



MIB

 **SBHIS**
INSURANCE SERVICES

PLAN I

ENGLISH

ADACODE	PROCEDURE DESCRIPTION	COPAYMENT
D0251	Extraoral posterior dental radiographic image	\$100
D2975	Coping	\$150
D4320	Provisional splinting - intracoronal	\$401
D4321	Provisional splinting - extracoronal	\$278
D6010	Surgical placement of implant body: endosteal implant	\$2167
D6058	Abutment supported porcelain/ceramic crown	\$1339
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1321
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$1249
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$1100
D6062	Abutment supported cast metal crown (high noble metal)	\$903
D6063	Abutment supported cast metal crown (predominantly base metal)	\$900
D6064	Abutment supported cast metal crown (noble metal)	\$900
D6065	Implant supported porcelain/ceramic crown	\$943
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$919
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$892
D6194	Abutment supported retainer crown for FPD (titanium)	\$900
D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$625
D6210	Pontic - cast high noble metal	\$843
D6214	Pontic - titanium	\$800
D6240	Pontic - porcelain fused to high noble metal	\$846
D6250	Pontic - resin with high noble metal	\$800
D6252	Pontic - resin with noble metal	\$800

ADACODE	PROCEDURE DESCRIPTION	COPAYMENT
D6720	Crown - resin with high noble metal	\$800
D6722	Crown - resin with noble metal	\$800
D6752	Crown - porcelain fused to noble metal	\$825
D6790	Crown - full cast high noble metal	\$843
D6999	Unspecified fixed prosthodontic procedure, by report	\$200
D9943	Occlusal guard adjustment	\$85
D9950	Occlusion analysis - mounted case	\$150
D9986	Missed appointment - without 24 hour notice	\$36
D9991	Dental case management - addressing appointment compliance barriers	\$61
D9992	Dental case management - care coordination	\$122

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