

# Schedule of Covered Services and Copayments SmartSmile<sup>SM</sup>

## Services when performed by a Dental Health Services general dentist

Code	Service	Copayment
	Office visit charge - per visit .....	4.00
	Failed/no-show appointment without 24-hour notice .....	20.00

## Diagnostic

0120	Periodic oral evaluation .....	None
0140	Limited oral evaluation - problem-focused .....	None
0150	Comprehensive oral evaluation - new or established patient .....	None
0160	Detailed and extensive oral evaluation - problem-focused .....	None
0170	Re-evaluation - limited, problem-focused .....	None
0180	Comprehensive periodontal evaluation .....	None
0210	Intraoral - complete series, including bitewings .....	None
0220	Intraoral - periapical, first film .....	None
0230	Intraoral - periapical, each additional film .....	None
0240	Intraoral - occlusal film .....	None
0250	Extraoral - first film .....	None
0260	Extraoral - each additional film .....	None
0270	Bitewing - single film .....	None
0272	Bitewings - two films .....	None
0274	Bitewings - four films .....	None
0277	Bitewings - vertical, seven to eight films .....	None
0330	Panoramic film .....	None
0460	Pulp vitality tests .....	None

## Preventive

**Dental prophylaxis (teeth cleaning) includes shallow scaling and polishing - eligible every six months**

1110	Prophylaxis - adult .....	15.00
1120	Prophylaxis - child .....	15.00
1201	Topical application of fluoride - with prophylaxis (child) .....	25.00
1203	Topical application of fluoride - without prophylaxis (child) .....	15.00
1204	Topical application of fluoride - without prophylaxis (adult) .....	15.00
1205	Topical application of fluoride - with prophylaxis (adult) .....	25.00
1310	Nutritional counseling for control of dental disease .....	None
1330	Oral hygiene instructions .....	None
1351	Sealant - per tooth .....	10.00

## Space maintainers

1510	Space maintainer - fixed, unilateral .....	100.00
1515	Space maintainer - fixed, bilateral .....	150.00
1520	Space maintainer - removable, unilateral .....	100.00
1525	Space maintainer - removable, bilateral .....	150.00
1550	Re-cementation of space maintainer .....	20.00

## Amalgam restorations - primary or permanent

2140	Amalgam - one surface, primary or permanent .....	32.00
2150	Amalgam - two surfaces, primary or permanent .....	42.00
2160	Amalgam - three surfaces, primary or permanent .....	50.00
2161	Amalgam - four or more surfaces, primary or permanent .....	60.00

## Resin-based composite restorations

2330	One surface, anterior .....	44.00
2331	Two surfaces, anterior .....	60.00
2332	Three surfaces, anterior .....	80.00
2335	Four or more surfaces, or involving incisal angle, anterior .....	120.00
2390	Crown, anterior .....	120.00
2391	One surface, posterior .....	60.00
2392	Two surfaces, posterior .....	80.00

Code	Service	Copayment
2393	Three surfaces, posterior .....	100.00
2394	Four or more surfaces, posterior .....	130.00

## Crowns - single restoration only

**\* Additional charges of \$50 for noble metal, \$80 for high noble metal  
Add \$100 for porcelain on molars, \$50 for porcelain butt margin**

2510	Inlay - metallic, one surface .....	*390.00
2520	Inlay - metallic, two surfaces .....	*390.00
2530	Inlay - metallic, three or more surfaces .....	*390.00
2542	Onlay - metallic, two surfaces .....	*390.00
2543	Onlay - metallic, three surfaces .....	*390.00
2544	Onlay - metallic, four or more surfaces .....	*390.00
2710	Resin-based composite - indirect .....	250.00
2712	3/4 resin-based composite - indirect .....	250.00
2720	Resin with high noble metal .....	*330.00
2721	Resin with base metal .....	250.00
2722	Resin with noble metal .....	*300.00
2740	Porcelain/ceramic .....	340.00
2750	Porcelain fused to high noble metal .....	*420.00
2751	Porcelain fused to base metal .....	340.00
2752	Porcelain fused to noble metal .....	*390.00
2780	3/4 cast high noble metal .....	*390.00
2781	3/4 cast base metal .....	310.00
2782	3/4 cast noble metal .....	*360.00
2783	3/4 porcelain/ceramic .....	340.00
2790	Full cast, high noble metal .....	*390.00
2791	Full cast, base metal .....	310.00
2792	Full cast, noble metal .....	*360.00
2974	Crown - titanium .....	310.00

## Other restorative services

2910	Recement inlay, onlay, or partial coverage restoration .....	25.00
2915	Recement cast or prefabricated post and core .....	25.00
2920	Recement crown .....	25.00
2930	Prefabricated stainless steel crown - primary tooth .....	75.00
2931	Prefabricated stainless steel crown - permanent tooth .....	75.00
2932	Prefabricated resin crown .....	80.00
2933	Prefabricated stainless steel crown with resin window .....	100.00
2934	Prefabricated coated stainless steel crown - primary tooth .....	100.00
2940	Sedative filling .....	20.00
2950	Core buildup, including any pins .....	75.00
2951	Pin retention - per tooth, in addition to restoration .....	25.00
2952	Cast post and core, in addition to crown .....	110.00
2953	Each additional cast post - same tooth .....	None
2954	Post and core, in addition to crown .....	80.00
2957	Each additional pre-fabricated post - same tooth .....	None
2960	Labial veneer - resin laminate, chairside .....	200.00
2961	Labial veneer - resin laminate, laboratory .....	310.00
2962	Labial veneer - porcelain laminate, laboratory .....	340.00
2971	Additional procedures to construct new crown .....	25.00
2975	Coping .....	310.00

## Endodontics

3110	Pulp cap - direct, excluding final restoration .....	15.00
3120	Pulp cap - indirect, excluding final restoration .....	15.00
3220	Therapeutic pulpotomy, excluding final restoration .....	45.00
3221	Pulpal debridement - primary or permanent teeth .....	45.00
3230	Pulpal therapy - anterior, primary tooth .....	80.00
3240	Pulpal therapy - posterior, primary tooth .....	80.00

Code	Service	Copayment
<b>Root canal therapy</b>		
3310	Anterior, excluding final restoration .....	200.00
3320	Bicuspid, excluding final restoration .....	250.00
3330	Molar, excluding final restoration .....	310.00
3331	Treatment of root canal obstruction - non-surgical .....	60.00
3332	Incomplete root canal therapy - inoperable, unrestorable, or fractured tooth .....	100.00
3333	Internal root repair of perforation defects .....	60.00
3346	Retreatment of root canal therapy - anterior .....	350.00
3347	Retreatment of root canal therapy - posterior .....	400.00
3348	Retreatment of root canal therapy - molar .....	500.00
3950	Canal preparation and fitting of pre-formed dowel or post .....	60.00

## Periodontics

4211	Gingivectomy/gingivoplasty - one to three contiguous teeth, or bounded teeth spaces, per quadrant .....	60.00
4341	Scaling and root planing - four or more contiguous teeth, or bounded teeth spaces, per quadrant .....	60.00
4342	Scaling and root planing - one to three contiguous teeth, or bounded teeth spaces, per quadrant .....	40.00
4355	Full mouth debridement to enable evaluation and diagnosis .....	60.00
4381	Crevicular tissue treatment - per tooth .....	50.00
4910	Periodontal maintenance .....	60.00

## Dentures

**Dentures and partials include four months free adjustments**  
**Add lab cost of any gold**

5110	Complete denture - upper .....	440.00
5120	Complete denture - lower .....	440.00
5130	Immediate denture - upper .....	440.00
5140	Immediate denture - lower .....	440.00
5211	Upper partial denture - resin base, including clasps, rests, teeth .....	440.00
5212	Lower partial denture - resin base, including clasps, rests, teeth .....	440.00
5213	Upper partial denture - cast metal framework with resin denture bases, including clasps, rests, teeth .....	480.00
5214	Lower partial denture - cast metal framework with resin denture bases, including clasps, rests, teeth .....	480.00
5225	Upper partial denture - flexible base, including clasps, rests, teeth .....	680.00
5226	Lower partial denture - flexible base, including clasps, rests, teeth .....	680.00
5281	Removable unilateral partial denture - one piece cast metal, including clasps, teeth .....	200.00

## Denture adjustments & repairs

5410	Adjust complete denture - upper .....	20.00
5411	Adjust complete denture - lower .....	20.00
5421	Adjust partial denture - upper .....	20.00
5422	Adjust partial denture - lower .....	20.00
5510	Repair broken complete denture base .....	50.00
5520	Replace missing or broken teeth - per tooth .....	40.00
5610	Repair resin denture base .....	60.00
5620	Repair cast framework .....	80.00
5630	Repair or replace broken clasp .....	60.00
5640	Replace broken teeth - per tooth .....	50.00
5650	Add tooth to existing partial denture .....	50.00
5660	Add clasp to existing partial denture .....	60.00
5670	Replace all teeth and acrylic on cast metal - upper .....	330.00
5671	Replace all teeth and acrylic on cast metal - lower .....	330.00
5710	Rebase complete upper denture .....	300.00
5711	Rebase complete lower denture .....	300.00
5720	Rebase partial upper denture .....	300.00
5721	Rebase partial lower denture .....	300.00
5730	Reline complete upper denture - chairside .....	80.00
5731	Reline complete lower denture - chairside .....	80.00
5740	Reline partial upper denture - chairside .....	80.00
5741	Reline partial lower denture - chairside .....	80.00

Code	Service	Copayment
5750	Reline complete upper denture - laboratory .....	140.00
5751	Reline complete lower denture - laboratory .....	140.00
5760	Reline partial upper denture - laboratory .....	140.00
5761	Reline partial lower denture - laboratory .....	140.00
5810	Temporary complete upper denture .....	180.00
5811	Temporary complete lower denture .....	180.00
5820	Temporary partial upper denture .....	180.00
5821	Temporary partial lower denture .....	180.00
5850	Tissue conditioning - upper .....	50.00
5851	Tissue conditioning - lower .....	50.00

## Bridges

**\* Additional charges of \$50 for noble metal, \$80 for high noble metal**  
**Add \$100 for porcelain on molars, \$50 for porcelain butt margin**

6205	Pontic - indirect resin-based composite .....	250.00
6210	Pontic - cast high noble metal .....	*390.00
6211	Pontic - cast predominantly base metal .....	310.00
6212	Pontic - cast noble metal .....	*360.00
6214	Pontic - titanium .....	310.00
6240	Pontic - porcelain fused to high noble metal .....	*420.00
6241	Pontic - porcelain fused to base metal .....	340.00
6242	Pontic - porcelain fused to noble metal .....	*390.00
6245	Pontic - porcelain/ceramic .....	340.00
6250	Pontic - resin with high noble metal .....	*330.00
6251	Pontic - resin with base metal .....	250.00
6252	Pontic - resin with noble metal .....	*300.00
6548	Retainer - porcelain/ceramic - resin-bonded prosthesis .....	340.00
6602	Inlay - cast high noble metal, two surfaces .....	*390.00
6603	Inlay - cast high noble metal, three or more surfaces .....	*390.00
6604	Inlay - cast base metal, two surfaces .....	310.00
6605	Inlay - cast base metal, three or more surfaces .....	310.00
6606	Inlay - cast noble metal, two surfaces .....	*360.00
6607	Inlay - cast noble metal, three or more surfaces .....	*360.00
6608	Onlay - porcelain/ceramic, two surfaces .....	340.00
6609	Onlay - porcelain/ceramic, three or more surfaces .....	340.00
6610	Onlay - cast high noble metal, two surfaces .....	*390.00
6611	Onlay - cast high noble metal, three or more surfaces .....	*390.00
6612	Onlay - cast base metal, two surfaces .....	310.00
6613	Onlay - cast base metal, three or more surfaces .....	310.00
6614	Onlay - cast noble metal, two surfaces .....	*360.00
6615	Onlay - cast noble metal, three or more surfaces .....	*360.00
6624	Inlay - titanium .....	310.00
6634	Onlay - titanium .....	310.00
6710	Crown - indirect resin-based composite .....	250.00
6720	Crown - resin with high noble metal .....	*250.00
6721	Crown - resin with base metal .....	250.00
6722	Crown - resin with noble metal .....	*250.00
6740	Crown - porcelain/ceramic .....	340.00
6750	Crown - porcelain fused to high noble metal .....	*420.00
6751	Crown - porcelain fused to base metal .....	340.00
6752	Crown - porcelain fused to noble metal .....	*390.00
6780	Crown - 3/4 cast high noble metal .....	*390.00
6781	Crown - 3/4 cast base metal .....	310.00
6782	Crown - 3/4 cast noble metal .....	*360.00
6783	Crown - 3/4 porcelain/ceramic .....	340.00
6790	Crown - full cast high noble metal .....	*390.00
6791	Crown - full cast base metal .....	310.00
6792	Crown - full cast noble metal .....	*360.00
6794	Crown - titanium .....	310.00
6930	Re-cement fixed partial denture .....	30.00
6970	Cast post and core .....	*110.00
6971	Cast post - as part of fixed partial denture retainer .....	110.00
6972	Prefabricated post and core .....	80.00
6973	Core build up for retainer - including any pins .....	80.00
6975	Coping - metal .....	*40.00
6976	Each additional cast post - same tooth .....	None
6977	Each additional prefabricated post - same tooth .....	None

Code	Service	Copayment
<b>Oral surgery</b>		
7111	Extraction - coronal remnants, deciduous tooth .....	35.00
7140	Extraction - erupted tooth or exposed root .....	40.00
7210	Surgical removal of erupted tooth .....	70.00
7220	Removal of impacted tooth - soft tissue .....	85.00
7250	Surgical removal of residual tooth roots .....	80.00
7510	Incision and drainage of abscess .....	50.00
7511	Incision and drainage of abscess - complicated .....	100.00

## Other services

9110	Emergency treatment - minor procedure .....	25.00
9215	Local anesthesia .....	None
9310	Second opinion consultation .....	20.00
9440	Office visit - after regularly scheduled hours .....	50.00
9450	Case presentation - detailed .....	None
9972	External bleaching - per arch .....	200.00
9973	External bleaching - per tooth .....	100.00
9974	Internal bleaching - per tooth .....	100.00

## Dental exclusions

The following services are not covered by your dental plan

- A. Services that are not consistent with professionally recognized standards of practice.
- B. Services related to implants or attachments to implants.
- C. Cosmetic services, for appearance only, unless specifically listed.
- D. Myofunctional therapy-procedures for training, treating or developing muscles in and around the jaw or mouth including T.M.J. and related diseases, except for occlusal guard.
- E. Treatment for malignancies, neoplasms (tumors) and cysts as well as hereditary, congenital and/or developmental malformations.
- F. Dispensing of drugs not normally supplied in a dental office.
- G. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
- H. Procedures, appliances or restorations (other than fillings) that are necessary for full mouth rehabilitation, to increase arch vertical dimension, or crown/bridgework requiring more than 10 crowns/pontics. Replacement or stabilization of tooth structure lost through attrition, abrasion or erosion. Procedures performed by a prosthodontist.
- I. Fixed bridges for patients under the age of sixteen, in the presence of non-supportive periodontal tissue, when edentulous spaces are bilateral in the same arch, when replacement of more than four teeth in an arch, replacement of missing third molars, or when the prognosis is poor.
- J. General anesthesia, including intravenous and inhalation sedation.
- K. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- L. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- M. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
- N. Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.
- O. Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
- P. Coordination of benefits with another prepaid managed care dental plan.
- Q. Orthodontic treatment of a case in progress and/or retreatment of orthodontic cases.
- R. Cephalometric x-rays, tracings, photographs and orthodontic study models.

Code	Service	Copayment
<b>Services when performed by a Dental Health Services orthodontist</b>		

Please call your Member Service specialist at 800.63.SMILE for a referral to the nearest participating orthodontist

## Orthodontics

Consultation .....	25.00
Failed/no-show appointment without 24-hour notice .....	25.00
Full banded - child, up to age 19 .....	1975.00
Full banded - adult .....	2175.00
Partial banded - child, up to age 19 .....	1250.00
Partial banded - adult .....	1550.00
Mixed dentition - phase I .....	600.00
Palatal expansion .....	450.00
Rapid palatal expansion .....	600.00
Retention appliance - after orthodontic treatment .....	250.00
Functional appliance (Bionator-Frankel) .....	600.00
Headgear .....	400.00
Simple crossbite .....	400.00
Copying records .....	40.00

- S. Replacement of lost or broken orthodontic appliances.
- T. Changes in orthodontic treatment necessitated by an accident of any kind.
- U. Malocclusions so severe or mutilated which are not amenable to ideal orthodontic therapy.
- V. Specialty services.
- W. Services not specifically covered on the Schedule of Covered Services and Copayments.

## Dental limitations

Restrictions on benefits are applied to the following services

- A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- C. Routine teeth cleaning (prophylaxis) is limited to once every six months and full mouth x-rays are limited to one set every three years if needed.
- D. Sealants are only a benefit for permanent posterior teeth of children under the age of eighteen.
- E. Periodontal surgical procedures are limited to four quadrants every two years.
- F. There are additional charges for precious/noble metals (gold).
- G. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.
- H. Relines are limited to once per twelve months, per appliance.
- I. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- J. The maximum benefit for pedodontic specialty care is \$500 per lifetime.

**Enrollees should refer to the Group Service Agreement for further information on benefit exclusions and limitations.**

## Orthodontic exclusions

- A. Retreatment of orthodontic cases.
- B. Treatment of a case in progress at inception of eligibility.
- C. Surgical procedures (including extraction of teeth) incidental orthodontic treatment.
- D. Surgical procedures related to cleft palate, micrognathia or macrognathia.
- E. Treatment related to temporomandibular joint (TMJ) disturbances and/or hormonal imbalances.
- F. Any dental procedure considered within the field of general dentistry, including but not limited to: myofunctional therapy; general anesthetics, including intravenous and inhalation sedation; dental services of any nature performed in a hospital.

## Orthodontic limitations

**The following are subject to additional charges**

- A. Cephalometric x-rays, dental x-rays.
- B. Tracings and photographs.
- C. Study models.
- D. Replacement of lost or broken appliances.
- E. Changes in treatment necessitated by an accident of any kind.
- F. Services which are compensable under worker's compensation or employer liability laws.
- G. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.
- H. Full banded treatments are based on a 24-month standard treatment plan. Additional treatment, or treatment that extends beyond that time may be subject to additional charges.

**Please call your Member Service specialist at 800.63.SMILE for a referral to the nearest participating orthodontist.**

## Health plan benefits and coverage matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Deductibles: None

Lifetime maximums: None

Professional services - exam & preventive services: No charge for most services. Full mouth x-rays limited to every three years. Prophylaxis (cleanings) limited to every six months. Sealants limited to permanent teeth to age 18.

Professional services - restorative, crowns, endodontics and oral surgery services: Copayments for fillings, caps, root canals and extractions vary by procedure in the enclosed Schedule.

Professional services - periodontic services: Copayments for gum treatments vary by procedure in the enclosed Schedule. Surgical procedures are limited to four quads every two years.

Professional services - dentures and partial dentures: Copayments vary by procedure and appear in the enclosed Schedule. Replacements limited to every five years. Relines limited to every 12 months.

Professional services - specialty services: Not covered

Outpatient office visits: \$4 per visit

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Chemical dependency services: Not covered

Home health services: Not covered

**This dental plan does not provide general anesthesia. Members requiring general anesthesia should inquire with their medical plan for coverage.**

**Dental Health Services**  
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*A Great Reason to Smile<sup>SM</sup>*