



Western Dental[®]
BENEFITS DIVISION



STANDARD PLAN

ADA
CODE

PROCEDURE DESCRIPTION

COPAYMENT

DIAGNOSTIC (D0100-D0999)

D0120	Periodic oral examination - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral - complete series (including bitewings)	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical each additional film	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing - single film	No Cost
D0272	Bitewings - two films	No Cost
D0274	Bitewings - four films	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0350	Oral/Facial Images	No Cost
D0460	Pulp vitality tests	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit	No Cost

PREVENTIVE (D1000-D1999)

D1110	Prophylaxis cleaning - adult	No Cost
D1120	Prophylaxis cleaning - child	No Cost
D1203	Topical application of fluoride (prophylaxis not included) - child	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	No Cost
D1310	Nutritional Counseling for control of dental disease	No Cost
D1320	Tobacco Counseling	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	No Cost

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RESTORATIVE SERVICES (D2000-D2999)

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent.....	No Cost
D2330	Resin-based composite - one surface, anterior.....	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior.....	No Cost
D2542	Onlay - metallic - two surfaces (1)	\$50
D2543	Onlay - metallic - three surfaces (1)	\$50
D2544	Onlay - metallic - four or more surfaces (1)	\$50
D2710	Crown - resin-based composite (indirect).....	\$50
D2712	Crown - 3/4 resin-based composite (indirect)	\$50
D2720	Crown - resin with high noble metal (1).....	\$50
D2721	Crown - resin with predominantly base metal	\$50
D2722	Crown - resin with noble metal (1)	\$50
D2740	Crown - porcelain/ceramic substrate (2)	\$50
D2750	Crown - porcelain fused to high noble metal (1), (2).....	\$50
D2751	Crown - porcelain fused to predominantly base metal (2).....	\$50
D2752	Crown - porcelain fused to noble metal (1), (2).....	\$50
D2780	Crown - 3/4 cast high noble metal (1)	\$50
D2781	Crown - 3/4 cast predominantly base metal	\$50
D2782	Crown - 3/4 cast noble metal (1)	\$50
D2790	Crown - full cast high noble metal (1)	\$50
D2791	Crown - full cast predominantly base metal	\$50
D2792	Crown - full cast noble metal (1).....	\$50
D2794	Crown - titanium (1)	\$50
D2915	Recement cast or prefabricated post and core	No Cost
D2920	Recement crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2940	Sedative filling	No Cost
D2950	Core buildup, involving and including any pins.....	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated	No Cost
D2953	Each additional indirectly fabricated post - same tooth	\$40
D2954	Prefabricated post and core in addition to crown	No Cost



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D2957	Each additional prefabricated post - same tooth	No Cost
	(1) Additional charge for noble, high noble metal and titanium ..	\$75 per unit
	(2) Porcelain on molar restorations	\$75 per unit

ENDODONTICS (D3000-D3999)

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration).....	No Cost
D3310	Anterior (excluding final restoration)	\$20
D3320	Bicuspid (excluding final restoration).....	\$40
D3330	Molar (excluding final restoration)	\$60
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$20
D3346	Retreatment of previous root canal therapy - anterior	\$20
D3347	Retreatment of previous root canal therapy - bicuspid	\$40
D3348	Retreatment of previous root canal therapy - molar	\$60
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) ..	No Cost
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) ..	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair or perforations, root resorption, etc.) ..	No Cost
D3410	Apicoectomy/periradicular surgery - anterior	\$50
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$50
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$50
D3426	Apicoectomy/periradicular surgery (each additional root)	\$50
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost

PERIODONTICS (D4000-D4999)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$5
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant ..	\$150
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant ..	\$150
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	No Cost

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D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	No Cost
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PROSTHODONTICS (Removable) (D5000-D5999)

D5110	Complete denture - maxillary	\$65
D5120	Complete denture - mandibular	\$65
D5130	Immediate denture - maxillary.....	\$65
D5140	Immediate denture - mandibular.....	\$65
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	\$65
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	\$65
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$65
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$65
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth).....	\$50
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth).....	No Cost
D5610	Repair resin denture base	No Cost
D5620	Repair cast framework	No Cost
D5630	Repair or replace broken clasp.....	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture.....	No Cost
D5710	Rebase complete maxillary denture	\$20
D5711	Rebase complete mandibular denture	\$20
D5720	Rebase maxillary partial denture	\$20
D5721	Rebase mandibular partial denture	\$20
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside).....	No Cost
D5741	Reline mandibular partial denture (chairside).....	No Cost
D5750	Reline complete maxillary denture (laboratory)	\$15
D5751	Reline complete mandibular denture (laboratory)	\$15
D5760	Reline maxillary partial denture (laboratory).....	\$15



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D5761	Reline mandibular partial denture (laboratory).....	\$15
D5820	Interim partial denture (maxillary).....	\$60
D5821	Interim partial denture (mandibular).....	\$60
D5850	Tissue conditioning, maxillary.....	No Cost
D5851	Tissue conditioning, mandibular.....	No Cost

IMPLANT SERVICES (D6000-6199)

D5862	Precision attachment, by report.....	\$410
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$225
D5875	Modification of removable prosthesis following implant surgery.....	\$311
D5982	Surgical stent.....	\$269
D6010	Surgical placement of implant body: endosteal implant.....	\$1,169
D6053	Implant/abutment supported removable denture for completely edentulous arch.....	\$1,080
D6055	Dental implant supported connecting bar.....	\$990
D6056	Prefabricated abutment - includes placement.....	\$383
D6057	Custom abutment - includes placement.....	\$473
D6058	Abutment supported porcelain/ceramic crown (2)	\$711
D6059	Abutment supported porcelain fused to metal crown (high noble metal) (1), (2).....	\$719
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal) (2).....	\$621
D6061	Abutment supported porcelain fused to metal crown (noble metal) (1), (2).....	\$671
D6062	Abutment supported cast metal crown (high noble metal) (1)	\$719
D6065	Implant supported porcelain/ceramic crown (2)	\$801
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) (1), (2)	\$780
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal) (1)	\$757
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$149
D6090	Repair implant supported prosthesis, by report.....	\$494
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment.....	\$359
D6092	Recent implant/abutment supported crown.....	\$89
D6093	Recent implant/abutment supported fixed partial denture	\$131
D6094	Abutment supported crown (titanium) (1).....	\$719
D6095	Repair implant abutment, by report.....	\$359

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D6100	Implant removal, by report.....	\$449
D6199	Unspecified implant procedure, by report	\$338
	(1) Additional charge for noble, high noble metal and titanium ..	\$75 per unit
	(2) Porcelain on molar restorations	\$75 per unit

PROSTHODONTICS, Fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]) (D6200-D6999)

D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis.....	\$50
D6210	Pontic - cast high noble metal (1)	\$50
D6211	Pontic - cast predominantly base metal	\$50
D6212	Pontic - cast noble metal (1)	\$50
D6214	Pontic - titanium (1)	\$50
D6240	Pontic - porcelain fused to high noble metal (1), (2)	\$50
D6241	Pontic - porcelain fused to predominantly base metal (2)	\$50
D6242	Pontic - porcelain fused to noble metal (1), (2)	\$50
D6250	Pontic - resin with high noble metal (1)	No Cost
D6251	Pontic - resin with predominantly base metal	No Cost
D6252	Pontic - resin with noble metal (1)	No Cost
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$50
D6710	Crown - indirect resin based composite	\$50
D6720	Crown - resin with high noble metal (1)	No Cost
D6721	Crown - resin with predominantly base metal	No Cost
D6722	Crown - resin with noble metal (1)	No Cost
D6750	Crown - porcelain fused to high noble metal (1), (2)	\$50
D6751	Crown - porcelain fused to predominantly base metal (2)	\$50
D6752	Crown - porcelain fused to noble metal (1), (2)	\$50
D6780	Crown - 3/4 cast high noble metal (1)	\$50
D6781	Crown - 3/4 cast predominantly base metal	\$50
D6782	Crown - 3/4 cast noble metal (1)	\$50
D6790	Crown - full cast high noble metal (1)	\$50
D6791	Crown - full cast predominantly base metal	\$50
D6792	Crown - full cast noble metal (1)	\$50
D6794	Crown - titanium (1)	\$50
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$40
D6972	Prefabricated post and core in addition to fixed partial denture retainer	No Cost



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D6973	Core build up for retainer, including any pins	No Cost
D6976	Each additional indirectly fabricated post - same tooth	\$40
D6977	Each additional prefabricated post - same tooth	No Cost
D6980	Fixed partial denture repair, by report	No Cost
	(1) Additional charge for noble, high noble metal and titanium ..	\$75 per unit
	(2) Porcelain on molar restorations	\$75 per unit

ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999)

D7111	Coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth ..	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$15
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$15
D7285	Biopsy of oral tissue - hard (bone, tooth)	No Cost
D7286	Biopsy of oral tissue - soft (all others)	No Cost
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost
D7963	Frenuloplasty	No Cost

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ORTHODONTICS (D8000-D8999)

D8660	Pre Orthodontic Treatment Visit	\$25
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,000
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,000
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,000
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	No Cost
	Start up fees	\$250
	Ortho visits beyond 24 months active treatment or retention	\$25/visit

ADJUNCTIVE GENERAL SERVICES (D9000-D9999)

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Cost
D9211	Regional block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9310	Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit, after regularly scheduled hours	No Cost
	Unspecified adjunctive procedure, by report - includes failed appointment without 24 hour notice	\$5



STANDARD PLAN LIMITATIONS & EXCLUSIONS

LIMITATION OF BENEFITS

- a. **Limitations on Diagnostic and Preventive Benefits:**
 - (1) Prophylaxis (cleanings), are limited to two treatments in any 12 consecutive months.
 - (2) Sealants are only covered to the age of 18 and are limited to permanent first and second molars only.
 - (3) Fluoride treatments are a covered benefit up to the age of 18, once every 12 months.
 - (4) Full mouth x-rays are limited to one set every 24 consecutive months.
 - (5) Bite-wing x-rays are limited to not more than one series of four films in any six-month period.
 - (6) Replacement of a restoration is covered only when it is Medically Necessary.

- b. **Limitation on Basic Benefits:**
 - (1) Periodontal treatments (subgingival curettage and root planing) are limited to five (5) quadrants in any 12 consecutive months.

- c. **Limitation on Crowns, Jackets, and Cast Restorations:**
 - (1) Crowns, jackets and cast restorations on the same tooth are limited to once every three (3) years.
 - (2) If porcelain or composite is used on molar crowns, the member is responsible for an additional \$75 above the set crown copayment.
 - (3) If noble or high noble metal is used on crowns, the member is responsible for an additional \$75 above the set crown copayment.

- d. **Limitation on Prosthodontic Benefits:**
 - (1) Full upper and/or lower dentures are not to exceed one each in any three (3) year period. Replacement will be provided for an existing denture or bridge if it is unsatisfactory and cannot be made satisfactory.
 - (2) Partial dentures are not to be replaced within any three (3) year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
 - (3) Denture relines are limited to one during any 12 consecutive months.

- e. **Limitations and Exclusions on Orthodontic Benefits:**
 - (1) Orthodontic treatment must be provided by a Western Dental network orthodontist.
 - (2) Benefits cover 24 months of usual and customary orthodontic treatment.
 - (3) The copayment for orthodontic treatment does not include start-up fees. Start-up fees shall not exceed \$250. All covered persons are eligible for orthodontic treatment.

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- (4) Start-up fees shall consist of the initial examination, diagnosis and consultation, and the retention phase of treatment, of up to two (2) years maximum. This includes initial construction, placement and adjustments to retainers for a maximum period of two (2) years.
- (5) Surgical procedures, including extractions, are not included as a covered benefit.
- (6) There are no benefits for stolen, lost, or broken appliances.
- (7) Cephalometric x-rays, tracings, photographs, and study models are not included as a benefit.
- (8) Myofunctional therapy.
- (9) Surgical procedures related to cleft palate, micrognathia or macrognathia.
- (10) Treatment related to Temporomandibular Joint (T.M.J.) disturbances and/or hormonal imbalance.
- (11) Any dental procedure considered within the field of general dentistry such as fillings or extractions.
- (12) Malocclusions which are so severe or mutilated so as not to be amenable to ideal orthodontic therapy.
- (13) Treatment that extends 24 months beyond the point of full permanent dentition will be subject to an office visit charge of \$25 per office visit.
- (14) Tooth guidance appliances
- (15) Crown exposure and ligation.
- (16) With the exception of those members enrolling in the Western Dental Plan with an effective date of January 1, 2011, there are no benefits for a treatment plan which began before the member enrolled in the plan.
- (17) If a member relocates to an area and is unable to receive treatment from a Participating Orthodontist, coverage under this program ceases and it becomes the obligation of the member to pay the usual and customary fee of the orthodontist where the treatment is completed.

Additional charges (at the Orthodontist's Usual and Customary Fee) will be made for:

1. Initial diagnostic work up and x-rays.
2. Cephalometric x-rays and tracings.
3. Photographs.
4. Study models.
5. Extractions for orthodontic purposes.
6. Pre-banding devices, appliances or therapy.
7. Tooth guidance appliances.
8. Crown and exposure ligation.
9. Orthodontic consultation if the member does not accept treatment plan.
10. Missed appointments (without 24 hours notice).
11. Lost or broken bands.
12. Lost or broken headgear.
13. Headgear.
14. Retainers after the 24 months treatment period has expired.
15. Gross non-cooperation.



STANDARD PLAN LIMITATIONS & EXCLUSIONS

EXCLUSION OF BENEFITS

The following services are not covered benefits:

- a. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services, which are provided to the enrollee by State government, or agency thereof, are provided without cost to the enrollee by any municipality, county or other subdivisions.
- b. Elective or cosmetic dental care.
- c. Temporomandibular Joint (T.M.J.).
- d. Oral surgery requiring the setting of fractures or dislocations. Orthognathic surgery or extraction solely for orthodontic purposes.
- e. Treatment of malignancies, cysts, neoplasms, or congenital malformations.
- f. Hospital charges of any kind.
- g. Loss or theft of dentures or bridgework.
- h. Dispensing of drugs not normally supplied in a dental office.
- i. General anesthesia and the services of a special anesthesiologist.
- j. Treatment required by reason of war.
- k. Dental expenses incurred in connection with any dental procedure started prior to eligibility.
- l. Dental expenses incurred in connection with any dental procedure started after termination of eligibility.
- m. Any service that is not specifically listed as a covered benefit.
- n. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limits of the enrollee.
- o. Fees incurred for missed appointment or failure to notify panel dentist of cancellation 24 hours prior to appointment.
- p. Any procedure of an experimental nature.
- q. Services which are reimbursable by insurance or reimbursable under any other group or health service plans. Services shall be provided at the time of need, but the member shall execute such documents as necessary to assure reimbursement for such benefits.
- r. Any procedure performed for the purpose of correcting contour, contact or occlusion. Any procedure to correct tooth structure lost due to attrition, erosion or abrasion.
- s. A Participating Dentist may refuse treatment to any member who continually fails to follow a prescribed course of treatment.
- t. If the member and Participating Dentist elect a treatment plan disallowed by Western Dental, further liability for additional treatment on that tooth/teeth will not be assumed.

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 Customer Service Department at (866) 859-7525



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