



MIB

 **SBHIS**
INSURANCE SERVICES

PLAN BLU C
ENGLISH

ADACODE	PROCEDURE DESCRIPTION	COPAYMENT
D0251	Extraoral posterior dental radiographic image	\$-
D2711	Crown - resin-based composite (indirect) - limited to permanent anterior teeth	\$287
D2794	Crown - titanium	\$550
D2799	Provisional crown- to be used at least 6 months during healing	\$359
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$250
D2949	Restorative foundation for an indirect restoration	\$175
D2975	Coping	\$150
D2981	Inlay repair necessitated by restorative material failure	\$173
D2982	Onlay repair necessitated by restorative material failure	\$173
D2983	Veneer repair necessitated by restorative material failure	\$173
D2990	Resin infiltration of incipient smooth surface lesions	\$60
D3220	Therapeutic Pulpotomy	\$182
D3221	Pulpal Debridement- Open & Med. (Relief of Acute Pain)	\$209
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$350
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$547
D3450	Root amputation - per root	\$75
D6720	Crown - resin with high noble metal	\$500
D6722	Crown - resin with noble metal	\$450
D6752	Crown - porcelain fused to noble metal	\$725
D6790	Crown - full cast high noble metal	\$743
D9943	Occlusal guard adjustment	\$50
D9950	Occlusion analysis - mounted case	\$75
D9986	Missed appointment - without 24 hour notice	\$36
D9991	Dental case management - addressing appointment compliance barriers	\$61
D9992	Dental case management - care coordination	\$122

ADA CODE

PROCEDURE DESCRIPTION

COPAYMENT

Procedures not listed above are not covered, however, may be covered under the member's Denti-Cal Plan or available at the Contract Provider "filed fees". "Filed fees" means the Contract Provider's fees on file with MIB Benefit Plan. Questions regarding these fees or the member's Denti-Cal eligibility should be directed to Member Services Department at 800-992-3366.

Certain dental services, including cleanings, fillings, root canals and complete dentures, are available through the Medi-Cal Dental Program. Some Limitations and Exclusions may apply for these services.

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Member Services Department at (800) 992-3366



530 South Main Street
Orange, CA 92868
Member Services: 800-992-3366