<b>CDT Description</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
D7881	occlusal orthotic device adjustment	85	NTCV	0	NTCV
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	120	NTCV	75	38
D7963	frenuloplasty	120	NTCV	82	41
D7970	excision of hyperplastic tissue – per arch	176	NTCV	85	43
D7971	excision of pericoronal gingiva	80	NTCV	40	20
D7972	surgical reduction of fibrous tuberosity	NTCV	NTCV	NTCV	60
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>					
D9110	palliative (emergency) treatment of dental pain – minor procedure	28	20	20	20
D9120	fixed partial denture sectioning	20	NTCV	NTCV	37
D9210	local anesthesia not in conjunction with operative or surgical procedures	0	0	0	0
D9211	regional block anesthesia	0	0	0	0
D9212	trigeminal division block anesthesia	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0	0	0	0
D9219	evaluation for deep sedation or general anesthesia	0	NTCV	0	NTCV
D9222	deep sedation/general anesthesia – first 15 minutes	54	50	0	0
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	54	50	0	0
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	NTCV	50	0	0
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	NTCV	50	0	0
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	0	0	0	0
D9311	consultation with a medical health care professional	12	NTCV	NTCV	NTCV
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	12	NTCV	NTCV	6
D9440	office visit – after regularly scheduled hours	40	40	40	40
D9442	repair and/or reline of occlusal guard	NTCV	NTCV	40	NTCV
D9450	case presentation, detailed and extensive treatment planning	NTCV	0	0	NTCV
D9910	application of desensitizing medicament	22	0	0	10
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	NTCV	NTCV	0	NTCV
D9941	fabrication of athletic mouthguard	NTCV	NTCV	NTCV	34
D9942	repair and/or reline of occlusal guard	51	NTCV	40	40
D9943	occlusal guard adjustment	85	NTCV	0	
D9944	occlusal guard – hard appliance, full arch	170	NTCV	98	80

NTCV = Not Covered

Customer Service Phone Number 1-800-585-8111		BSCA FEHBP DHMO Voluntary	BSCA Printers Association DHMO Plan 252	BSCA DHMO Plus	BSCA DHMO Deluxe / BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
Specialty Referral Process:		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D9945	occlusal guard – soft appliance, full arch	170	NTCV	98	80
D9946	occlusal guard – hard appliance, partial arch	170	NTCV	98	80
D9951	occlusal adjustment – limited	60	25	50	25
D9952	occlusal adjustment – complete	100	100	50	25
D9995	teledentistry – synchronous; real-time encounter	0	0	0	NTCV
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	0	0	0	NTCV
	Failed appointment (without 24-hour notice)	15	20	20	20

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.

NTCV = Not Covered



**BLUE SHIELD OF CA DHMO**  
**PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS**  
**EXHIBIT 2 - PART II**



<b>Customer Service Phone Number 1-800-585-8111</b>			<b>BSC Core DHMO Basic</b>	<b>BSC Core DHMO Plus</b>	<b>BSC Core DHMO Deluxe</b>	<b>BSC IFP Enhanced DHMO</b>	<b>BSC Custom Plan IFP DHMO</b>
<b>Agreement ID:</b>			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
<b>Specialty Referral Process:</b>			<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
	Office Visit		5	5	5	5	Not Applicable
<b>I. DIAGNOSTIC</b>							
D0120	periodic oral evaluation – established patient		0	0	0	0	0
D0140	limited oral evaluation – problem focused		0	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient		0	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report		0	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0	0	0	0	0
D0171	re-evaluation – post-operative office visit		NTCV	NTCV	NTCV	15	NTCV
D0180	comprehensive periodontal evaluation – new or established patient		0	0	0	0	0
D0190	screening of a patient		0	0	0	0	0
D0191	assessment of a patient		0	0	0	0	0
D0210	intraoral – complete series of radiographic images		0	0	0	0	0
D0220	intraoral – periapical first radiographic image		0	0	0	0	0
D0230	intraoral – periapical each additional radiographic image		0	0	0	0	0
D0240	intraoral – occlusal radiographic image		0	0	0	0	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		NTCV	NTCV	NTCV	0	0
D0251	extra-oral posterior dental radiographic image		NTCV	NTCV	NTCV	0	0
D0270	bitewing – single radiographic image		0	0	0	0	0
D0272	bitewings – two radiographic images		0	0	0	0	0
D0273	bitewings – three radiographic images		0	0	0	0	0
D0274	bitewings – four radiographic images		0	0	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images		NTCV	NTCV	NTCV	0	0
D0330	panoramic radiographic image		0	0	0	0	0
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		NTCV	NTCV	NTCV	0	0
D0415	collection of microorganisms for culture and sensitivity		NTCV	NTCV	NTCV	0	0
D0422	collection and preparation of genetic sample material for laboratory analysis and report		NTCV	NTCV	NTCV	0	0
D0423	genetic test for susceptibility to diseases – specimen analysis		NTCV	NTCV	NTCV	0	0
D0425	caries susceptibility tests		NTCV	NTCV	NTCV	0	0

\*DBP will reimburse your office the difference between the Minimum Guarantee listed and the Member's Copay.

NTCV = Not Covered

<b>Customer Service Phone Number 1-800-585-8111</b>			<b>BSC Core DHMO Basic</b>	<b>BSC Core DHMO Plus</b>	<b>BSC Core DHMO Deluxe</b>	<b>BSC IFP Enhanced DHMO</b>	<b>BSC Custom Plan IFP DHMO</b>
<b>Agreement ID:</b>			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
<b>Specialty Referral Process:</b>			<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures		0	0	0	NTCV	NTCV
D0460	pulp vitality tests		0	0	0	0	0
D0470	diagnostic casts		0	0	0	0	0
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		NTCV	NTCV	NTCV	0	NTCV
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		0	0	0	NTCV	NTCV
D0601	caries risk assessment and documentation, with a finding of low risk		0	0	0	NTCV	0
D0602	caries risk assessment and documentation, with a finding of moderate risk		0	0	0	NTCV	0
D0603	caries risk assessment and documentation, with a finding of high risk		0	0	0	NTCV	0

**II. PREVENTIVE**

• Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child’s risk level for caries (decay). Children assessed as having a “high risk” for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their bi-annual cleanings; “medium risk” children will be allowed up to 3 fluoride varnish treatments in addition to their bi-annual cleanings; and “low risk” children will be allowed up to two fluoride varnish treatments in addition to bi-annual cleanings. When requesting additional fluoride varnish treatments, the provider must provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).

D1110	prophylaxis – adult		0	0	0	0	0
D1110	additional adult prophylaxis within the 6 month period		45	45	45	Not Applicable	Not Applicable
D1120	prophylaxis – child		0	0	0	0	0
D1120	additional child prophylaxis within the 6 month period		35	35	35	Not Applicable	Not Applicable
D1206	topical application of fluoride varnish		0	0	0	0	0
D1208	topical application of fluoride – excluding varnish		0	0	0	0	0
D1330	oral hygiene instructions		0	0	0	0	0
D1351	sealant – per tooth		0	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth		0	0	0	NTCV	NTCV
D1353	sealant repair – per tooth		NTCV	NTCV	NTCV	0	NTCV
D1354	interim caries arresting medicament application - per tooth		0	0	10	NTCV	22
D1510	space maintainer – fixed, unilateral		40	10	5	60	55
D1516	space maintainer – fixed – bilateral, maxillary		40	10	5	60	55
D1517	space maintainer – fixed – bilateral, mandibular		40	10	5	60	55
D1520	space maintainer – removable – unilateral		40	10	5	60	55
D1526	space maintainer – removable – bilateral, maxillary		40	10	5	60	55

\*DBP will reimburse your office the difference between the Minimum Guarantee listed and the Member's Copay.

NTCV = Not Covered

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
Agreement ID:			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D1527	space maintainer – removable – bilateral, mandibular		40	10	5	60	55
D1550	re-cement or re-bond space maintainer		40	10	5	40	17
D1555	removal of fixed space maintainer		20	10	0	20	13
D1575	distal shoe space maintainer – fixed – unilateral		40	10	5	60	55
<b>III. RESTORATIVE</b>							
<ul style="list-style-type: none"> <li>• BSC Core Plans - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary.</li> <li>• IFP Enhanced DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns.</li> <li>• Custom Plan IFP DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns limited to \$75.</li> </ul>							
D2140	amalgam – one surface, primary or permanent	25	20	10	0	20	15
D2150	amalgam – two surfaces, primary or permanent	40	40	20	0	40	18
D2160	amalgam – three surfaces, primary or permanent	55	60	30	0	60	21
D2161	amalgam – four or more surfaces, primary or permanent	75	80	40	0	80	24
D2330	resin-based composite – one surface, anterior	30	20	10	0	20	18
D2331	resin-based composite – two surfaces, anterior	50	40	20	0	40	23
D2332	resin-based composite – three surfaces, anterior	70	60	30	0	60	27
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	85	80	40	0	80	60
D2390	resin-based composite crown, anterior		150	150	150	150	50
D2391	resin-based composite – one surface, posterior	50	75	64	61	75	15
D2392	resin-based composite – two surfaces, posterior	60	90	76	72	90	19
D2393	resin-based composite – three surfaces, posterior	70	115	98	93	115	24
D2394	resin-based composite – four or more surfaces, posterior	80	140	120	114	140	29
D2510	inlay – metallic – one surface		325	125	125	NTCV	NTCV
D2520	inlay – metallic – two surfaces		325	125	125	NTCV	NTCV
D2530	inlay – metallic – three or more surfaces		325	125	125	NTCV	NTCV
D2542	onlay – metallic – two surfaces		325	125	125	325	185
D2543	onlay – metallic – three surfaces		325	125	125	325	200
D2544	onlay – metallic – four or more surfaces		325	125	125	325	215
D2610	inlay – porcelain/ceramic – one surface		390	310	250	NTCV	NTCV
D2620	inlay – porcelain/ceramic – two surfaces		410	325	260	NTCV	NTCV
D2630	inlay – porcelain/ceramic – three or more surfaces		430	340	275	NTCV	NTCV
D2642	onlay – porcelain/ceramic – two surfaces		390	310	250	390	250

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<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
D2643	onlay – porcelain/ceramic – three surfaces		410	325	260	410	275
D2644	onlay – porcelain/ceramic – four or more surfaces		430	340	275	430	300
D2650	inlay – resin-based composite – one surface		330	270	215	NTCV	NTCV
D2651	inlay – resin-based composite – two surfaces		350	285	225	NTCV	NTCV
D2652	inlay – resin-based composite – three or more surfaces		380	305	245	NTCV	NTCV
D2662	onlay – resin-based composite – two surfaces		330	270	215	330	160
D2663	onlay – resin-based composite – three surfaces		350	285	225	350	180
D2664	onlay – resin-based composite – four or more surfaces		380	305	245	380	200
D2710	crown – resin-based composite (indirect)		210	210	165	210	100
D2712	crown – ¾ resin-based composite (indirect)		NTCV	NTCV	NTCV	NTCV	100
D2720	crown – resin with high noble metal	400	395	325	260	395	100
D2721	crown – resin with predominantly base metal	400	330	260	195	330	100
D2722	crown – resin with noble metal	400	360	290	225	360	100
D2740	crown – porcelain/ceramic	400	350	150	125	350	300
D2750	crown – porcelain fused to high noble metal	400	350	150	125	350	300
D2751	crown – porcelain fused to predominantly base metal	400	350	150	125	350	300
D2752	crown – porcelain fused to noble metal	400	350	150	125	350	300
D2780	crown – ¾ cast high noble metal		350	150	125	350	300
D2781	crown – ¾ cast predominantly base metal		350	150	125	350	300
D2782	crown – ¾ cast noble metal		350	150	125	350	300
D2783	crown – ¾ porcelain/ceramic		350	150	125	350	NTCV
D2790	crown – full cast high noble metal	400	350	150	125	350	300
D2791	crown – full cast predominantly base metal	400	350	150	125	350	300
D2792	crown – full cast noble metal	400	350	150	125	350	300
D2794	crown – titanium	400	350	150	125	NTCV	NTCV
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		45	18	9	45	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		45	19	10	45	0
D2920	re-cement or re-bond crown		15	5	5	15	0
D2930	prefabricated stainless steel crown – primary tooth		30	10	5	30	35
D2931	prefabricated stainless steel crown – permanent tooth		95	35	15	95	50
D2932	prefabricated resin crown		100	40	25	100	40
D2933	prefabricated stainless steel crown with resin window		100	40	20	100	NTCV

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D2934	prefabricated esthetic coated stainless steel crown – primary tooth		100	40	20	NTCV	35
D2940	protective restoration		48	19	10	50	20
D2950	core buildup, including any pins when required		118	47	24	120	20
D2951	pin retention – per tooth, in addition to restoration		25	10	5	25	20
D2952	post and core in addition to crown, indirectly fabricated		165	72	36	165	60
D2953	each additional indirectly fabricated post – same tooth		100	50	25	100	30
D2954	prefabricated post and core in addition to crown		140	59	30	140	60
D2955	post removal		0	0	0	NTCV	NTCV
D2957	each additional prefabricated post – same tooth		78	32	16	80	35
D2980	crown repair necessitated by restorative material failure		121	49	25	120	50
D2981	inlay repair necessitated by restorative material failure		48	20	10	NTCV	NTCV
D2982	onlay repair necessitated by restorative material failure		48	29	15	NTCV	NTCV
<b>IV. ENDODONTICS</b>							
D3110	pulp cap – direct (excluding final restoration)		20	5	0	20	20
D3120	pulp cap – indirect (excluding final restoration)		20	5	0	20	25
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		35	10	5	35	35
D3221	pulpal debridement, primary and permanent teeth		60	20	10	60	NTCV
D3310	endodontic therapy, anterior tooth (excluding final restoration)	300	175	75	50	175	155
D3320	endodontic therapy, premolar tooth (excluding final restoration)	400	250	130	80	250	235
D3330	endodontic therapy, molar tooth (excluding final restoration)	500	355	210	145	355	290
D3331	treatment of root canal obstruction; non-surgical access		40	30	25	40	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		130	115	40	130	85
D3346	retreatment of previous root canal therapy – anterior		175	75	50	175	245
D3347	retreatment of previous root canal therapy – premolar		350	105	70	350	295
D3348	retreatment of previous root canal therapy – molar		525	135	90	525	365
D3410	apicoectomy – anterior		75	30	20	75	240
D3421	apicoectomy – premolar (first root)		75	30	20	75	240
D3425	apicoectomy – molar (first root)		75	30	20	75	250
D3426	apicoectomy (each additional root)		75	30	20	75	110
D3430	retrograde filling – per root		113	45	23	115	90
D3450	root amputation – per root		125	50	100	125	110

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D3920	hemisection (including any root removal), not including root canal therapy		125	50	25	125	120
D3950	canal preparation and fitting of preformed dowel or post		0	0	0	NTCV	0
<b>V. PERIODONTICS</b>							
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		200	100	75	200	150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		40	20	15	40	50
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		0	0	0	NTCV	NTCV
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		190	150	125	190	135
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		138	175	63	140	70
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		275	150	125	275	265
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		138	75	63	140	140
D4263	bone replacement graft – retained natural tooth – first site in quadrant		275	115	58	200	105
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant		135	85	43	135	75
D4266	guided tissue regeneration – resorbable barrier, per site		215	143	72	NTCV	145
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)		225	165	83	NTCV	175
D4270	pedicle soft tissue graft procedure		350	140	70	350	155
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		450	180	90	NTCV	220
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		375	150	75	NTCV	NTCV
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		225	90	45	NTCV	NTCV
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		450	180	90	NTCV	220
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	75	20	10	75	55

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D4342	periodontal scaling and root planing – one to three teeth per quadrant	25	38	10	5	40	25
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		45	20	5	45	30
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		75	20	10	75	40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		48	13	6	NTCV	NTCV
D4910	periodontal maintenance		45	20	5	45	30
<b>VI. PROSTHODONTICS (REMOVABLE)</b>							
<ul style="list-style-type: none"> <li>• Denture relines if done within six (6) months of the initial insertion of a denture are considered part of the original denture service and are included in the denture copayment; denture relines after six (6) months of the initial insertion of a denture require the additional denture reline Copayment.</li> </ul>							
D5110	complete denture – maxillary	450	400	175	100	400	400
D5120	complete denture – mandibular	450	400	175	100	400	400
D5130	immediate denture – maxillary	450	400	175	100	400	400
D5140	immediate denture – mandibular	450	400	175	100	400	400
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and	450	400	200	175	400	325
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	400	325
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	400	375
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	400	375
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	400	375
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	400	375
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		400	200	175	NTCV	250
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		400	200	175	NTCV	250
D5410	adjust complete denture – maxillary		0	0	25	0	8
D5411	adjust complete denture – mandibular		0	0	25	0	8
D5421	adjust partial denture – maxillary		40	40	25	40	8
D5422	adjust partial denture – mandibular		40	40	25	40	8

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D5511	repair broken complete denture base, mandibular		85	75	25	85	30
D5512	repair broken complete denture base, maxillary		85	75	25	85	30
D5520	replace missing or broken teeth – complete denture (each tooth)		75	75	25	75	30
D5611	repair resin partial denture base, mandibular		95	75	25	100	30
D5612	repair resin partial denture base, maxillary		95	75	25	100	30
D5621	repair cast partial framework, mandibular		100	75	25	100	30
D5622	repair cast partial framework, maxillary		100	75	25	100	30
D5630	repair or replace broken clasp – per tooth		100	75	25	100	30
D5640	replace broken teeth – per tooth		75	75	25	75	30
D5650	add tooth to existing partial denture		85	50	25	85	35
D5660	add clasp to existing partial denture – per tooth		85	50	25	85	45
D5670	replace all teeth and acrylic on cast metal framework (maxillary)		270	120	105	270	195
D5671	replace all teeth and acrylic on cast metal framework (mandibular)		270	120	105	270	195
D5710	rebase complete maxillary denture		125	50	25	125	55
D5711	rebase complete mandibular denture		125	50	25	125	55
D5720	rebase maxillary partial denture		125	50	25	125	55
D5721	rebase mandibular partial denture		125	50	25	125	55
D5730	reline complete maxillary denture (chairside)		125	50	25	125	40
D5731	reline complete mandibular denture (chairside)		125	50	25	125	40
D5740	reline maxillary partial denture (chairside)		125	50	25	125	40
D5741	reline mandibular partial denture (chairside)		125	50	25	125	40
D5750	reline complete maxillary denture (laboratory)		150	75	50	150	60
D5751	reline complete mandibular denture (laboratory)		150	75	50	150	60
D5760	reline maxillary partial denture (laboratory)		150	75	50	150	60
D5761	reline mandibular partial denture (laboratory)		150	75	50	150	60
D5850	tissue conditioning, maxillary		30	10	5	30	35
D5851	tissue conditioning, mandibular		30	10	5	30	35
D5876	add metal substructure to acrylic full denture (per arch)		125	50	25	125	55
<b>VIII. IMPLANT SERVICES</b>							
D6010	surgical placement of implant body: endosteal implant		1,375	1,375	1,375	NTCV	1,375
D6056	prefabricated abutment – includes modification and placement		500	500	500	NTCV	500
D6057	custom fabricated abutment – includes placement		600	600	600	NTCV	600

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D6058	abutment supported porcelain/ceramic crown		1,250	1,250	1,250	NTCV	1,250
D6059	abutment supported porcelain fused to metal crown (high noble metal)		1,250	1,250	1,250	NTCV	1,250
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)		1,150	1,150	1,150	NTCV	1,150
D6061	abutment supported porcelain fused to metal crown (noble metal)		900	900	900	NTCV	900
D6062	abutment supported cast metal crown (high noble metal)		1,000	1,000	1,000	NTCV	1,000
D6063	abutment supported cast metal crown (predominantly base metal)		962	962	962	NTCV	962
D6064	abutment supported cast metal crown (noble metal)		825	825	825	NTCV	825
D6065	implant supported porcelain/ceramic crown		1,250	1,250	1,250	NTCV	1,250
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		1,250	1,250	1,250	NTCV	1,250
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)		1,300	1,300	1,300	NTCV	1,300
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		225	225	225	NTCV	225
D6090	repair implant supported prosthesis, by report		288	288	288	NTCV	288
D6092	re-cement or re-bond implant/abutment supported crown		109	109	109	NTCV	109
D6094	abutment supported crown (titanium)		913	913	913	NTCV	913
D6095	repair implant abutment, by report		300	300	300	NTCV	300
D6096	remove broken implant retaining screw		300	300	300	NTCV	300
D6100	implant removal, by report		500	500	500	NTCV	500
<b>IX. PROSTHODONTICS, FIXED</b>							
<ul style="list-style-type: none"> <li>• BSC Core Plans - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary.</li> <li>• IFP Enhanced DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns.</li> <li>• Custom Plan IFP DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns limited to \$75.</li> <li>• BSC Core Plans - D6980: Member pays for lab fees in addition to the member copayment.</li> </ul>							
D6205	pontic – indirect resin based composite		310	150	125	NTCV	165
D6210	pontic – cast high noble metal	400	350	150	125	350	300
D6211	pontic – cast predominantly base metal	400	350	150	125	350	300
D6212	pontic – cast noble metal	400	350	150	125	350	300
D6214	pontic – titanium	400	350	150	125	NTCV	300
D6240	pontic – porcelain fused to high noble metal	400	350	150	125	350	300
D6241	pontic – porcelain fused to predominantly base metal	400	350	150	125	350	300

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**BLUE SHIELD OF CA DHMO**  
**PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS**  
**EXHIBIT 2 - PART II**



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D6242	pontic – porcelain fused to noble metal	400	350	150	125	350	300
D6245	pontic – porcelain/ceramic	400	350	150	125	350	300
D6250	pontic – resin with high noble metal	400	350	150	125	350	381
D6251	pontic – resin with predominantly base metal	400	350	150	125	350	368
D6252	pontic – resin with noble metal	400	350	150	125	350	374
D6545	retainer – cast metal for resin bonded fixed prosthesis		150	150	125	NTCV	130
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis		215	150	125	NTCV	145
D6600	retainer inlay – porcelain/ceramic, two surfaces		350	150	125	NTCV	NTCV
D6601	retainer inlay – porcelain/ceramic, three or more surfaces		350	150	125	NTCV	NTCV
D6602	retainer inlay – cast high noble metal, two surfaces		350	150	125	NTCV	NTCV
D6603	retainer inlay – cast high noble metal, three or more surfaces		350	150	125	NTCV	NTCV
D6604	retainer inlay – cast predominantly base metal, two surfaces		350	150	125	NTCV	NTCV
D6605	retainer inlay – cast predominantly base metal, three or more surfaces		350	150	125	NTCV	NTCV
D6606	retainer inlay – cast noble metal, two surfaces		350	150	125	NTCV	NTCV
D6607	retainer inlay – cast noble metal, three or more surfaces		350	150	125	NTCV	NTCV
D6608	retainer onlay – porcelain/ceramic, two surfaces		350	150	125	350	200
D6609	retainer onlay – porcelain/ceramic, three or more surfaces		350	150	125	350	200
D6610	retainer onlay – cast high noble metal, two surfaces		350	150	125	350	200
D6611	retainer onlay – cast high noble metal, three or more surfaces		350	150	125	350	200
D6612	retainer onlay – cast predominantly base metal, two surfaces		350	150	125	350	200
D6613	retainer onlay – cast predominantly base metal, three or more surfaces		350	150	125	350	200
D6614	retainer onlay – cast noble metal, two surfaces		350	150	125	350	200
D6615	retainer onlay – cast noble metal, three or more surfaces		350	150	125	350	200
D6634	retainer onlay – titanium		NTCV	NTCV	NTCV	NTCV	129
D6710	retainer crown – indirect resin based composite		350	150	125	NTCV	200
D6720	retainer crown – resin with high noble metal	400	350	150	125	350	300
D6721	retainer crown – resin with predominantly base metal	400	350	150	125	350	100
D6722	retainer crown – resin with noble metal	400	350	150	125	350	100
D6740	retainer crown – porcelain/ceramic	400	350	150	125	350	300
D6750	retainer crown – porcelain fused to high noble metal	400	350	150	125	350	300
D6751	retainer crown – porcelain fused to predominantly base metal	400	350	150	125	350	300
D6752	retainer crown – porcelain fused to noble metal	400	350	150	125	350	300

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NTCV = Not Covered

<b>Customer Service Phone Number 1-800-585-8111</b>			<b>BSC Core DHMO Basic</b>	<b>BSC Core DHMO Plus</b>	<b>BSC Core DHMO Deluxe</b>	<b>BSC IFP Enhanced DHMO</b>	<b>BSC Custom Plan IFP DHMO</b>
<b>Agreement ID:</b>			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
<b>Specialty Referral Process:</b>			<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
D6780	retainer crown – ¾ cast high noble metal		350	150	125	350	300
D6781	retainer crown – ¾ cast predominantly base metal		350	150	125	350	300
D6782	retainer crown – ¾ cast noble metal		350	150	125	350	300
D6783	retainer crown – ¾ porcelain/ceramic		350	150	125	350	300
D6790	retainer crown – full cast high noble metal	400	350	150	125	350	300
D6791	retainer crown – full cast predominantly base metal	400	350	150	125	350	300
D6792	retainer crown – full cast noble metal	400	350	150	125	350	300
D6794	retainer crown – titanium	400	350	150	125	NTCV	NTCV
D6930	re-cement or re-bond fixed partial denture		30	10	0	30	0
D6980	fixed partial denture repair necessitated by restorative material failure		30	10	5	30	20
<b>X. ORAL AND MAXILLOFACIAL SURGERY</b>							
<ul style="list-style-type: none"> <li>• BSC Core Plans - Member pays lab fees for biopsies and excisions (D7285 and D7286).</li> <li>• IFP Plans - Member pays lab fees for biopsies and excisions.</li> </ul>							
D7111	extraction, coronal remnants – primary tooth		20	5	3	20	15
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30	40	11	6	40	34
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	40	75	25	15	75	70
D7220	removal of impacted tooth – soft tissue		100	30	20	100	85
D7230	removal of impacted tooth – partially bony		150	50	40	150	105
D7240	removal of impacted tooth – completely bony		225	75	65	225	125
D7241	removal of impacted tooth – completely bony, with unusual surgical complications		250	75	65	250	95
D7250	removal of residual tooth roots (cutting procedure)		75	40	30	75	75
D7251	coronectomy – intentional partial tooth removal		94	50	38	NTCV	NTCV
D7260	oroantral fistula closure		350	140	70	NTCV	280
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		76	25	13	NTCV	NTCV
D7286	incisional biopsy of oral tissue – soft		60	20	10	60	110
D7287	exfoliative cytological sample collection		60	10	10	NTCV	35
D7288	brush biopsy – transepithelial sample collection		30	10	5	NTCV	35
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	38	75	70
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	10	40	50

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<b>Agreement ID:</b>			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
<b>Specialty Referral Process:</b>			<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
D7320	alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	30	75	85
D7321	alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	15	40	43
D7471	removal of lateral exostosis (maxilla or mandible)		263	105	53	265	140
D7472	removal of torus palatinus		315	126	63	315	140
D7473	removal of torus mandibularis		300	120	60	300	140
D7510	incision and drainage of abscess – intraoral soft tissue		98	39	20	100	55
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		139	56	28	NTCV	69
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		170	87	44	NTCV	125
D7881	occlusal orthotic device adjustment		0	0	25	0	8
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		188	75	38	190	120
D7963	frenuloplasty		205	82	41	NTCV	120
D7970	excision of hyperplastic tissue – per arch		125	85	43	125	176
D7971	excision of pericoronal gingiva		100	40	20	100	80
D7972	surgical reduction of fibrous tuberosity		301	120	60	NTCV	NTCV
<b>XI. ORTHODONTICS</b>							
<ul style="list-style-type: none"> <li>• In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months; and must not exceed 24 consecutive months.</li> <li>• BSC Core Plans - Full case fee includes consultation, treatment plan, tooth movement, and retention limited to \$250 per case. Orthodontist may charge Members separately for records.</li> <li>• IFP Plans - Full case fee includes consultation, treatment plan, tooth movement, and retention. Orthodontist may charge Members separately for records, limited to \$250 per case.</li> </ul>							
D8070	comprehensive orthodontic treatment of the transitional dentition		2,350	1,400	1,200	2,350	2,100
D8080	comprehensive orthodontic treatment of the adolescent dentition		2,350	1,400	1,200	2,350	2,350
D8090	comprehensive orthodontic treatment of the adult dentition		2,650	1,700	1,500	2,650	2,650
D8210	removable appliance therapy		360	360	360	NTCV	NTCV
D8220	fixed appliance therapy		406	406	406	NTCV	NTCV
D8660	pre-orthodontic treatment examination to monitor growth and development		250	250	250	0	130
D8670	periodic orthodontic treatment visit		0	0	0	NTCV	0
D8680	orthodontic retention (removal of appliances, construction and placement of		250	250	250	125	225
D8691	repair of orthodontic appliance		88	88	88	NTCV	NTCV
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment		250	250	250	125	225

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**BLUE SHIELD OF CA DHMO**  
**PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS**  
**EXHIBIT 2 - PART II**



<b>Customer Service Phone Number 1-800-585-8111</b>			<b>BSC Core DHMO Basic</b>	<b>BSC Core DHMO Plus</b>	<b>BSC Core DHMO Deluxe</b>	<b>BSC IFP Enhanced DHMO</b>	<b>BSC Custom Plan IFP DHMO</b>
<b>Agreement ID:</b>			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
<b>Specialty Referral Process:</b>			<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>	<b>Member Copayment</b>
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>							
D9110	palliative (emergency) treatment of dental pain – minor procedure		20	20	20	20	28
D9120	fixed partial denture sectioning		37	37	37	NTCV	20
D9210	local anesthesia not in conjunction with operative or surgical procedures		0	0	0	NTCV	0
D9211	regional block anesthesia		0	0	0	0	0
D9212	trigeminal division block anesthesia		0	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures		0	0	0	0	0
D9222	deep sedation/general anesthesia – first 15 minutes		0	0	0	0	35
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment		0	0	0	0	35
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes		0	0	0	0	40
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment		0	0	0	0	40
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		0	0	0	45	0
D9311	consultation with a medical health care professional		15	9	6	15	12
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		15	9	6	15	12
D9440	office visit – after regularly scheduled hours		40	40	40	40	40
D9450	case presentation, detailed and extensive treatment planning		NTCV	NTCV	NTCV	0	0
D9910	application of desensitizing medicament		0	0	10	NTCV	22
D9941	fabrication of athletic mouthguard		105	42	34	NTCV	NTCV
D9942	repair and/or reline of occlusal guard		45	40	40	NTCV	35
D9943	occlusal guard adjustment		0	0	25	0	8
D9944	occlusal guard – hard appliance, full arch		245	98	80	245	115
D9945	occlusal guard – soft appliance, full arch		245	98	80	245	115
D9946	occlusal guard – hard appliance, partial arch		125	49	40	125	60
D9951	occlusal adjustment – limited		60	50	25	60	45
D9952	occlusal adjustment – complete		125	50	25	125	210
D9995	teledentistry – synchronous; real-time encounter		0	0	0	0	0
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		0	0	0	0	0
	failed appointment (without 24-hour notice) - per 15 minutes of appointment time		20	20	20	20	15

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Agreement ID:			SCFG00000268	SCFG00000269	SCFG00000270	SCFG00000289	SCFG00000271
Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
	Office Visit		5	5	5	5	5
<b>I. DIAGNOSTIC</b>							
D0120	periodic oral evaluation – established patient		0	0	0	0	0
D0140	limited oral evaluation – problem focused		0	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient		0	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report		0	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0	0	0	0	0
D0180	comprehensive periodontal evaluation – new or established patient		0	0	0	0	0
D0190	screening of a patient		0	0	0	0	0
D0191	assessment of a patient		0	0	0	0	0
D0210	intraoral – complete series of radiographic images		0	0	0	0	0
D0220	intraoral – periapical first radiographic image		0	0	0	0	0
D0230	intraoral – periapical each additional radiographic image		0	0	0	0	0
D0240	intraoral – occlusal radiographic image		0	0	0	0	0
D0270	bitewing – single radiographic image		0	0	0	0	0
D0272	bitewings – two radiographic images		0	0	0	0	0
D0273	bitewings – three radiographic images		0	0	0	0	0
D0274	bitewings – four radiographic images		0	0	0	0	0
D0330	panoramic radiographic image		0	0	0	0	0
D0460	pulp vitality tests		0	0	0	0	0
D0470	diagnostic casts		0	0	0	0	0
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		0	0	0	0	0
D0601	caries risk assessment and documentation, with a finding of low risk		0	0	0	0	0
D0602	caries risk assessment and documentation, with a finding of moderate risk		0	0	0	0	0
D0603	caries risk assessment and documentation, with a finding of high risk		0	0	0	0	0
<b>II. PREVENTIVE</b>							
<ul style="list-style-type: none"> <li>• Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child’s risk level for caries (decay). Children assessed as having a “high risk” for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their bi-annual cleanings; “medium risk” children will be allowed up to 3 fluoride varnish treatments in addition to their bi-annual cleanings; and “low risk” children will be allowed up to two fluoride varnish treatments in addition to bi-annual cleanings. When requesting additional fluoride varnish treatments, the provider must provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).</li> </ul>							
D1110	prophylaxis – adult		0	0	0	0	0
D1110	additional adult prophylaxis within the 6 month period		45	45	45	45	45
D1120	prophylaxis – child		0	0	0	0	0

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Agreement ID:			SCFG00000268	SCFG00000269	SCFG00000270	SCFG00000289	SCFG00000271
Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D1120	additional child prophylaxis within the 6 month period		35	35	35	35	35
D1206	topical application of fluoride varnish		0	0	0	0	0
D1208	topical application of fluoride – excluding varnish		0	0	0	0	0
D1330	oral hygiene instructions		0	0	0	0	0
D1351	sealant – per tooth		0	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth		0	0	0	0	0
D1354	interim caries arresting medicament application - per tooth		0	0	10	NTCV	NTCV
D1510	space maintainer – fixed, unilateral		40	10	5	20	20
D1516	space maintainer – fixed – bilateral, maxillary		40	10	5	55	55
D1517	space maintainer – fixed – bilateral, mandibular		40	10	5	55	55
D1520	space maintainer – removable – unilateral		40	10	5	20	20
D1526	space maintainer – removable – bilateral, maxillary		40	10	5	55	55
D1527	space maintainer – removable – bilateral, mandibular		40	10	5	55	55
D1550	re-cement or re-bond space maintainer		40	10	5	20	20
D1555	removal of fixed space maintainer		20	10	0	15	15
D1575	distal shoe space maintainer – fixed – unilateral		40	10	5	20	20
<b>III. RESTORATIVE</b>							
<ul style="list-style-type: none"> <li>• Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary.</li> <li>• BSC SG Standard - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit.</li> </ul>							
D2140	amalgam – one surface, primary or permanent	25	20	10	0	15	15
D2150	amalgam – two surfaces, primary or permanent	40	40	20	0	30	30
D2160	amalgam – three surfaces, primary or permanent	55	60	30	0	45	45
D2161	amalgam – four or more surfaces, primary or permanent	75	80	40	0	60	60
D2330	resin-based composite – one surface, anterior	30	20	20	0	15	15
D2331	resin-based composite – two surfaces, anterior	50	40	20	0	30	30
D2332	resin-based composite – three surfaces, anterior	70	60	30	0	45	45
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	85	80	40	0	60	60
D2390	resin-based composite crown, anterior		150	150	150	150	150
D2391	resin-based composite – one surface, posterior	50	75	64	61	71	71
D2392	resin-based composite – two surfaces, posterior	60	90	76	72	85	85
D2393	resin-based composite – three surfaces, posterior	70	115	98	93	109	109
D2394	resin-based composite – four or more surfaces, posterior	80	140	120	114	133	133
D2510	inlay – metallic – one surface		NTCV	NTCV	NTCV	225	NTCV
D2520	inlay – metallic – two surfaces		NTCV	NTCV	NTCV	225	NTCV
D2530	inlay – metallic – three or more surfaces		NTCV	NTCV	NTCV	225	NTCV

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Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2542	onlay – metallic – two surfaces		325	125	125	225	225
D2543	onlay – metallic – three surfaces		325	125	125	225	225
D2544	onlay – metallic – four or more surfaces		325	125	125	225	225
D2610	inlay – porcelain/ceramic – one surface		NTCV	NTCV	NTCV	350	NTCV
D2620	inlay – porcelain/ceramic – two surfaces		NTCV	NTCV	NTCV	370	NTCV
D2630	inlay – porcelain/ceramic – three or more surfaces		NTCV	NTCV	NTCV	390	NTCV
D2642	onlay – porcelain/ceramic – two surfaces		390	310	250	350	350
D2643	onlay – porcelain/ceramic – three surfaces		410	325	260	370	370
D2644	onlay – porcelain/ceramic – four or more surfaces		430	340	275	390	390
D2650	inlay – resin-based composite – one surface		NTCV	NTCV	NTCV	300	NTCV
D2651	inlay – resin-based composite – two surfaces		NTCV	NTCV	NTCV	320	NTCV
D2652	inlay – resin-based composite – three or more surfaces		NTCV	NTCV	NTCV	345	NTCV
D2662	onlay – resin-based composite – two surfaces		330	270	215	300	300
D2663	onlay – resin-based composite – three surfaces		350	285	225	320	320
D2664	onlay – resin-based composite – four or more surfaces		380	305	245	345	345
D2710	crown – resin-based composite (indirect)		210	210	165	210	210
D2720	crown – resin with high noble metal	400	395	325	260	360	360
D2721	crown – resin with predominantly base metal	400	330	260	195	290	290
D2722	crown – resin with noble metal	400	360	290	225	320	320
D2740	crown – porcelain/ceramic	400	350	150	125	250	250
D2750	crown – porcelain fused to high noble metal	400	350	150	125	250	250
D2751	crown – porcelain fused to predominantly base metal	400	350	150	125	250	250
D2752	crown – porcelain fused to noble metal	400	350	150	125	250	250
D2780	crown – ¾ cast high noble metal		350	150	125	250	250
D2781	crown – ¾ cast predominantly base metal		350	150	125	250	250
D2782	crown – ¾ cast noble metal		350	150	125	250	250
D2783	crown – ¾ porcelain/ceramic		350	150	125	250	250
D2790	crown – full cast high noble metal	400	350	150	125	250	250
D2791	crown – full cast predominantly base metal	400	350	150	125	250	250
D2792	crown – full cast noble metal	400	350	150	125	250	250
D2794	crown – titanium	400	NTCV	NTCV	NTCV	250	NTCV
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		45	18	9	36	36
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		45	19	10	38	38
D2920	re-cement or re-bond crown		15	5	5	10	10
D2930	prefabricated stainless steel crown – primary tooth		30	10	5	20	20
D2931	prefabricated stainless steel crown – permanent tooth		95	35	15	65	65
D2932	prefabricated resin crown		100	40	25	70	70

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2933	prefabricated stainless steel crown with resin window		100	40	20	70	70
D2934	prefabricated esthetic coated stainless steel crown – primary tooth		100	40	20	70	70
D2940	protective restoration		48	19	10	38	38
D2950	core buildup, including any pins when required		118	47	24	60	60
D2951	pin retention – per tooth, in addition to restoration		25	10	5	20	20
D2952	post and core in addition to crown, indirectly fabricated		165	72	36	144	144
D2953	each additional indirectly fabricated post – same tooth		100	50	25	100	100
D2954	prefabricated post and core in addition to crown		140	59	30	117	117
D2955	post removal		0	0	0	0	0
D2957	each additional prefabricated post – same tooth		78	32	16	63	63
D2980	crown repair necessitated by restorative material failure		121	49	25	97	97
D2981	inlay repair necessitated by restorative material failure		48	20	10	39	39
D2982	onlay repair necessitated by restorative material failure		73	29	15	58	58
<b>IV. ENDODONTICS</b>							
D3110	pulp cap – direct (excluding final restoration)		20	5	0	15	15
D3120	pulp cap – indirect (excluding final restoration)		20	5	0	15	15
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		35	10	5	30	30
D3221	pulpal debridement, primary and permanent teeth		60	20	10	40	40
D3310	endodontic therapy, anterior tooth (excluding final restoration)	300	175	75	50	125	125
D3320	endodontic therapy, premolar tooth (excluding final restoration)	400	250	130	80	175	175
D3330	endodontic therapy, molar tooth (excluding final restoration)	500	355	210	145	225	225
D3331	treatment of root canal obstruction; non-surgical access		40	30	25	35	35
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		130	115	40	125	125
D3346	retreatment of previous root canal therapy – anterior		175	75	50	125	125
D3347	retreatment of previous root canal therapy – premolar		350	105	70	175	175
D3348	retreatment of previous root canal therapy – molar		525	135	90	225	225
D3410	apicoectomy – anterior		75	30	20	50	50
D3421	apicoectomy – premolar (first root)		75	30	20	50	50
D3425	apicoectomy – molar (first root)		75	30	20	50	50
D3426	apicoectomy (each additional root)		75	30	20	50	50
D3430	retrograde filling – per root		113	45	23	90	90
D3450	root amputation – per root		125	50	100	100	100
D3920	hemisection (including any root removal), not including root canal therapy		125	50	25	100	100
D3950	canal preparation and fitting of preformed dowel or post		0	0	0	0	0

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Agreement ID:			SCFG00000268	SCFG00000269	SCFG00000270	SCFG00000289	SCFG00000271
Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
<b>V. PERIODONTICS</b>							
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		200	100	75	150	150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		40	20	15	30	30
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		0	0	0	0	0
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		190	150	125	190	190
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		138	175	63	113	113
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		275	150	125	225	225
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		138	75	63	113	113
D4263	bone replacement graft – retained natural tooth – first site in quadrant		275	115	58	230	230
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant		135	85	43	135	135
D4266	guided tissue regeneration – resorbable barrier, per site		215	143	72	215	215
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)		225	165	83	250	250
D4270	pedicle soft tissue graft procedure		350	140	70	280	280
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		450	180	90	360	360
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		375	150	75	300	300
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		225	90	45	180	180
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		400	180	90	NTCV	NTCV
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	75	20	10	40	40
D4342	periodontal scaling and root planing – one to three teeth per quadrant	25	38	10	5	20	20
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		45	20	5	24	24
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		75	20	10	40	40

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D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		48	13	6	26	26
D4910	periodontal maintenance		45	20	5	30	30
<b>VI. PROSTHODONTICS (REMOVABLE)</b>							
<ul style="list-style-type: none"> <li>Denture relines if done within six (6) months of the initial insertion of a denture are considered part of the original denture service and are included in the denture copayment; denture relines after six (6) months of the initial insertion of a denture require the additional denture reline Copayment.</li> </ul>							
D5110	complete denture – maxillary	450	400	175	100	250	250
D5120	complete denture – mandibular	450	400	175	100	250	250
D5130	immediate denture – maxillary	450	400	175	100	250	250
D5140	immediate denture – mandibular	450	400	175	100	250	250
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	275	275
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	275	275
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		400	200	175	NTCV	NTCV
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		400	200	175	NTCV	NTCV
D5410	adjust complete denture – maxillary		0	0	25	0	0
D5411	adjust complete denture – mandibular		0	0	25	0	0
D5421	adjust partial denture – maxillary		40	40	25	100	100
D5422	adjust partial denture – mandibular		40	40	25	40	40
D5511	repair broken complete denture base, mandibular		85	75	25	85	85
D5512	repair broken complete denture base, maxillary		85	75	25	85	85
D5520	replace missing or broken teeth – complete denture (each tooth)		75	75	25	75	75
D5611	repair resin partial denture base, mandibular		95	75	25	95	95
D5612	repair resin partial denture base, maxillary		95	75	25	95	95
D5621	repair cast partial framework, mandibular		100	75	25	100	100
D5622	repair cast partial framework, maxillary		100	75	25	100	100
D5630	repair or replace broken clasp – per tooth		100	75	25	100	100
D5640	replace broken teeth – per tooth		75	75	25	75	75

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5650	add tooth to existing partial denture		85	50	25	75	75
D5660	add clasp to existing partial denture – per tooth		85	50	25	85	85
D5670	replace all teeth and acrylic on cast metal framework (maxillary)		270	120	105	165	165
D5671	replace all teeth and acrylic on cast metal framework (mandibular)		270	120	105	165	165
D5710	rebase complete maxillary denture		125	50	25	100	100
D5711	rebase complete mandibular denture		125	50	25	100	100
D5720	rebase maxillary partial denture		125	50	25	100	100
D5721	rebase mandibular partial denture		125	50	25	100	100
D5730	reline complete maxillary denture (chairside)		125	50	25	100	100
D5731	reline complete mandibular denture (chairside)		125	50	25	100	100
D5740	reline maxillary partial denture (chairside)		125	50	25	100	100
D5741	reline mandibular partial denture (chairside)		125	50	25	100	100
D5750	reline complete maxillary denture (laboratory)		150	75	50	125	125
D5751	reline complete mandibular denture (laboratory)		150	75	50	125	125
D5760	reline maxillary partial denture (laboratory)		150	75	50	125	125
D5761	reline mandibular partial denture (laboratory)		150	75	50	125	125
D5850	tissue conditioning, maxillary		30	10	5	20	20
D5851	tissue conditioning, mandibular		30	10	5	20	20
D5876	add metal substructure to acrylic full denture (per arch)		125	50	25	55	55
<b>VIII. IMPLANT SERVICES</b>							
D6010	surgical placement of implant body: endosteal implant		NTCV	NTCV	NTCV	1,375	NTCV
D6056	prefabricated abutment – includes modification and placement		NTCV	NTCV	NTCV	500	NTCV
D6057	custom fabricated abutment – includes placement		NTCV	NTCV	NTCV	600	NTCV
D6058	abutment supported porcelain/ceramic crown		NTCV	NTCV	NTCV	1,250	NTCV
D6059	abutment supported porcelain fused to metal crown (high noble metal)		NTCV	NTCV	NTCV	1,250	NTCV
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)		NTCV	NTCV	NTCV	1,150	NTCV
D6061	abutment supported porcelain fused to metal crown (noble metal)		NTCV	NTCV	NTCV	900	NTCV
D6062	abutment supported cast metal crown (high noble metal)		NTCV	NTCV	NTCV	1,000	NTCV
D6063	abutment supported cast metal crown (predominantly base metal)		NTCV	NTCV	NTCV	962	NTCV
D6064	abutment supported cast metal crown (noble metal)		NTCV	NTCV	NTCV	825	NTCV
D6065	implant supported porcelain/ceramic crown		NTCV	NTCV	NTCV	1,250	NTCV
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		NTCV	NTCV	NTCV	1,250	NTCV
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)		NTCV	NTCV	NTCV	1,300	NTCV
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		NTCV	NTCV	NTCV	225	NTCV

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6090	repair implant supported prosthesis, by report		NTCV	NTCV	NTCV	288	NTCV
D6092	re-cement or re-bond implant/abutment supported crown		NTCV	NTCV	NTCV	109	NTCV
D6094	abutment supported crown (titanium)		NTCV	NTCV	NTCV	913	NTCV
D6095	repair implant abutment, by report		NTCV	NTCV	NTCV	300	NTCV
D6096	remove broken implant retaining screw		NTCV	NTCV	NTCV	0	0
D6100	implant removal, by report		NTCV	NTCV	NTCV	500	NTCV
<b>IX. PROSTHODONTICS, FIXED</b>							
<ul style="list-style-type: none"> <li>Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary.</li> <li>BSC SG Standard - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit.</li> <li>D6980: Member pays for lab fees in addition to the member copayment.</li> </ul>							
D6205	pontic – indirect resin based composite		310	150	125	250	250
D6210	pontic – cast high noble metal	400	350	150	125	250	250
D6211	pontic – cast predominantly base metal	400	350	150	125	250	250
D6212	pontic – cast noble metal	400	350	150	125	250	250
D6214	pontic – titanium	400	NTCV	NTCV	NTCV	250	NTCV
D6240	pontic – porcelain fused to high noble metal	400	350	150	125	250	250
D6241	pontic – porcelain fused to predominantly base metal	400	350	150	125	250	250
D6242	pontic – porcelain fused to noble metal	400	350	150	125	250	250
D6245	pontic – porcelain/ceramic	400	350	150	125	250	250
D6250	pontic – resin with high noble metal	400	350	150	125	250	250
D6251	pontic – resin with predominantly base metal	400	350	150	125	250	250
D6252	pontic – resin with noble metal	400	350	150	125	250	250
D6545	retainer – cast metal for resin bonded fixed prosthesis		150	150	125	150	150
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis		215	150	125	215	215
D6549	resin retainer – for resin bonded fixed prosthesis		150	NTCV	NTCV	150	150
D6600	retainer inlay – porcelain/ceramic, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6601	retainer inlay – porcelain/ceramic, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6602	retainer inlay – cast high noble metal, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6603	retainer inlay – cast high noble metal, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6604	retainer inlay – cast predominantly base metal, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6605	retainer inlay – cast predominantly base metal, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6606	retainer inlay – cast noble metal, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6607	retainer inlay – cast noble metal, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6608	retainer onlay – porcelain/ceramic, two surfaces		350	150	125	250	250
D6609	retainer onlay – porcelain/ceramic, three or more surfaces		350	150	125	250	250

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6610	retainer onlay – cast high noble metal, two surfaces		350	150	125	250	250
D6611	retainer onlay – cast high noble metal, three or more surfaces		350	150	125	250	250
D6612	retainer onlay – cast predominantly base metal, two surfaces		350	150	125	250	250
D6613	retainer onlay – cast predominantly base metal, three or more surfaces		350	150	125	250	250
D6614	retainer onlay – cast noble metal, two surfaces		350	150	125	250	250
D6615	retainer onlay – cast noble metal, three or more surfaces		350	150	125	250	250
D6710	retainer crown – indirect resin based composite		350	150	125	250	250
D6720	retainer crown – resin with high noble metal	400	350	150	125	250	250
D6721	retainer crown – resin with predominantly base metal	400	350	150	125	250	250
D6722	retainer crown – resin with noble metal	400	350	150	125	250	250
D6740	retainer crown – porcelain/ceramic	400	350	150	125	250	250
D6750	retainer crown – porcelain fused to high noble metal	400	350	150	125	250	250
D6751	retainer crown – porcelain fused to predominantly base metal	400	350	150	125	250	250
D6752	retainer crown – porcelain fused to noble metal	400	350	150	125	250	250
D6780	retainer crown – ¾ cast high noble metal		350	150	125	250	250
D6781	retainer crown – ¾ cast predominantly base metal		350	150	125	250	250
D6782	retainer crown – ¾ cast noble metal		350	150	125	250	250
D6783	retainer crown – ¾ porcelain/ceramic		350	150	125	250	250
D6790	retainer crown – full cast high noble metal	400	350	150	125	250	250
D6791	retainer crown – full cast predominantly base metal	400	350	150	125	250	250
D6792	retainer crown – full cast noble metal	400	350	150	125	250	250
D6794	retainer crown – titanium	400	NTCV	NTCV	NTCV	250	NTCV
D6930	re-cement or re-bond fixed partial denture		30	10	0	20	20
D6980	fixed partial denture repair necessitated by restorative material failure		30	10	5	20	20
<b>X. ORAL AND MAXILLOFACIAL SURGERY</b>							
• Member pays lab fees for biopsies and excisions (D7285 and D7286).							
D7111	extraction, coronal remnants – primary tooth		20	5	3	10	10
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30	40	11	6	23	23
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	40	75	25	15	45	45
D7220	removal of impacted tooth – soft tissue		100	30	20	50	50
D7230	removal of impacted tooth – partially bony		150	50	40	75	75
D7240	removal of impacted tooth – completely bony		225	75	65	95	95
D7241	removal of impacted tooth – completely bony, with unusual surgical complications		250	75	65	95	95
D7250	removal of residual tooth roots (cutting procedure)		75	40	30	60	60
D7251	coronectomy – intentional partial tooth removal		94	50	38	75	75

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D7260	oroantral fistula closure		350	140	70	280	280
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		76	25	13	51	51
D7286	incisional biopsy of oral tissue – soft		60	20	10	40	40
D7287	exfoliative cytological sample collection		60	10	10	40	40
D7288	brush biopsy – transepithelial sample collection		30	10	5	20	20
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	38	60	60
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	10	30	30
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	30	60	60
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	15	30	30
D7471	removal of lateral exostosis (maxilla or mandible)		263	105	53	210	210
D7472	removal of torus palatinus		315	126	63	252	252
D7473	removal of torus mandibularis		300	120	60	240	240
D7510	incision and drainage of abscess – intraoral soft tissue		98	39	20	78	78
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		139	56	28	111	111
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		170	87	44	174	174
D7881	occlusal orthotic device adjustment		0	0	25	NTCV	NTCV
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		188	75	38	150	150
D7963	frenuloplasty		205	82	41	164	164
D7970	excision of hyperplastic tissue – per arch		125	85	43	125	125
D7971	excision of pericoronal gingiva		100	40	20	80	80
D7972	surgical reduction of fibrous tuberosity		301	120	60	241	241
<b>XI. ORTHODONTICS</b>							
<ul style="list-style-type: none"> <li>In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months; and must not exceed 24 consecutive months.</li> <li>Full case fee includes consultation, treatment plan, tooth movement, and retention limited to \$250 per case. Orthodontist may charge Members separately for records.</li> </ul>							
D8070	comprehensive orthodontic treatment of the transitional dentition		2,350	1,400	1,200	1,800	2,535
D8080	comprehensive orthodontic treatment of the adolescent dentition		2,350	1,400	1,200	1,800	2,535
D8090	comprehensive orthodontic treatment of the adult dentition		2,650	1,700	1,500	2,650	2,650
D8210	removable appliance therapy		360	360	360	360	360
D8220	fixed appliance therapy		406	406	406	406	406
D8660	pre-orthodontic treatment examination to monitor growth and development		250	250	250	250	250

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D8670	periodic orthodontic treatment visit		0	0	0	0	0
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))		250	250	250	250	250
D8691	repair of orthodontic appliance		88	88	88	88	88
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment		250	250	250	NTCV	250
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>							
D9110	palliative (emergency) treatment of dental pain – minor procedure		20	20	20	20	20
D9120	fixed partial denture sectioning		37	37	37	37	37
D9210	local anesthesia not in conjunction with operative or surgical procedures		0	0	0	0	0
D9211	regional block anesthesia		0	0	0	0	0
D9212	trigeminal division block anesthesia		0	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures		0	0	0	0	0
D9219	evaluation for deep sedation or general anesthesia		0	NTCV	NTCV	NTCV	NTCV
D9222	deep sedation/general anesthesia – first 15 minutes		0	0	0	0	0
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment		0	0	0	0	0
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes		0	0	0	0	0
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment		0	0	0	NTCV	NTCV
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		0	0	0	0	0
D9311	consultation with a medical health care professional		15	9	6	NTCV	NTCV
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		15	9	6	12	12
D9440	office visit – after regularly scheduled hours		40	40	40	40	40
D9910	application of desensitizing medicament		0	0	10	0	0
D9941	fabrication of athletic mouthguard		NTCV	NTCV	NTCV	84	NTCV
D9942	repair and/or relines of occlusal guard		45	40	40	45	45
D9943	occlusal guard adjustment		0	0	25	NTCV	NTCV
D9944	occlusal guard – hard appliance, full arch		NTCV	98	80	170	170
D9945	occlusal guard – soft appliance, full arch		NTCV	98	80	170	170
D9946	occlusal guard – hard appliance, partial arch		NTCV	49	40	85	85
D9951	occlusal adjustment – limited		60	50	25	60	60
D9952	occlusal adjustment – complete		125	50	25	125	125
D9995	teledentistry – synchronous; real-time encounter		0	0	0	NTCV	NTCV
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		0	0	0	NTCV	NTCV
	failed appointment (without 24-hour notice) - per 15 minutes of appointment time		20	20	20	25	25

\*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay.

NTCV = Not Covered

**BLUE SHIELD OF CA DHMO  
GENERAL LIMITATIONS AND EXCLUSIONS  
EXHIBIT 2**



**GENERAL LIMITATIONS**

The following services, if listed on the Schedule of Benefits, will be subject to Limitations as set forth below:

1. one (1) in a six (6) month period:
  - A. periodic oral exam;
  - B. routine prophylaxis;
  - C. fluoride treatment;
  - D. bitewing x-rays (maximum four (4) per year);
  - E. recementations if the crown or inlay was provided by other than the original dentist; not eligible if the dentist is doing the recementation of a service he/she provided within twelve (12) months;
2. one (1) in twelve (12) months:
  - A. denture (complete or partial) reline.
3. one (1) in twenty-four (24) months:
  - A. full mouth debridement;
  - B. sealants;
  - C. scaling and root planning per area; (limited to 2 quadrants per visit)
  - D. occlusal guards
4. one (1) in thirty-six (36) months:
  - A. mucogingival surgery per area;
  - B. osseous surgery per quad;
  - C. gingival flap surgery per quad;
  - D. gingivectomy per quad;
  - E. gingivectomy per tooth;
  - F. bone replacement grafts for periodontal purposes per site;
  - G. guided tissue regeneration for periodontal purposes per site;
  - H. full mouth series and panoramic x-rays;
5. one (1) in a five (5) year period:
  - A. single crowns and onlays;
  - B. single post and core buildups;
  - C. crown buildup including pins;
  - D. prefabricated post and core;
  - E. cast post and core in addition to crown;
  - F. complete dentures;
  - G. partial dentures;
  - H. fixed partial denture (bridge) pontics;
  - I. fixed partial denture (bridge) abutments;
  - J. abutment post and core buildups;
  - K. diagnostic cast.
6. referral to a Specialty Care Dentist is limited to orthodontics, oral surgery, periodontics, endodontics and pediatrics.
7. coverage for referral to a Pediatric Specialty Care Dentist is covered through age five (5) and is contingent on dental necessity. However, exceptions for physical or mental disabilities or medically compromised children six (6) years and over, when confirmed by a physician, may be considered on an individual basis with prior approval.

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**GENERAL LIMITATIONS AND EXCLUSIONS**  
**EXHIBIT 2**



8. space maintainers - only eligible for Members through age eleven (11) when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.
9. payment for orthodontic treatment is made in installments. If for any reason orthodontic services are terminated or coverage is terminated before completion of the approved orthodontic treatment, the responsibility of the contracted Dental Plan Administrator will cease with payment through the month of termination.
10. sealants – one per tooth per two-year period through age seventeen (17) on permanent first and second molars.
11. child fluoride (including fluoride varnish) and child prophylaxis – one per six month period through age seventeen (17).
12. in the case of a Dental Emergency involving pain or a condition requiring immediate treatment occurring more than fifty (50) miles from the Member’s home, the Plan covers necessary diagnostic and therapeutic dental procedures administered by an Out-of-Network Dentist up to the difference between the Out-of-Network Dentist’s charge and the Member Copayment up to a maximum of \$50 for each emergency visit.
13. oral surgery services are limited to removal of teeth, bony protuberances and frenectomy.
14. an Alternate Benefit Provision (ABP) may be applied if a dental condition can be treated by means of a professionally acceptable procedure, which is less costly than the treatment recommended by the dentist. For example, an alternate benefit of a partial denture will be applied when there are bilaterally missing teeth or more than 3 teeth missing in one quadrant or in the anterior region. The ABP does not commit the Member to the less costly treatment. However, if the Member and the dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed for the ABP.
15. general or IV Sedation is covered for
  - A. 3 or more surgical extractions;
  - B. any number of 1 dentally necessary impactions;
  - C. full mouth or arch alveoloplasty;
  - D. surgical root recovery from sinus;
  - E. medical problem contraindicates local anesthesia; General or IV Sedation is not a covered benefit for dental phobic reasons.
16. restorations, crowns, inlays and onlays - covered only if necessary to treat diseased or accidentally fractured teeth.
17. root canal treatment – one per tooth per lifetime.
18. root canal retreatment – one per tooth per lifetime.
19. pulpal therapy – through age five (5) on primary anterior teeth and through age eleven (11) on primary posterior teeth.
20. for mucogingival surgeries, one site is equal to two consecutive teeth or bounded spaces.

**GENERAL EXCLUSIONS**

Unless otherwise specifically mentioned elsewhere in the Contract this Plan does not provide Benefits with respect to:

1. dental services not appearing on the Summary of Benefits;
2. services of dentists or other practitioners of healing arts not associated with the Dental Plan, except upon referral arranged by a Dental Provider and authorized by the Plan or when required in a covered emergency;
3. dental treatment that has been previously started by another Dentist prior to the participant's eligibility to receive Benefits under this Plan;
4. dental services performed in a hospital or any related hospital fee;
5. any procedure not performed in a dental office setting;
6. services, procedures, or supplies which are not reasonably necessary for the care of the Member’s dental condition according to broadly accepted standards of professional care or which are Experimental or Investigational in Nature or which do not have uniform professional endorsement;
7. all prescription and non-prescription drugs;
8. congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery, including orthodontic treatment, and oral and maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging;
9. any service, procedure, or supply for which the prognosis for long term success is not reasonably favorable as determined by the contracted Dental Plan Administrator and its dental consultants;

**BLUE SHIELD OF CA DHMO**  
**GENERAL LIMITATIONS AND EXCLUSIONS**  
**EXHIBIT 2**



10. reimbursement to the Member or another dental office for the cost of services secured from Dentists, other than the Dental Center or other Plan Authorized Provider, except:
  - a. when such reimbursement is expressly authorized by the Plan; or
  - b. as cited under the Emergency Services and Emergency Claims provisions;
11. charges for services performed by a close relative or by a person who ordinarily resides in the Subscriber's or Dependent's home;
12. treatment for any condition for which Benefits could be recovered under any worker's compensation or occupational disease law, when no claim is made for such Benefits;
13. treatment for which payment is made by any governmental agency, including any foreign government;
14. diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint (TMJ) syndrome and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint;
15. dental implants (surgical insertion and/or removal of), transplants, ridge augmentations, socket preservation and any appliances and/or crowns attached to implants;
16. general anesthesia; including intravenous and inhalation sedation, except when of Dental Necessity. General anesthesia is considered medically necessary when its use is:
  - (a) in accordance with generally accepted professional standards;
  - (b) not furnished primarily for the convenience of the patient, the attending Dentist, or other provider; and
  - (c) due to the existence of a specific medical condition.
    - Written documentation of the medical condition necessitating use of general anesthesia or intravenous or sedation must be provided by a physician (M.D.) to the Dental Center.
    - Patient apprehension or patient anxiety will not constitute Dental Necessity.
    - Mental disability is an acceptable medical condition to justify use of general anesthesia.
    - The Plan reserves the right to review the use of general anesthesia to determine Dental Necessity;
17. removal of 3rd molar (wisdom teeth) other than for Dental Necessity. Dental necessity is defined as a pathological condition which includes horizontal, mesial or distal impactions, or cystic sequelae. Removal of wisdom teeth due to pericoronitis alone is not dental necessity;
18. services of Prosthodontists;
19. referral of a Dependent child age 6 and over to a Pedodontist (specialist in children's dentistry), unless the child is mentally disabled and will not allow the general dentist to treat after two attempts. All such exceptions must be approved by a contracted Dental Plan Administrator;
20. treatment as a result of accidental injury, including setting of fractures or dislocation;
21. charges for second opinions, unless previously authorized by the contracted Dental Plan Administrator;
22. services and/or appliances that alter the vertical dimension, including, but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method;
23. services provided to Members by Out-of-Network Dentists unless Preauthorized by the Company, except when immediate dental treatment is required as a result of a Dental Emergency;
24. services provided by an individual or entity that is not licensed or certified by the state to provide health care services, or is not operating within the scope of such license or certification, except as specifically stated herein;
25. replacement of lost, missing, stolen or damaged or prosthetic device;
26. services arising from voluntary self - inflicted injury or illness, whether the patient is sane or insane;
27. house calls for dental services;
28. training and/or appliances to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy);
29. periodontal splinting of teeth by any method including, but not limited to, crowns, fillings, appliances or any other method that splints or connects teeth together;
30. temporary dental services. Charges for temporary services are considered an integral part of the final dental service and will not be separately payable;
31. replacement of existing crowns, bridges or dentures that are less than 5 years old;
32. duplicate dentures, prosthetic devices or any other duplicate appliance.

Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	Pacific Union Dental / Blue Shield CA Hi-Option	BSC 65 Plus Choice Embedded Discount
Pacific Union Dental Customer Service 1-888-271-4929				
Agreement ID:		SCFG00000275	SCFG00000160	SFSG00000054
Specialty Referral Process:		Direct	Pre-Auth	No Specialty
Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
<b>I. DIAGNOSTIC</b>				
D0120	periodic oral evaluation – established patient	0	0	5
D0140	limited oral evaluation – problem focused	0	0	5
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	5	NTCV
D0150	comprehensive oral evaluation – new or established patient	5	5	16
D0160	detailed and extensive oral evaluation – problem focused, by report	0	0	5
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	0	0	5
D0171	re-evaluation – post-operative office visit	3	3	10
D0180	comprehensive periodontal evaluation – new or established patient	5	5	15
D0190	screening of a patient	NTCV	3	NTCV
D0191	assessment of a patient	NTCV	3	NTCV
D0210	intraoral – complete series of radiographic images	0	0	5
D0220	intraoral – periapical first radiographic image	0	0	0
D0230	intraoral – periapical each additional radiographic image	0	0	0
D0240	intraoral – occlusal radiographic image	0	0	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	0	0
D0251	extra-oral posterior dental radiographic image	0	0	0
D0270	bitewing – single radiographic image	0	0	0
D0272	bitewings – two radiographic images	0	0	0
D0273	bitewings – three radiographic images	0	0	0
D0274	bitewings – four radiographic images	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images	0	0	0
D0330	panoramic radiographic image	0	0	10
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	NTCV	3	NTCV
D0418	analysis of saliva sample	NTCV	0	NTCV
D0460	pulp vitality tests	0	0	5
D0470	diagnostic casts	10	10	15
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	NTCV	0	NTCV
D0601	caries risk assessment and documentation, with a finding of low risk	0	0	5

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Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D0602	caries risk assessment and documentation, with a finding of moderate risk	0	0	5
D0603	caries risk assessment and documentation, with a finding of high risk	0	0	5
<b>II. PREVENTIVE</b>				
D1110	prophylaxis – adult	5	5	20
D1206	topical application of fluoride varnish	0	NTCV	5
D1310	nutritional counseling for control of dental disease	0	0	0
D1330	oral hygiene instructions	0	0	0
D1351	sealant – per tooth	5	5	15
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	NTCV	5	NTCV
D1353	sealant repair – per tooth	5	5	NTCV
D1510	space maintainer – fixed, unilateral	25	25	40
D1516	space maintainer – fixed – bilateral, maxillary	33	33	80
D1517	space maintainer – fixed – bilateral, mandibular	33	33	80
D1520	space maintainer – removable – unilateral	20	20	50
D1526	space maintainer – removable – bilateral, maxillary	20	20	70
D1527	space maintainer – removable – bilateral, mandibular	20	20	70
D1550	re-cement or re-bond space maintainer	7	7	9
D1555	removal of fixed space maintainer	8	7	11
D1575	distal shoe space maintainer – fixed – unilateral	25	25	40
<b>III. RESTORATIVE</b>				
<ul style="list-style-type: none"> <li>• If noble or high noble metals are used for fillings, crowns, bridges, or prosthetic devices, there will be an additional charge based on the amount of metal used. The Member is responsible for applicable copayments and the cost of the noble metals.</li> <li>• Cosmetic crowns (such as resin-based, noble metals, and porcelain) and pontics are not a covered benefit for molar teeth. Crowns on molar teeth are limited to base metal materials.</li> </ul>				
D2140	amalgam – one surface, primary or permanent	8	8	25
D2150	amalgam – two surfaces, primary or permanent	10	10	30
D2160	amalgam – three surfaces, primary or permanent	15	15	40
D2161	amalgam – four or more surfaces, primary or permanent	18	18	55
D2330	resin-based composite – one surface, anterior	11	11	40
D2331	resin-based composite – two surfaces, anterior	17	17	45

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Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D2332	resin-based composite – three surfaces, anterior	19	19	50
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	19	19	65
D2510	inlay – metallic – one surface	50	50	NTCV
D2520	inlay – metallic – two surfaces	70	70	NTCV
D2530	inlay – metallic – three or more surfaces	90	90	NTCV
D2543	onlay – metallic – three surfaces	110	110	NTCV
D2544	onlay – metallic – four or more surfaces	115	115	NTCV
D2710	crown – resin-based composite (indirect)	95	95	115
D2712	crown – ¾ resin-based composite (indirect)	95	95	115
D2720	crown – resin with high noble metal	122	122	185
D2721	crown – resin with predominantly base metal	122	122	185
D2722	crown – resin with noble metal	122	122	185
D2740	crown – porcelain/ceramic	275	275	335
D2750	crown – porcelain fused to high noble metal	275	275	430
D2751	crown – porcelain fused to predominantly base metal	275	275	430
D2752	crown – porcelain fused to noble metal	275	275	430
D2780	crown – ¾ cast high noble metal	275	275	430
D2781	crown – ¾ cast predominantly base metal	275	275	430
D2782	crown – ¾ cast noble metal	275	275	430
D2790	crown – full cast high noble metal	275	275	430
D2791	crown – full cast predominantly base metal	275	275	430
D2792	crown – full cast noble metal	275	275	430
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	10	10	19
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	10	10	19
D2920	re-cement or re-bond crown	10	10	25
D2940	protective restoration	0	0	20
D2941	interim therapeutic restoration – primary dentition	0	0	NTCV
D2950	core buildup, including any pins when required	30	30	NTCV
D2951	pin retention – per tooth, in addition to restoration	5	5	20
D2952	post and core in addition to crown, indirectly fabricated	60	60	100

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Specialty Referral Process:		Direct	Pre-Auth	No Specialty
Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D2953	each additional indirectly fabricated post – same tooth	NTCV	NTCV	100
D2954	prefabricated post and core in addition to crown	35	35	100
D2960	labial veneer (resin laminate) – chairside	73	73	NTCV
D2961	labial veneer (resin laminate) – laboratory	122	122	NTCV
D2962	labial veneer (porcelain laminate) – laboratory	295	295	NTCV
D2983	veneer repair necessitated by restorative material failure	NTCV	295	NTCV
D2990	resin infiltration of incipient smooth surface lesions	NTCV	0	NTCV
<b>IV. ENDODONTICS</b>				
• BSC 65 Plus Optional Supplemental plan: For CDT codes D3310 – D3348, the higher member copayment applies only if the procedure is performed by a specialist.				
D3110	pulp cap – direct (excluding final restoration)	5	5	25
D3120	pulp cap – indirect (excluding final restoration)	5	5	25
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	NTCV	0	NTCV
D3310	endodontic therapy, anterior tooth (excluding final restoration)	195 / 268	195	240
D3320	endodontic therapy, premolar tooth (excluding final restoration)	250 / 332	250	297
D3330	endodontic therapy, molar tooth (excluding final restoration)	335 / 425	335	373
D3346	retreatment of previous root canal therapy – anterior	195 / 268	195	240
D3347	retreatment of previous root canal therapy – premolar	250 / 332	250	297
D3348	retreatment of previous root canal therapy – molar	335 / 425	335	373
D3410	apicoectomy – anterior	100	100	NTCV
D3421	apicoectomy – premolar (first root)	195	195	NTCV
D3425	apicoectomy – molar (first root)	295	295	NTCV
D3426	apicoectomy (each additional root)	120	120	NTCV
D3427	periradicular surgery without apicoectomy	120	120	NTCV
D3430	retrograde filling – per root	120	120	NTCV
<b>V. PERIODONTICS</b>				
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	100	100	NTCV
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	20	20	NTCV
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	168	168	NTCV

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	Agreement ID:	SCFG00000275	SCFG00000160	SFSG00000054
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	Minimum Guarantee:	YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	112	112	NTCV
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	293	293	NTCV
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	195	195	NTCV
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	168	168	NTCV
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	45	80
D4342	periodontal scaling and root planing – one to three teeth per quadrant	45	45	80
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	20	20	40
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	40	40	50
D4910	periodontal maintenance	20	20	40
D4921	gingival irrigation - per quadrant	NTCV	0	NTCV
<b>VI. PROSTHODONTICS (REMOVABLE)</b>				
<ul style="list-style-type: none"> <li>Removable or fixed prosthodontics such as complete dentures, removable partial dentures and bridgework are performed by a contracted general dentist. Prosthodontic specialists are not included in the contracted network.</li> <li>BSC 65 Plus Optional Supplemental plan: The plan will reimburse your office \$125 for CDT code D5214.</li> </ul>				
D5110	complete denture – maxillary	285	285	475
D5120	complete denture – mandibular	285	285	475
D5130	immediate denture – maxillary	285	285	475
D5140	immediate denture – mandibular	285	285	475
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	149	149	340
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	149	149	340
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	310	310	525
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	310	310	525
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	185	185	350
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	185	185	350

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Specialty Referral Process:		Direct	Pre-Auth	No Specialty
Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D5410	adjust complete denture – maxillary	10	10	28
D5411	adjust complete denture – mandibular	10	10	28
D5421	adjust partial denture – maxillary	10	10	28
D5422	adjust partial denture – mandibular	10	10	28
D5511	repair broken complete denture base, mandibular	10	10	45
D5512	repair broken complete denture base, maxillary	10	10	45
D5520	replace missing or broken teeth – complete denture (each tooth)	21	21	30
D5611	repair resin partial denture base, mandibular	10	10	45
D5612	repair resin partial denture base, maxillary	10	10	45
D5621	repair cast partial framework, mandibular	22	10	45
D5622	repair cast partial framework, maxillary	10	10	45
D5630	repair or replace broken clasp – per tooth	25	25	50
D5640	replace broken teeth – per tooth	27	27	45
D5650	add tooth to existing partial denture	25	25	45
D5660	add clasp to existing partial denture – per tooth	33	33	49
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	134	134	306
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	134	134	306
D5710	rebase complete maxillary denture	75	75	135
D5711	rebase complete mandibular denture	75	75	135
D5720	rebase maxillary partial denture	67	67	95
D5721	rebase mandibular partial denture	67	67	95
D5730	reline complete maxillary denture (chairside)	35	35	95
D5731	reline complete mandibular denture (chairside)	35	35	95
D5740	reline maxillary partial denture (chairside)	35	35	95
D5741	reline mandibular partial denture (chairside)	35	35	95
D5750	reline complete maxillary denture (laboratory)	59	59	150
D5751	reline complete mandibular denture (laboratory)	59	59	150
D5760	reline maxillary partial denture (laboratory)	59	59	140
D5761	reline mandibular partial denture (laboratory)	59	59	140
D5810	interim complete denture (maxillary)	145	145	NTCV

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Agreement ID:		SCFG00000275	SCFG00000160	SFSG00000054
Specialty Referral Process:		Direct	Pre-Auth	No Specialty
Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D5811	interim complete denture (mandibular)	145	145	NTCV
D5850	tissue conditioning, maxillary	28	28	35
D5851	tissue conditioning, mandibular	28	28	35
D5863	overdenture - complete maxillary	285	285	475
D5864	overdenture - complete mandibular	285	285	475
D5865	overdenture - partial maxillary	310	310	525
D5866	overdenture - partial mandibular	310	310	525
D5876	add metal substructure to acrylic full denture (per arch)	75	75	135
<b>IX. PROSTHODONTICS, FIXED</b>				
<ul style="list-style-type: none"> <li>• If noble or high noble metals are used for fillings, crowns, bridges, or prosthetic devices, there will be an additional charge based on the amount of metal used. The Member is responsible for applicable copayments and the cost of the noble metals.</li> <li>• Cosmetic crowns (such as resin-based, noble metals, and porcelain) and pontics are not a covered benefit for molar teeth. Crowns on molar teeth are limited to base metal materials.</li> </ul>				
D6205	pontic – indirect resin based composite	150	150	177
D6210	pontic – cast high noble metal	210	210	311
D6211	pontic – cast predominantly base metal	210	210	311
D6212	pontic – cast noble metal	210	210	311
D6240	pontic – porcelain fused to high noble metal	210	210	299
D6241	pontic – porcelain fused to predominantly base metal	210	210	299
D6242	pontic – porcelain fused to noble metal	210	210	299
D6250	pontic – resin with high noble metal	210	210	177
D6251	pontic – resin with predominantly base metal	210	210	177
D6252	pontic – resin with noble metal	210	210	177
D6602	retainer inlay – cast high noble metal, two surfaces	70	70	NTCV
D6603	retainer inlay – cast high noble metal, three or more surfaces	90	90	NTCV
D6604	retainer inlay – cast predominantly base metal, two surfaces	70	70	NTCV
D6605	retainer inlay – cast predominantly base metal, three or more surfaces	90	90	NTCV
D6606	retainer inlay – cast noble metal, two surfaces	70	70	NTCV
D6607	retainer inlay – cast noble metal, three or more surfaces	90	90	NTCV
D6610	retainer onlay – cast high noble metal, two surfaces	275	275	NTCV

NTCV = Not Covered



Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	Pacific Union Dental / Blue Shield CA Hi-Option	BSC 65 Plus Choice Embedded Discount
Pacific Union Dental Customer Service 1-888-271-4929				
Agreement ID:		SCFG00000275	SCFG00000160	SFSG00000054
Specialty Referral Process:		Direct	Pre-Auth	No Specialty
Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D6611	retainer onlay – cast high noble metal, three or more surfaces	275	275	NTCV
D6612	retainer onlay – cast predominantly base metal, two surfaces	275	275	NTCV
D6613	retainer onlay – cast predominantly base metal, three or more surfaces	275	275	NTCV
D6614	retainer onlay – cast noble metal, two surfaces	275	275	NTCV
D6615	retainer onlay – cast noble metal, three or more surfaces	275	275	NTCV
D6710	retainer crown – indirect resin based composite	275	275	185
D6720	retainer crown – resin with high noble metal	275	275	185
D6721	retainer crown – resin with predominantly base metal	275	275	185
D6722	retainer crown – resin with noble metal	275	275	185
D6750	retainer crown – porcelain fused to high noble metal	275	275	299
D6751	retainer crown – porcelain fused to predominantly base metal	275	275	299
D6752	retainer crown – porcelain fused to noble metal	275	275	299
D6780	retainer crown – ¾ cast high noble metal	275	275	291
D6781	retainer crown – ¾ cast predominantly base metal	275	275	430
D6782	retainer crown – ¾ cast noble metal	275	275	430
D6790	retainer crown – full cast high noble metal	275	275	291
D6791	retainer crown – full cast predominantly base metal	275	275	291
D6792	retainer crown – full cast noble metal	275	275	291
D6930	re-cement or re-bond fixed partial denture	12	12	40
X. ORAL AND MAXILLOFACIAL SURGERY				
D7111	extraction, coronal remnants – primary tooth	10	10	23
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	15	15	35
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30	30	60
D7220	removal of impacted tooth – soft tissue	40	40	80
D7230	removal of impacted tooth – partially bony	50	50	NTCV
D7240	removal of impacted tooth – completely bony	80	80	NTCV
D7250	removal of residual tooth roots (cutting procedure)	60	60	NTCV
D7251	coronectomy – intentional partial tooth removal	NTCV	60	NTCV
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	30	30	NTCV

NTCV = Not Covered



Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	Pacific Union Dental / Blue Shield CA Hi-Option	BSC 65 Plus Choice Embedded Discount
Pacific Union Dental Customer Service 1-888-271-4929				
Agreement ID:		SCFG00000275	SCFG00000160	SFSG00000054
Specialty Referral Process:		Direct	Pre-Auth	No Specialty
Minimum Guarantee:		YES	YES	NO
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment
D7286	incisional biopsy of oral tissue – soft	70	70	NTCV
D7287	exfoliative cytological sample collection	15	15	NTCV
D7288	brush biopsy – transepithelial sample collection	30	30	NTCV
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	75	75	NTCV
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	75	75	NTCV
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	70	70	NTCV
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	70	70	NTCV
D7471	removal of lateral exostosis (maxilla or mandible)	94	94	NTCV
D7510	incision and drainage of abscess – intraoral soft tissue	19	19	80
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	19	19	80
D7520	incision and drainage of abscess – extraoral soft tissue	19	19	80
D7521	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	19	19	80
D7881	occlusal orthotic device adjustment	NTCV	10	NTCV
D7970	excision of hyperplastic tissue – per arch	71	71	NTCV
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>				
D9110	palliative (emergency) treatment of dental pain – minor procedure	8	8	35
D9120	fixed partial denture sectioning	24	12	80
D9215	local anesthesia in conjunction with operative or surgical procedures	0	0	0
D9219	evaluation for deep sedation or general anesthesia	0	0	NTCV
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	0	0	NTCV
D9311	consultation with a medical health care professional	3	3	10
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	3	3	10
D9440	office visit – after regularly scheduled hours	25	25	50
D9450	case presentation, detailed and extensive treatment planning	0	0	0
D9943	occlusal guard adjustment	10	10	28
D9951	occlusal adjustment – limited	0	0	25
D9995	teledentistry – synchronous; real-time encounter	0	0	5
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	0	0	5

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.

NTCV = Not Covered

**65 PLUS CHOICE EMBEDDED DISCOUNT**  
**65 PLUS OPTIONAL SUPPLEMENTAL / HIGH-OPTION (DENTAL PLUS) PLANS**  
**GENERAL LIMITATIONS AND EXCLUSIONS**  
**EXHIBIT 2**



**LIMITATION OF BENEFITS**

Except as noted below, the following limitations apply to all plans, unless otherwise noted.

1. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: The maximum for specialty care is \$1000 per Calendar Year.
2. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: Referral to a dental specialist is limited to only those procedures that cannot be performed by a contracted general dentist, as determined by the DBP-CA Dental Director.
3. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: Treatment for individuals with medical or other barriers to receiving dental care in a DBP-CA office or who have mental or behavioral limitations that affect the provider's ability to render appropriate dental care in a DBP-CA office is also excluded.
4. Prophylaxis is limited to one treatment every 6 months (includes periodontal maintenance following active therapy).
5. Crowns, bridges and dentures (including immediate dentures) may be replaced no earlier than 5 years after initial placement regardless of payor. Adjustments to crowns, bridges and dentures are included in the coverage for the appliance for the first 6 months after initial placement.
6. Partial dentures (including interim partial dentures, resin-based partial dentures and metal-framework partial dentures) can only be replaced 5 years after initial placement, unless replacement is due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
7. Denture relines are limited to one per denture (including immediate dentures) every twelve (12) months.
8. 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.
9. Non-surgical periodontal treatments (including but not limited to root planing/subgingival curettage) are limited to four quadrants during any 12 consecutive months. Surgical procedures are limited to one treatment per quadrant or area during any 36 consecutive months.
10. Full mouth debridement (gross scale) is limited to one treatment in any 24 consecutive month period.
11. Bitewing X-rays are limited to one series in any six-month period.
12. Full mouth X-rays and/or panoramic type films are limited to one set every 24 consecutive months. A full mouth X-ray series is defined as a minimum of 6 periapical films plus bitewing X-rays.
13. Single-unit cast metal and/or ceramic restorations and crowns are covered only when the member is 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 when 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 16 and under.
14. Cosmetic Dental Care is limited to composite restorations on posterior teeth when a DBP-CA Dentist determines the treatment is appropriate dental care. Composite restorations will be covered on premolar facial surfaces. Crowns on molar teeth are limited to metal materials. The use of porcelain on molar teeth is considered cosmetic. All other cosmetic procedures are excluded from coverage.
15. The plan benefits cast restorations using predominantly base metal. If the member requests noble or high noble metal be used (for example, gold, semi-precious metals, etc.), the member may be charged a surcharge based on the increase in laboratory charge for such metals.

**EXCLUSION OF BENEFITS**

Except as noted below, the following exclusions apply to all plans, unless otherwise noted.

1. BSC 65 Plus Choice Embedded Discount plan only: Specialty dental care is not covered.
2. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: Treatment for individuals with medical or other barriers to receiving dental care in a DBP-CA office or who have mental or behavioral limitations that affect the provider's ability to render appropriate dental care in a DBP-CA office is also excluded.
3. Care provided by a prosthodontist specialist is not covered.
4. Dental services received from any dentist other than a DBP-CA participating dentist, unless expressly authorized in writing by DBP-CA, are excluded from coverage.
5. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation, and prescription drugs for dental procedures are excluded from coverage.
6. Replacement of lost or stolen fixed and removable dental prosthetics (crowns, bridges, full or partial dentures) regardless of payor is excluded from coverage.

## 65 PLUS CHOICE EMBEDDED DISCOUNT



## 65 PLUS OPTIONAL SUPPLEMENTAL / HIGH-OPTION (DENTAL PLUS) PLANS

### GENERAL LIMITATIONS AND EXCLUSIONS

#### EXHIBIT 2

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-CA (for example, teeth prepared for crowns, root canals in progress, fixed and removable prosthetics) are not covered. Crowns, bridges or dentures started in one office (while under DBP-CA coverage) are considered "in progress" until delivered. Additional benefits will not be provided for such treatment in progress.
8. The Covered Dental Procedures or the Routine Dental Benefits Procedures charts are the definitive statement of coverage and supersedes all other materials. Any dental service that is not specifically listed as a covered benefit is excluded from coverage, regardless of any other written material presented or implied.
9. Dispensing of drugs that are not associated with a course of dental care, such as medicinal irrigation, locally administered antibiotics and prescription drugs are excluded from coverage.
10. Services for which it is the professional opinion of the DBP-CA attending dentist or the Dental Director that a satisfactory result cannot be obtained, or the prognosis is poor or guarded (i.e., without a minimum service expectancy of 3 years, are excluded from coverage).
11. Removal of asymptomatic teeth, non-pathologic teeth; extractions for orthodontic purposes; surgical orthognathic procedures; and crown exposure are excluded from coverage. Third-molar ("wisdom teeth") extraction is limited to only those instances where the teeth cannot be treated in a more conservative manner.
12. Implant placement or removal, appliances placed on, or services associated with dental implants, including, but not limited to prophylaxis and periodontal treatment, are not covered.
13. Crown lengthening procedures are not covered.
14. Replacement of longstanding missing teeth in an otherwise stable dentition is excluded from coverage. (For Example: teeth missing two years or longer, not currently replaced, and where adjacent and opposing teeth are in occlusion.)
15. Dental conditions arising out of, and due to, the Member's employment or for which Workers' Compensations is payable, or any other third-party is liable are excluded from coverage. Services that are provided to the Member by state government or a state agency, or are provided without cost to the Member by any municipality, county, or subdivision, except as provided in Section 1373(a) of the California Health and Safety Code, are not covered.
16. 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.
17. Pathology reports are excluded from coverage.
18. Dental services and any related fees performed in a treatment facility other than the contracted provider's office (i.e., hospital, ambulatory facility, outpatient clinic, surgical center, etc.).
19. Treatment/removal of malignancies, cysts, tumors, or neoplasms.
20. Dental treatment for crowns, bridges and/or dentures to restore tooth structure lost as a result of accidental injury. Accidental dental injury is defined as damage to the hard and 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.
21. 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 (TMJ) are not covered.
22. Treatment of fractures and dislocations of the jaws.
23. Dental 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, and anodontia) and supernumerary teeth are not covered.
24. Procedures which are principally cosmetic in nature such as bleaching, veneers, use of porcelain on molar teeth, personalization and characterization of dentures.
25. 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 Blue Shield 65 Plus Choice Plan (for example: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics) are not covered. For the purpose of this exclusion, the date on which a procedure shall be considered to have started is defined as follows:

**65 PLUS CHOICE EMBEDDED DISCOUNT**  
**65 PLUS OPTIONAL SUPPLEMENTAL / HIGH-OPTION (DENTAL PLUS) PLANS**  
**GENERAL LIMITATIONS AND EXCLUSIONS**  
**EXHIBIT 2**

- a. For full dentures or partial dentures: on the date the final impression is taken;
  - b. For fixed bridges, crowns, inlays, onlays: on the date the teeth are first prepared;
  - c. For root canal therapy: on the later of the date the pulp chamber is opened or the date canals are explored to the apex;
  - d. For periodontal surgery: on the date the surgery is actually performed;
  - e. For all other services: on the date the service is performed.
26. Dental services such as crowns, bridges or dentures started in one office (while the member is covered by the Blue Shield 65 Plus Choice Plan optional supplemental dental HMO plan) are considered “in progress” until delivered. Additional benefits will not be provided for such treatment in progress.

**Customer Service Telephone Number 1-800-286-7401**

		Agreement ID:	EHB Plan
		Specialty Referral Process:	SCFG06990ST1
		<b>*Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized</b>	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D0999	Office Visit	2	0
<b>I. DIAGNOSTIC</b>			
D0120	periodic oral evaluation – established patient		0
D0140	limited oral evaluation – problem focused		0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0
D0150	comprehensive oral evaluation – new or established patient		0
D0160	detailed and extensive oral evaluation – problem focused, by report		0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0
D0171	re-evaluation – post-operative office visit		0
D0180	comprehensive periodontal evaluation – new or established patient		0
D0210	intraoral – complete series of radiographic images		0
D0220	intraoral – periapical first radiographic image		0
D0230	intraoral – periapical each additional radiographic image		0
D0240	intraoral – occlusal radiographic image		0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		0
D0251	extra-oral posterior dental radiographic image		0
D0270	bitewing – single radiographic image		0
D0272	bitewings – two radiographic images		0
D0273	bitewings – three radiographic images		0
D0274	bitewings – four radiographic images		0
D0277	vertical bitewings – 7 to 8 radiographic images		0
D0310	sialography		0
D0320	temporomandibular joint arthrogram, including injection		0
D0322	tomographic survey		0
D0330	panoramic radiographic image		0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis		0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		0
D0351	3D photographic image		0
D0460	pulp vitality tests		0
D0470	diagnostic casts		0
D0502	other oral pathology procedures, by report		0
D0601	caries risk assessment and documentation, with a finding of low risk		0

\*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay.

NTCV = Not Covered

**Customer Service Telephone Number 1-800-286-7401**

		Agreement ID:	EHB Plan
		Specialty Referral Process:	SCFG06990ST1
		<b>*Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized</b>	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D0602	caries risk assessment and documentation, with a finding of moderate risk		0
D0603	caries risk assessment and documentation, with a finding of high risk		0
<b>II. PREVENTIVE</b>			
D1110	prophylaxis – adult		0
D1120	prophylaxis – child		0
D1206	topical application of fluoride varnish		0
D1208	topical application of fluoride – excluding varnish		0
D1310	nutritional counseling for control of dental disease		0
D1320	tobacco counseling for the control and prevention of oral disease		0
D1330	oral hygiene instructions		0
D1351	sealant – per tooth	13	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	13	0
D1353	sealant repair – per tooth		0
D1354	interim caries arresting medicament application - per tooth		0
D1510	space maintainer – fixed, unilateral	45	0
D1516	space maintainer – fixed – bilateral, maxillary	45	0
D1517	space maintainer – fixed – bilateral, mandibular	45	0
D1520	space maintainer – removable – unilateral	60	0
D1526	space maintainer – removable – bilateral, maxillary	60	0
D1527	space maintainer – removable – bilateral, mandibular	60	0
D1550	re-cement or re-bond space maintainer	20	0
D1555	removal of fixed space maintainer	20	0
D1575	distal shoe space maintainer – fixed – unilateral		0
<b>III. RESTORATIVE</b>			
D2140	amalgam – one surface, primary or permanent		25
D2150	amalgam – two surfaces, primary or permanent	40	30
D2160	amalgam – three surfaces, primary or permanent	55	40
D2161	amalgam – four or more surfaces, primary or permanent	75	45
D2330	resin-based composite – one surface, anterior		30
D2331	resin-based composite – two surfaces, anterior	50	45
D2332	resin-based composite – three surfaces, anterior	70	55
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	85	60

\*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay.

NTCV = Not Covered

**BLUE SHIELD OF CA EHB DHMO**  
**PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS**  
**EXHIBIT 2 - PART V**



**Customer Service Telephone Number 1-800-286-7401**

		Agreement ID:	EHB Plan
		Specialty Referral Process:	SCFG06990ST1
		*Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D2390	resin-based composite crown, anterior		50
D2391	resin-based composite – one surface, posterior	55	30
D2392	resin-based composite – two surfaces, posterior	60	40
D2393	resin-based composite – three surfaces, posterior	90	50
D2394	resin-based composite – four or more surfaces, posterior	100	70
D2710	crown – resin-based composite (indirect)	185	140
D2712	crown – ¾ resin-based composite (indirect)		190
D2721	crown – resin with predominantly base metal	400	300
D2740	crown – porcelain/ceramic	405	300
D2751	crown – porcelain fused to predominantly base metal	400	300
D2781	crown – ¾ cast predominantly base metal	355	300
D2783	crown – ¾ porcelain/ceramic	395	310
D2791	crown – full cast predominantly base metal	400	300
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		25
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		25
D2920	re-cement or re-bond crown		25
D2921	reattachment of tooth fragment, incisal edge or cusp		45
D2929	prefabricated porcelain/ceramic crown – primary tooth		95
D2930	prefabricated stainless steel crown – primary tooth		65
D2931	prefabricated stainless steel crown – permanent tooth		75
D2932	prefabricated resin crown		75
D2933	prefabricated stainless steel crown with resin window		80
D2940	protective restoration		25
D2941	interim therapeutic restoration – primary dentition		30
D2949	restorative foundation for an indirect restoration		45
D2950	core buildup, including any pins when required	55	20
D2951	pin retention – per tooth, in addition to restoration		25
D2952	post and core in addition to crown, indirectly fabricated		100
D2953	each additional indirectly fabricated post – same tooth	55	30
D2954	prefabricated post and core in addition to crown		90
D2955	post removal		60
D2957	each additional prefabricated post – same tooth		35

\*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay.

NTCV = Not Covered



**Customer Service Telephone Number 1-800-286-7401**

		Agreement ID:	EHB Plan
		Specialty Referral Process:	SCFG06990ST1
		<b>*Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized</b>	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D2971	additional procedures to construct new crown under existing partial denture framework	70	35
D2980	crown repair necessitated by restorative material failure		50
<b>IV. ENDODONTICS</b>			
D3110	pulp cap – direct (excluding final restoration)		20
D3120	pulp cap – indirect (excluding final restoration)		25
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		40
D3221	pulpal debridement, primary and permanent teeth		40
D3222	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		60
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)		55
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)		55
D3310	endodontic therapy, anterior tooth (excluding final restoration)	300	195
D3320	endodontic therapy, premolar tooth (excluding final restoration)	400	235
D3330	endodontic therapy, molar tooth (excluding final restoration)	500	300
D3331	treatment of root canal obstruction; non-surgical access	110	50
D3333	internal root repair of perforation defects	110	80
D3346	retreatment of previous root canal therapy – anterior		240
D3347	retreatment of previous root canal therapy – premolar		295
D3348	retreatment of previous root canal therapy – molar	420	365
D3351	apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	90	85
D3352	apexification/recalcification – interim medication replacement	90	45
D3410	apicoectomy – anterior		240
D3421	apicoectomy – premolar (first root)		250
D3425	apicoectomy – molar (first root)		275
D3426	apicoectomy (each additional root)		110
D3427	periradicular surgery without apicoectomy		160
D3430	retrograde filling – per root		90
D3910	surgical procedure for isolation of tooth with rubber dam		30
<b>V. PERIODONTICS</b>			
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	90	50
D4249	clinical crown lengthening – hard tissue		165

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NTCV = Not Covered

**Customer Service Telephone Number 1-800-286-7401**

		Agreement ID:	EHB Plan
		Specialty Referral Process:	SCFG06990ST1
		<b>*Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized</b>	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	405	265
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	140
D4265	biologic materials to aid in soft and osseous tissue regeneration		80
D4341	periodontal scaling and root planing – four or more teeth per quadrant	60	55
D4342	periodontal scaling and root planing – one to three teeth per quadrant	55	30
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		220
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	60	40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		10
D4910	periodontal maintenance	50	30
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)		15
<b>VI. PROSTHODONTICS (REMOVABLE)</b>			
D5110	complete denture – maxillary	450	300
D5120	complete denture – mandibular	450	300
D5130	immediate denture – maxillary	450	300
D5140	immediate denture – mandibular	450	300
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	350	300
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	350	300
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	335
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	335
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	300	275
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	300	275
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335	330
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335	330
D5410	adjust complete denture – maxillary		20
D5411	adjust complete denture – mandibular		20
D5421	adjust partial denture – maxillary		20
D5422	adjust partial denture – mandibular		20
D5511	repair broken complete denture base, mandibular		40
D5512	repair broken complete denture base, maxillary		40
D5520	replace missing or broken teeth – complete denture (each tooth)		40

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**EXHIBIT 2 - PART V**



**Customer Service Telephone Number 1-800-286-7401**

		Agreement ID:	EHB Plan
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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D5611	repair resin partial denture base, mandibular		40
D5612	repair resin partial denture base, maxillary		40
D5621	repair cast partial framework, mandibular		40
D5622	repair cast partial framework, maxillary		40
D5630	repair or replace broken clasp – per tooth		50
D5640	replace broken teeth – per tooth	40	35
D5650	add tooth to existing partial denture	45	35
D5660	add clasp to existing partial denture – per tooth		60
D5730	reline complete maxillary denture (chairside)	75	60
D5731	reline complete mandibular denture (chairside)	75	60
D5740	reline maxillary partial denture (chairside)	75	60
D5741	reline mandibular partial denture (chairside)	75	60
D5750	reline complete maxillary denture (laboratory)	95	90
D5751	reline complete mandibular denture (laboratory)	95	90
D5760	reline maxillary partial denture (laboratory)	95	80
D5761	reline mandibular partial denture (laboratory)	95	80
D5850	tissue conditioning, maxillary		30
D5851	tissue conditioning, mandibular		30
D5862	precision attachment, by report		90
D5863	overdenture - complete maxillary	450	300
D5864	overdenture - complete mandibular		300
D5865	overdenture - partial maxillary	450	300
D5866	overdenture - partial mandibular		300
D5899	unspecified removable prosthodontic procedure, by report		350
D5911	facial moulage (sectional)		285
D5912	facial moulage (complete)		350
D5913	nasal prosthesis		350
D5914	auricular prosthesis		350
D5915	orbital prosthesis		350
D5916	ocular prosthesis		350
D5919	facial prosthesis		350
D5922	nasal septal prosthesis		350

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D5923	ocular prosthesis, interim		350
D5924	cranial prosthesis		350
D5925	facial augmentation implant prosthesis		200
D5926	nasal prosthesis, replacement		200
D5927	auricular prosthesis, replacement		200
D5928	orbital prosthesis, replacement		200
D5929	facial prosthesis, replacement		200
D5931	obturator prosthesis, surgical		350
D5932	obturator prosthesis, definitive		350
D5933	obturator prosthesis, modification		150
D5934	mandibular resection prosthesis with guide flange		350
D5935	mandibular resection prosthesis without guide flange		350
D5936	obturator prosthesis, interim		350
D5937	trismus appliance (not for TMD treatment)		85
D5951	feeding aid		135
D5952	speech aid prosthesis, pediatric		350
D5953	speech aid prosthesis, adult		350
D5954	palatal augmentation prosthesis		135
D5955	palatal lift prosthesis, definitive		350
D5958	palatal lift prosthesis, interim		350
D5959	palatal lift prosthesis, modification		145
D5960	speech aid prosthesis, modification		145
D5982	surgical stent		70
D5983	radiation carrier		55
D5984	radiation shield		85
D5985	radiation cone locator		135
D5986	fluoride gel carrier		35
D5987	commissure splint		85
D5988	surgical splint		95
D5991	vesiculobullous disease medicament carrier		70
<b>VIII. IMPLANT SERVICES</b>			
D6010	surgical placement of implant body: endosteal implant	1,035	350

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D6011	second stage implant surgery	500	350
D6013	surgical placement of a mini-implant	795	350
D6040	surgical placement: epostal implant	1,035	350
D6050	surgical placement: transosteal implant	1,035	350
D6052	semi-precision attachment abutment		350
D6055	connecting bar – implant supported or abutment supported	390	350
D6056	prefabricated abutment – includes modification and placement	290	135
D6057	custom fabricated abutment – includes placement	395	180
D6058	abutment supported porcelain/ceramic crown	710	320
D6059	abutment supported porcelain fused to metal crown (high noble metal)	710	315
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	575	295
D6061	abutment supported porcelain fused to metal crown (noble metal)	635	300
D6062	abutment supported cast metal crown (high noble metal)	675	315
D6063	abutment supported cast metal crown (predominantly base metal)	595	300
D6064	abutment supported cast metal crown (noble metal)	620	315
D6065	implant supported porcelain/ceramic crown	740	340
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	720	335
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	730	340
D6068	abutment supported retainer for porcelain/ceramic FPD	680	320
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	705	315
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	630	290
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	680	300
D6072	abutment supported retainer for cast metal FPD (high noble metal)	690	315
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	630	290
D6074	abutment supported retainer for cast metal FPD (noble metal)	670	320
D6075	implant supported retainer for ceramic FPD	740	335
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	705	330
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	665	350
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	80	30
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		30
D6085	provisional implant crown		300

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D6090	repair implant supported prosthesis, by report	130	65
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	200	40
D6092	re-cement or re-bond implant/abutment supported crown	60	25
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	80	35
D6094	abutment supported crown (titanium)	560	295
D6095	repair implant abutment, by report	150	65
D6096	remove broken implant retaining screw		60
D6100	implant removal, by report	250	110
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	925	350
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	925	350
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	925	350
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	925	350
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	925	350
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	925	350
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	925	350
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	925	350
D6190	radiographic/surgical implant index, by report	145	75
D6194	abutment supported retainer crown for FPD – (titanium)	575	265
D6199	unspecified implant procedure, by report		350
<b>IX. PROSTHODONTICS, FIXED</b>			
D6211	pontic – cast predominantly base metal	400	300
D6241	pontic – porcelain fused to predominantly base metal	400	300
D6245	pontic – porcelain/ceramic	400	300
D6251	pontic – resin with predominantly base metal	400	300
D6721	retainer crown – resin with predominantly base metal	400	300
D6740	retainer crown – porcelain/ceramic	400	300
D6751	retainer crown – porcelain fused to predominantly base metal	400	300
D6781	retainer crown – ¾ cast predominantly base metal	330	300
D6783	retainer crown – ¾ porcelain/ceramic	350	300
D6791	retainer crown – full cast predominantly base metal	400	300
D6930	re-cement or re-bond fixed partial denture		40

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D6980	fixed partial denture repair necessitated by restorative material failure		95
<b>X. ORAL AND MAXILLOFACIAL SURGERY</b>			
D7111	extraction, coronal remnants – primary tooth		40
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)		65
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		120
D7220	removal of impacted tooth – soft tissue		95
D7230	removal of impacted tooth – partially bony		145
D7240	removal of impacted tooth – completely bony		160
D7241	removal of impacted tooth – completely bony, with unusual surgical complications		175
D7250	removal of residual tooth roots (cutting procedure)		80
D7260	oroantral fistula closure		280
D7261	primary closure of a sinus perforation		285
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		185
D7280	exposure of an unerupted tooth		220
D7283	placement of device to facilitate eruption of impacted tooth		85
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		180
D7286	incisional biopsy of oral tissue – soft		110
D7290	surgical repositioning of teeth		185
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report		80
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		85
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		120
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		65
D7340	vestibuloplasty – ridge extension (secondary epithelialization)		350
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		350
D7410	excision of benign lesion up to 1.25 cm		75
D7411	excision of benign lesion greater than 1.25 cm	300	115
D7412	excision of benign lesion, complicated	325	175
D7413	excision of malignant lesion up to 1.25 cm		95
D7414	excision of malignant lesion greater than 1.25 cm		120
D7415	excision of malignant lesion, complicated		255

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**EXHIBIT 2 - PART V**



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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7440	excision of malignant tumor – lesion diameter up to 1.25 cm		105
D7441	excision of malignant tumor – lesion diameter greater than 1.25 cm		185
D7450	removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		180
D7451	removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		330
D7460	removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	170	155
D7461	removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		250
D7465	destruction of lesion(s) by physical or chemical method, by report		40
D7471	removal of lateral exostosis (maxilla or mandible)		140
D7472	removal of torus palatinus		145
D7473	removal of torus mandibularis		140
D7485	reduction of osseous tuberosity		105
D7490	radical resection of maxilla or mandible		350
D7510	incision and drainage of abscess – intraoral soft tissue		70
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		70
D7520	incision and drainage of abscess – extraoral soft tissue	400	70
D7521	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	425	80
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue		45
D7540	removal of reaction producing foreign bodies, musculoskeletal system		75
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		125
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body		235
D7610	maxilla – open reduction (teeth immobilized, if present)		140
D7620	maxilla – closed reduction (teeth immobilized, if present)		250
D7630	mandible – open reduction (teeth immobilized, if present)		350
D7640	mandible – closed reduction (teeth immobilized, if present)		350
D7650	malar and/or zygomatic arch - open reduction		350
D7660	malar and/or zygomatic arch – closed reduction		350
D7670	alveolus – closed reduction, may include stabilization of teeth		170
D7671	alveolus – open reduction, may include stabilization of teeth		230
D7680	facial bones – complicated reduction with fixation and multiple surgical approaches		350
D7710	maxilla – open reduction		110
D7720	maxilla – closed reduction		180
D7730	mandible – open reduction		350

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7740	mandible – closed reduction		290
D7750	malar and/or zygomatic arch – open reduction		220
D7760	malar and/or zygomatic arch – closed reduction		350
D7770	alveolus – open reduction stabilization of teeth		135
D7771	alveolus, closed reduction stabilization of teeth		160
D7780	facial bones – complicated reduction with fixation and multiple surgical approaches		350
D7810	open reduction of dislocation		350
D7820	closed reduction of dislocation		80
D7830	manipulation under anesthesia		85
D7840	condylectomy		350
D7850	surgical discectomy, with/without implant		350
D7852	disc repair		350
D7854	synovectomy		350
D7856	myotomy		350
D7858	joint reconstruction		350
D7860	arthrotomy		350
D7865	arthroplasty		350
D7870	arthrocentesis		90
D7871	non-arthroscopic lysis and lavage		150
D7872	arthroscopy – diagnosis, with or without biopsy		350
D7873	arthroscopy – surgical: lavage and lysis of adhesions		350
D7874	arthroscopy – surgical: disc repositioning and stabilization		350
D7875	arthroscopy – surgical: synovectomy		350
D7876	arthroscopy – surgical: discectomy		350
D7877	arthroscopy – surgical: debridement		350
D7880	occlusal orthotic device, by report		120
D7881	occlusal orthotic device adjustment	50	30
D7899	unspecified TMD therapy, by report		350
D7910	suture of recent small wounds up to 5 cm		35
D7911	complicated suture – up to 5 cm		55
D7912	complicated suture – greater than 5 cm		130
D7920	skin graft (identify defect covered, location and type of graft)		120

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7940	osteoplasty – for orthognathic deformities		160
D7941	osteotomy – mandibular rami		350
D7943	osteotomy – mandibular rami with bone graft; includes obtaining the graft		350
D7944	osteotomy – segmented or subapical		275
D7945	osteotomy – body of mandible		350
D7946	LeFort I (maxilla – total)		350
D7947	LeFort I (maxilla – segmented)		350
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft		350
D7949	LeFort II or LeFort III – with bone graft		350
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report		190
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach		290
D7952	Sinus augmentation via a vertical approach		175
D7955	repair of maxillofacial soft and/or hard tissue defect		200
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		120
D7963	frenuloplasty		120
D7970	excision of hyperplastic tissue – per arch		175
D7971	excision of pericoronal gingiva		80
D7972	surgical reduction of fibrous tuberosity	105	100
D7979	non-surgical sialolithotomy		155
D7980	surgical sialolithotomy		155
D7981	excision of salivary gland, by report		120
D7982	sialodochoplasty		215
D7983	closure of salivary fistula		140
D7990	emergency tracheotomy		350
D7991	coronoidectomy		345
D7995	synthetic graft – mandible or facial bones, by report		150
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar		60
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>			
D9110	palliative (emergency) treatment of dental pain – minor procedure		30
D9120	fixed partial denture sectioning		95
D9210	local anesthesia not in conjunction with operative or surgical procedures		10
D9211	regional block anesthesia		20

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D9212	trigeminal division block anesthesia		60
D9215	local anesthesia in conjunction with operative or surgical procedures		15
D9222	deep sedation/general anesthesia – first 15 minutes	90	45
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment		45
D9230	inhalation of nitrous oxide/anoxiolysis, analgesia		15
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	120	60
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment		60
D9248	non-intravenous conscious sedation		65
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		50
D9311	consultation with a medical health care professional		0
D9410	house/extended care facility call		50
D9420	hospital or ambulatory surgical center call		135
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		20
D9440	office visit – after regularly scheduled hours		45
D9610	therapeutic parenteral drug, single administration		30
D9612	therapeutic parenteral drugs, two or more administrations, different medications		40
D9910	application of desensitizing medicament		20
D9930	treatment of complications (post-surgical) – unusual circumstances, by report		35
D9950	occlusion analysis – mounted case		120
D9951	occlusal adjustment – limited		45
D9952	occlusal adjustment – complete		210

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<b>CDT Code</b>	<b>CDT Description</b>	<b>Minimum Guarantee*</b>	<b>Member Copayment</b>
<b>XI. ORTHODONTICS</b>			
<b>• Members Orthodontic Copayment is per phase of treatment and subject to plan frequencies, limitations and exclusions</b>			
D8080	comprehensive orthodontic treatment of the adolescent dentition		1,000
D8210	removable appliance therapy		
D8220	fixed appliance therapy		
D8660	pre-orthodontic treatment examination to monitor growth and development		
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))		
D8681	removable orthodontic retainer adjustment		
D8691	repair of orthodontic appliance		
D8692	replacement of lost or broken retainer		
D8693	re-cement or re-bond fixed retainer		
D8694	repair of fixed retainers, includes reattachment		

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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**BLUE SHIELD OF CA EHB DHMO PLAN  
GENERAL LIMITATIONS AND EXCLUSIONS  
EXHIBIT 2**



**GENERAL LIMITATIONS & EXCLUSIONS**

- 1) Dental services not appearing on the Summary of Benefits or on the Dental Schedule and Limitations Table below;
- 2) Dental services in excess of the limits specified in the Limitations section of this Evidence of Coverage or on the Dental Schedule and Limitations Table below;
- 3) Services of Dentists or other practitioners of healing arts not associated with the Plan, except upon referral arranged by a Participating Dentist and authorized by the Plan, or when required in a covered emergency;
- 4) Any dental services received or costs that were incurred in connection with any dental procedures started prior to the Member's effective date of coverage. This exclusion does not apply to Covered Services to treat complications arising from services received prior to the Member's effective date of coverage;
- 5) Any dental services received subsequent to the time the Member's coverage ends;
- 6) Experimental or investigational services, including any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional medical standards, or for which the safety and efficiency have not been determined for use in the treatment of a particular illness, injury or medical condition for which the item or service in question is recommended or prescribed;
- 7) Dental services that are received in an emergency care setting for conditions that are not emergencies if the Member reasonably should have known that an emergency care situation did not exist;
- 8) Procedures, appliances, or restorations to correct congenital or developmental malformations unless specifically listed in the Summary of Benefits or on the Dental Schedule and Limitations Table below;
- 9) Cosmetic dental care;
- 10) General anesthesia or intravenous/conscious sedation unless specifically listed as a Benefit on the Summary of Benefits or on the Dental Schedule and Limitations Table below or is given by a Dentist for a covered oral surgery;
- 11) Hospital charges of any kind;
- 12) Major surgery for fractures and dislocations;
- 13) Loss or theft of dentures or bridgework;
- 14) Malignancies;
- 15) Dispensing of drugs not normally supplied in a dental office;
- 16) Additional treatment costs incurred because a dental procedure is unable to be performed in the Dentist's office due to the general health and physical limitations of the Member;
- 17) The cost of precious metals used in any form of dental Benefits;
- 18) Services of a pedodontist/pediatric Dentist for Member except when a Member child is unable to be treated by his or her Participating Dentist or for Medically Necessary Dental Services or his or her Participating Dentist is a pedodontist/pediatric Dentist;
- 19) Charges for services performed by a close relative or by a person who ordinarily resides in the Member's home; Treatment for any condition for which Benefits could be recovered under any worker's compensation or occupational disease law, when no claim is made for such
- 20) Benefits;
- 21) Treatment for which payment is made by any governmental agency, including any foreign government;
- 22) Charges for second opinions, unless previously authorized by the Dental Plan Administrator (DPA);
- 23) Services provided by an individual or entity that is not licensed or certified by the state to provide health care services, or is not operating within the scope of such license or certification, except as specifically stated herein.

**EXHIBIT 2**

**Preventive Exclusions and Limitations (D1000-D1999)**

- 1) Fluoride treatment (D1206 and D1208) is a Benefit only for prescription strength fluoride products;
- 2) Fluoride treatments do not include treatments that incorporate fluoride with prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration and applications of aqueous sodium fluoride; and
- 3) The application of fluoride is only a Benefit for caries control and is payable as a full mouth treatment regardless of the number of teeth treated.

**Restorative Exclusions and Limitations (D2000-D2999)**

- 1) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes;
- 2) Restorative services when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement;
- 3) Restorations for primary teeth near exfoliation;
- 4) Replacement of otherwise satisfactory amalgam restorations with resin-based composite restorations unless a specific allergy has been documented by a medical specialist (allergist) on their professional letterhead or prescription;
- 5) Prefabricated crowns for primary teeth near exfoliation;
- 6) Prefabricated crowns are not a Benefit for abutment teeth for cast metal framework partial dentures (D5213 and D5214);
- 7) Prefabricated crowns provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes;
- 8) Prefabricated crowns are not a Benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement;
- 9) Prefabricated crowns are not a Benefit when a tooth can be restored with an amalgam or resin-based composite restoration;
- 10) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes;
- 11) Laboratory crowns are not a Benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement; and
- 12) Laboratory processed crowns are not a Benefit when the tooth can be restored with an amalgam or resin-based composite.

**Endodontic Exclusions and Limitations (D3000-D3999)**

- 1) Endodontic procedures when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement;
- 2) Endodontic procedures when extraction is appropriate for a tooth due to non-restorability, periodontal involvement or for a tooth that is easily replaced by an addition to an existing or proposed prosthesis in the same arch; and
- 3) Endodontic procedures for third molars, unless the third molar occupies the first or second molar positions or is an abutment for an existing fixed or removable partial denture with cast clasps or rests.

**Periodontal Exclusions and Limitations (D4000-D4999)**

- 1) Tooth bounded spaces shall only be counted in conjunction with osseous surgeries (D4260 and D4261) that require a surgical flap. Each tooth bounded space shall only count as one tooth space regardless of the number of missing natural teeth in the space.

**Prosthetic (Removable) Exclusions and Limitations (D5000-D5899)**

- 1) Prosthetic services provided solely for cosmetic purposes;
- 2) Temporary or interim dentures to be used while a permanent denture is being constructed;
- 3) Spare or backup dentures;
- 4) Evaluation of a denture on a maintenance basis;
- 5) Preventative, endodontic or restorative procedures are not a Benefit for teeth to be retained for overdentures. Only extractions for the retained teeth will be a Benefit;
- 6) Partial dentures are not a Benefit to replace missing 3rd molars;
- 7) Laboratory relines (D5760 and D5761) are not a Benefit for resin based partial dentures (D5211 and D5212);
- 8) Laboratory relines (D5750, D5751, D5760 and D5761) are not a Benefit within 12 months of chairside relines (D5730, D5731, D5740 and D5741);



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**EXHIBIT 2**

- 9) Chairside relines (D5730, D5731, D5740 and D5741) are not a Benefit within 12 months of laboratory relines (D5750, D5751, D5760 and D5761);
- 10) Tissue conditioning (D5850 and D5851) is only a Benefit to heal unhealthy ridges prior to a definitive prosthodontic treatment; and
- 11) Tissue conditioning (D5850 and D5851) is a Benefit the same date of service as an immediate prosthesis that required extractions.

**Implant Exclusions and Limitations (D6000-D6199)**

- 1) Implant services are a Benefit only when exceptional medical conditions are documented and the services are considered Medically Necessary; and
- 2) Single tooth implants are not a Benefit.

**Prosthodontic (Fixed) Exclusions and Limitations (D6200-D6999)**

- 1) Fixed partial dentures (bridgework) are not a Benefit; however, the fabrication of a fixed partial denture shall be considered when medical conditions or employment preclude the use of a removable partial denture;
- 2) Fixed partial dentures are not a Benefit when the prognosis of the retainer (abutment) teeth is questionable due to non-restorability or periodontal involvement;
- 3) Posterior fixed partial dentures are not a Benefit when the number of missing teeth requested to be replaced in the quadrant does not significantly impact the Member's masticatory ability;
- 4) Fixed partial denture inlay/onlay retainers (abutments) (D6545-D6634); and
- 5) Cast resin bonded fixed partial dentures (Maryland Bridges).

**Oral and Maxillofacial Surgery Exclusions and Limitations (D7000-D7999)**

- 1) The prophylactic extraction of 3rd molars is not a Benefit;
- 2) TMJ dysfunction procedures are limited to differential diagnosis and symptomatic care. Not included as a Benefit are those TMJ treatment modalities that involve prosthodontia, orthodontia and full or partial occlusal rehabilitation;
- 3) TMJ dysfunction procedures solely for the treatment of bruxism is not a Benefit; and
- 4) Suture procedures (D7910, D7911 and D7912) are not a Benefit for the closure of surgical incisions.

**Orthodontic Exclusions and Limitations**

Orthodontic procedures are Benefits for Medically Necessary handicapping malocclusion, cleft palate and facial growth management cases for Members under the age of 19 and shall be prior authorized.

Medically Necessary orthodontic treatment is limited to the following instances related to an identifiable medical condition. Initial orthodontic examination (D0140) called the Limited Oral Evaluation must be conducted. This examination includes completion and submission of the completed HLD Score Sheet with the Specialty Referral Request Form. The HLD Score Sheet is the preliminary measurement tool used in determining if the Member qualifies for medically necessary orthodontic services.

Orthodontic procedures are a Benefit only when the diagnostic casts verify a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09) or one of the six automatic qualifying conditions below exist or when there is written documentation of a craniofacial anomaly from a credentialed specialist on their professional letterhead.

Those immediate qualifying conditions are:

- 1) Cleft lip and or palate deformities
- 2) Craniofacial Anomalies including the following:
  - a) Crouzon's syndrome,
  - b) Treacher-Collins syndrome,
  - c) Pierre-Robin syndrome,

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### EXHIBIT 2

- d) Hemifacial atrophy, hemifacial hypertrophy and other severe craniofacial deformities which result in a physically handicapping malocclusion as determined by our dental consultants.
- 3) Deep impinging overbite, where the lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. (Contact only does not constitute deep impinging overbite).
- 4) Cross bite of individual anterior teeth when clinical attachment loss and recession of the gingival margin are present (e.g., stripping of the labial gingival tissue on the lower incisors). Treatment of bilateral posterior cross bite is not a Benefit of the program.
- 5) Severe traumatic deviation must be justified by attaching a description of the condition.
- 6) Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm.

**The remaining conditions must score 26 or more to qualify (based on the HLD Index).**

#### **Excluded are the following conditions:**

- 1) Crowded dentitions (crooked teeth)
- 2) Excessive spacing between teeth
- 3) Temporomandibular joint (TMJ) conditions and/or having horizontal/vertical (overjet/overbite) discrepancies
- 4) Treatment in progress prior to the effective date of this coverage.
- 5) Extractions required for orthodontic purposes
- 6) Surgical orthodontics or jaw repositioning
- 7) Myofunctional therapy
- 8) Macroglossia
- 9) Hormonal imbalances
- 10) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in Orthodontic treatment necessitated by any kind of accident
- 11) Palatal expansion appliances
- 12) Services performed by outside laboratories
- 13) Replacement or repair of lost, stolen or broken appliances damaged due to the neglect of the Member.

#### **Medical Necessity Exclusion**


All dental services received must be Medically Necessary Dental Services. The fact that a Dentist or other Plan Provider may prescribe, order, recommend, or approve a service or supply does not, in itself, determine Medical Necessity.

#### **Alternate Benefits Provision**

An alternate Benefit provision allows a Benefit to be based on an alternate procedure, which is professionally acceptable and more cost effective. If dental standards indicate that a condition can be treated by a less costly alternative to the service proposed by the attending Dentist, the DPA will pay Benefits based upon the less costly service.

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.

## OPTIONAL, UPGRADED OR ALTERNATIVE TREATMENT DISCLOSURE FORM

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

UCR Fee of Proposed Upgrade [1] - UCR Fee of the Benefit [2] + Copayment for the Benefit [3] = 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:

Copayment [1] + Metal Upgrade [2] = 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: