



**MIB**

 **SBHIS**  
INSURANCE SERVICES

PLAN D

ENGLISH

ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
<b>D0251</b>	Extraoral posterior dental radiographic image	\$-
<b>D5225</b>	Maxillary partial denture- flexible base (including any clasp, rest and teeth)	\$1175
<b>D5226</b>	Mandibular partial denture - flexible base (including any clasp, rest and teeth)	\$1250
<b>D6058</b>	Abutment supported porcelain/ceramic crown	\$1100
<b>D6059</b>	Abutment supported porcelain fused to metal crown (high noble metal)	\$1001
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$950
<b>D6061</b>	Abutment supported porcelain fused to metal crown (noble metal)	\$703
<b>D6062</b>	Abutment supported cast metal crown (high noble metal)	\$703
<b>D6063</b>	Abutment supported cast metal crown (predominantly base metal)	\$699
<b>D6064</b>	Abutment supported cast metal crown (noble metal)	\$750
<b>D6068</b>	Abutment supported retainer for porcelain/ceramic FPD	\$750
<b>D6069</b>	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$750
<b>D6070</b>	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$1268
<b>D6071</b>	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1205
<b>D6072</b>	Abutment supported retainer for cast metal FPD (high noble metal)	\$1250
<b>D6073</b>	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$1000
<b>D6074</b>	Abutment supported retainer for cast metal FPD (noble metal)	\$1150
<b>D6094</b>	Abutment supported crown - (titanium)	\$1200
<b>D6194</b>	Abutment supported retainer crown for FPD (titanium)	\$1250
<b>D6205</b>	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$800

ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
<b>D6210</b>	Pontic - cast high noble metal	\$843
<b>D6214</b>	Pontic - titanium	\$800
<b>D6240</b>	Pontic - porcelain fused to high noble metal	\$846
<b>D6250</b>	Pontic - resin with high noble metal	\$800
<b>D6252</b>	Pontic - resin with noble metal	\$800
<b>D6999</b>	Unspecified fixed prosthodontic procedure, by report	\$200
<b>D9943</b>	Occlusal guard adjustment	\$150
<b>D9950</b>	Occlusion analysis - mounted case	\$75
<b>D9986</b>	Missed appointment - without 24 hour notice	\$36
<b>D9991</b>	Dental case management - addressing appointment compliance barriers	\$61
<b>D9992</b>	Dental case management - care coordination	\$122

ADACODE

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