



MIB

 **SBHIS**
INSURANCE SERVICES

P L A N
B L U L

ENGLISH

ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
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Text that appears in italics below is specifically intended to clarify the delivery of benefits under the CDT-2018 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Listed referable procedures, that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist at 75 percent of the Contract Specialist's usual fees. Member may receive services by a contracted Western Dental oral surgeon, endodontist, periodontist at 50 percent of the Contracted Western Dental Specialist's usual fees. Specialist services are only available in areas where there is a Contract Specialist, and upon referral by the assigned Contract Dentist.

Clinical Oral Evaluations

D0171	Re-evaluation - post operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0

Radiographs/Diagnostic Imaging (including interpretation)

D0277	Vertical bitewings - 7 to 8 films	\$0
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Oral Pathology Laboratory

D1110	D1110 and D1120 additional prophy exceeding two in a 12 month period	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1575	Distal shoe space maintainer - fixed unilateral	\$0
D2712	Crown - 3/4 resin-based composite (indirect)	\$200
D2720	Crown - resin with high noble metal	\$225
D2721	Crown - resin with predominantly base metal	\$225
D2722	Crown - resin with noble metal	\$300
D2750	Crown - porcelain fused to high noble metal	\$275
D2751	Crown - porcelain fused to predominantly base metal (posterior)	\$340
D2752	Crown - porcelain fused to noble metal	\$275
D2780	Crown - 3/4 cast high noble metal	\$275
D2781	Crown - 3/4 cast predominantly base metal	\$275
D2782	Crown - 3/4 cast noble metal	\$275
D2783	Crown - 3/4 porcelain/ceramic	\$285

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D2790	Crown - full cast high noble metal	\$275
D2792	Crown - full cast noble metal	\$275
Other Restorative Services		
D2953	Each additional indirectly fabricated post - same tooth	\$150
D2962	Labial veneer - porcelain laminate (laboratory) Temporary	\$450
D3426	Apicoectomy (each additional root)	\$150
D3427	Periradicular Surgery without apicoectomy	\$0
Other Endodontic Procedures		
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$75
D3950	Canal preparation and fitting of preformed dowel or post	\$25
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$125
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$160
D4263	Bone replacement graft - first site in quadrant	\$150
D4264	Bone replacement graft – each additional site in quadrant	\$150
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$125
D4921	Gingival Irrigation - Per Quadrant	\$25
D4999	Irrigation – per Quad	\$25
Partial Dentures (including routine - post delivery care)		
D5211**	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
D5212**	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
D5213**	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
D5214**	Mandibular partial denture - cast metal frame work denture bases (including any conventional clasps, rests and teeth)	\$0

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D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$350
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$350
D5223	Immediate maxillary partial denture - cast metal frame- work with resin denture bases (including any conventional clasps)	\$350
D5224	Immediate mandibular partial denture - cast metal frame- work with resin denture bases (including any conventional clasps)	\$350
Repairs to Complete Dentures		
D5511	Repair broken complete denture base, mandibular	\$0
D5512	Repair broken complete denture base, maxillary	\$0
Repairs to Partial Dentures		
D5611	Repair resin partial denture base, mandibular	\$0
D5612	Repair resin partial denture base, maxillary	\$0
D5621	Repair cast partial framework, mandibular	\$0
D5622	Repair cast partial framework, maxillary	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$150
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$150
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	\$75
D5711	Rebase complete mandibular denture	\$75
D5720	Rebase maxillary partial denture	\$65
D5721	Rebase mandibular partial denture	\$65
Other Removable Prosthetic Services		
D5810	Interim complete denture (maxillary)	\$250
D5811	Interim complete denture (mandibular)	\$250
D5820	Interim partial denture (maxillary)	\$200
D5821	Interim partial denture (mandibular)	\$200
D6211	Pontic - cast predominantly base metal	\$225
D6212	Pontic - cast noble metal	\$225

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D6241	Pontic - porcelain fused to predominantly base metal	\$230
D6242	Pontic - porcelain fused to noble metal	\$225
D6245	Pontic - porcelain/ceramic	\$325
D6251	Pontic - resin with predominantly base metal	\$225
	Fixed Partial Denture Retainers—Inlays/Onlays	
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$200
	Fixed Partial Denture Retainers—Crowns	
D6710	Crown - indirect resin based composite	\$120
D6721	Crown - resin with predominantly base metal	\$125
D6740	Crown - porcelain/ceramic	\$425
D6750	Crown - porcelain fused to high noble metal	\$225
D6751	Crown - porcelain fused to predominantly base metal	\$225
D6780	Crown - 3/4 cast high noble metal	\$230
D6781	Crown - 3/4 cast predominantly base metal	\$225
D6782	Crown - 3/4 cast noble metal	\$225
D6783	Crown - 3/4 cast porcelain/ceramic	\$230
D6791	Crown - full cast predominantly base metal	\$225
D6792	Crown - full cast noble metal	\$225
	Other Fixed Partial Denture Services	
D6940	Stress breaker	\$120
D9311	Consultation with medical health care professional	\$0
	Professional Visits	
D9450	Case presentation, detailed and extensive treatment planning	\$0
	Miscellaneous Services	
D9932	Cleaning and inspection of removable complete denture, maxillary	\$30
D9933	Cleaning and inspection of removable complete denture, mandibular	\$30
D9934	Cleaning and inspection of removable complete denture, maxillary	\$30
D9935	Cleaning and inspection of removable partial denture, mandibular	\$30

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D9940	Occlusal guard, by report	\$150
D9972	External bleaching - per arch - take home trays	\$125
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$150
Non-Clinical Procedures		
D9987	Cancelled appointment (24 Hour Notice)	\$0
D9995	Teledentistry – synchronous; real time encounter	\$0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$0



PLAN BLU L—COPAYMENT SCHEDULE

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 800-687-9937

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.

** Should these services be denied by the Medi-Cal Dental Program, member is responsible to pay the applicable copayment listed in the benefit schedule.

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) 687-9937



530 South Main Street
Orange, CA 92868
Member Services: 800-687-9937