



**MIB**

 **SBHIS**  
INSURANCE SERVICES

**PLAN G**

**ENGLISH**

ADACODE	PROCEDURE DESCRIPTION	COPAYMENT
<b>D9230</b>	Analgesia (Incl Nitrous Anesthetic)	\$95
<b>D9248</b>	Non-Intravenous Conscious Sedation	\$180
<b>D9610</b>	Therapeutic Parenteral Drug - single administration	\$62

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