



MIB



SBHIS

INSURANCE SERVICES

PLAN BLU P

ENGLISH

ADACODE	PROCEDURE DESCRIPTION	COPAYMENT
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth - once per quadrant in 36 months	\$243
D4245	Apically positioned flap	\$400
D4270	Pedicle soft tissue graft procedure	\$517
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$75
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	\$1005
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$350
D4320	Provisional splinting - intracoronal	\$401
D4321	Provisional splinting - extracoronal	\$278
D4920	Unscheduled Dressing Change (By Someone Other than Treating DDS)	\$25
D7953	Bone Replacement Graft for Ridge Preservation	
D9943	Occlusal guard adjustment	\$97
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

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