

Offered by:

**EMPLOYEE'S HEALTH
INSURANCE SERVICES, INC.**

ehisinc@sbcglobal.net
Ph. (858) 481-8990
Fax (858) 755-3499

SUPER SMILE PLUS

FOR ALL INDIVIDUALS, COUPLES,
FAMILIES AND MEDI-CAL RECIPIENTS

DENTAL - VISION - Rx

Dental PLAN SCHEDULE OF BENEFITS
Covered Benefits, Member Co-payments, Limitations & Exclusions

No Annual Deductible
No Annual Dollar Amount Maximum

- Members must select, and be assigned to, a contracted dental office to utilize covered benefits. Your assigned office will initiate a treatment plan or will initiate the specialty referral process with the dental office if the services are dentally necessary and outside the scope of general dentistry.
- Member Co-payments are payable to the dental office at the time services are rendered.
- This Schedule does not guarantee benefits. All services are subject to eligibility and dental necessity at the time of service.
- Dental procedures not listed as covered benefits are available at the dental office's usual and customary fee.
- For a complete description of your Plan, please refer to the Evidence of Coverage in addition to this Schedule.

CODE	DESCRIPTION	MEMBER CO-PAYMENT	CODE	DESCRIPTION	MEMBER CO-PAYMENT
DIAGNOSTIC SERVICES			D1352	Preventive resin restoration – permanent tooth	5
D0120	Periodic oral evaluation	0	D1510	Space maintainer, fixed, unilateral	15
D0140	Limited oral evaluation	0	D1515	Space maintainer, fixed, bilateral	15
D0145	Oral Evaluation under age 3	0	D1520	Space maintainer, removable, unilateral	15
D0150	Comprehensive oral evaluation	0	D1525	Space maintainer, removable, bilateral	15
D0160	Oral evaluation, problem focused	0	D1550	Recementation of space maintainer	0
D0170	Re-evaluation, limited, problem focused	0	D1555	Removal of fixed space maintainer	0
D0180	Comprehensive periodontal evaluation	0	RESTORATIVE		
D0210	Intraoral, complete series (includes bitewings)	0	D2140	Amalgam, 1 surface, primary or permanent	0
D0220	Intraoral, periapical, first film	0	D2150	Amalgam, 2 surfaces, primary or permanent	0
D0230	Intraoral, periapical, each additional film	0	D2160	Amalgam, 3 surfaces, primary or permanent	0
D0240	Intraoral, occlusal film	0	D2161	Amalgam, 4 or more surfaces, primary/permanent	0
D0250	Extraoral, first film	0	D2330	Resin-based composite, 1 surface, anterior	0
D0260	Extraoral, each additional film	0	D2331	Resin-based composite, 2 surfaces, anterior	0
D0270	Bitewing, single film	0	D2332	Resin-based composite, 3 surfaces, anterior	0
D0272	Bitewings, 2 films	0	D2335	Resin-based composite, 4+ surfaces/incisal angle	0
D0273	Bitewings, 3 films	0	D2390	Resin-based composite crown, anterior	0
D0274	Bitewings, 4 films	0	D2391	Resin-based composite, 1 surface, posterior	45
D0277	Vertical bitewings, 7 to 8 films	0	D2392	Resin-based composite, 2 surfaces, posterior	49
D0330	Panoramic Film	0	D2393	Resin-based composite, 3 surfaces, posterior	55
D0340	Cephalometric film	See Ortho	D2394	Resin-based composite, 4+ surfaces, posterior	74
D0415	Collection of microorganisms for culture	15	<p>* GUIDELINES for Inlays, Onlays, and Single Crowns: The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure. 1. <u>Brand name restorations</u> (e.g. Sunrise, Captex, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits. 2. <u>Benefits for anterior and bicuspid teeth:</u> Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure. 3. <u>Benefits for molar teeth:</u> Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure. 4. <u>Base metal is the benefit.</u> If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.</p>		
D0425	Caries susceptibility tests	8			
D0460	Pulp vitality tests	0			
D0470	Diagnostic casts	0			
D0472	Accession of tissue, gross exam, prep & report	15			
D0473	Accession of tissue, gross/micro. exam, prep, report	15			
D0474	Accession of tissue, gross/micro. exam, report	15			
PREVENTIVE SERVICES					
D1110	Prophylaxis, adult	0	D2510	Inlay, metallic, 1 surface	75*
	Prophylaxis, adult (3 rd or more per 12 months)	45	D2520	Inlay, metallic, 2 surfaces	85*
D1120	Prophylaxis, child	0			
	Prophylaxis, child (3 rd or more per 12 months)	35			
D1203	Topical application of fluoride, child	0			
	Topical application fluoride, child (3 rd + in 12 mo.)	10			
D1204	Topical application of fluoride, adult	0			
D1206	Topical fluoride varnish	0			
D1310	Nutritional counseling for control of dental disease	0			
D1320	Tobacco counseling, control/prevention oral disease	0			
D1330	Oral hygiene instruction	0			
D1351	Sealant, per tooth	5			

CODE	DESCRIPTION	MEMBER CO-PAYMENT	CODE	DESCRIPTION	MEMBER CO-PAYMENT
D2530	Inlay, metallic, 3 or more surfaces	90*	ENDODONTICS		
D2542	Onlay, metallic, 2 surfaces	90*	D3110	Pulp cap - direct (excluding final restoration)	0
D2543	Onlay, metallic, 3 surfaces	95*	D3120	Pulp cap - indirect (excluding final restoration)	0
D2544	Onlay, metallic, 4 or more surfaces	100*	D3220	Therapeutic pulpotomy (excluding final restoration)	0
D2610	Inlay, porcelain/ceramic, 1 surface	80*	D3221	Pulpal debridement, primary & permanent teeth	5
D2620	Inlay, porcelain/ceramic, 2 surfaces	85*	D3230	Pulpal therapy (resorbable filling), anterior primary	0
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	90*	D3240	Pulpal therapy (resorbable filling), posterior, primary	0
D2642	Onlay, porcelain/ceramic, 2 surfaces	95*	D3310	Anterior (excluding final restoration)	34
D2643	Onlay, porcelain/ceramic, 3 surfaces	100*	D3320	Bicuspid (excluding final restoration)	80
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	105*	D3330	Molar (excluding final restoration)	105
D2650	Inlay, resin-based composite, 1 surface	75*	D3331	Treatment of root canal obstruction; non-surgical	110
D2651	Inlay, resin-based composite, 2 surfaces	80*	D3332	Incomplete endodontic therapy, inoperable	40
D2652	Inlay, resin-based composite, 3 or more surfaces	90*	D3333	Internal root repair of perforation defects	55
D2662	Onlay, resin-based composite, 2 surfaces	90*	D3346	Retreatment of previous root canal - anterior	34
D2663	Onlay, resin-based composite, 3 surfaces	95*	D3347	Retreatment of previous root canal - bicuspid	70
D2664	Onlay, resin-based composite, 4 or more surfaces	100*	D3348	Retreatment of previous root canal - molar	105
D2710	Crown, resin-based composite (indirect)	70*	D3351	Apexification/recalcification/pulp reg. - initial visit	40
D2712	Crown, 3/4 resin-based composite (indirect)	70*	D3352	Apexification/recalcification/pulp reg. - interim med.	40
D2720	Crown, resin with high noble metal	70*	D3353	Apexification/recalcification - final visit	40
D2721	Crown, resin with predominantly base metal	70*	D3410	Apicoectomy/periradicular surgery - anterior	55
D2722	Crown, resin with noble metal	70*	D3421	Apicoectomy/periradicular surgery - bicuspid	55
D2740	Crown, porcelain/ceramic substrate	70*	D3425	Apicoectomy/periradicular surgery - molar	55
D2750	Crown, porcelain fused to high noble metal	70*	D3426	Apicoectomy/periradicular surgery - ea. add. root	18
D2751	Crown, porcelain fused to predominantly base metal	70*	D3430	Retrograde filling - per root	55
D2752	Crown, porcelain fused to noble metal	70*	D3450	Root Amputation - per root	55
D2780	Crown, 3/4 cast high noble metal	70*	D3910	Surgical procedure for isolation with rubber dam	10
D2781	Crown, 3/4 cast predominantly base metal	70	D3920	Hemisection (incl. root removal), not incl. root canal	20
D2782	Crown, 3/4 cast noble metal	70*	D3950	Canal prep. & fitting of preformed dowel/post	0
D2783	Crown, 3/4 porcelain/ceramic	70*	PERIODONTICS		
D2790	Crown, full cast high noble metal	70*	D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	40
D2791	Crown, full cast predominantly base metal	70	D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	10
D2792	Crown, full cast noble metal	70*	D4240	Ging. flap procedure, 4+ teeth per quadrant	85
D2794	Crown, titanium	70*	D4241	Ging. flap procedure, 1-3 teeth per quadrant	85
D2799	Provisional crown	40	D4245	Apically positioned flap	55
D2910	Recement inlay, onlay, partial coverage restoration	0	D4249	Clinical crown lengthening, hard tissue	110
D2915	Recement cast or prefabricated post & core	0	D4260	Osseous surgery, 4+ teeth per quadrant	175
D2920	Recement crown	0	D4261	Osseous surgery, 1-3 teeth per quadrant	175
D2930	Prefabricated stainless steel crown, primary tooth	0	D4263	Bone replacement graft, 1* site in quadrant	75
D2931	Prefabricated stainless steel crown, permanent tooth	0	D4264	Bone replacement graft, ea. additional site, quad.	40
D2932	Prefabricated resin crown	5	D4270	Pedicle soft tissue graft procedure	135
D2933	Prefabricated stainless steel crown, resin window	5	D4271	Free soft tissue graft procedure (incl. donor site)	135
D2934	Prefabricated esthetic coated SS crown, primary	5	D4274	Distal/proximal wedge procedure	80
D2940	Protective restoration (temporary)	0	D4320	Provisional splinting - intracoronal	45
D2950	Core build-up, including any pins	10	D4321	Provisional splinting - extracoronal	45
D2951	Pin retention, per tooth, in addition to restoration	10	GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/per day are allowable.		
D2952	Post & core in addition to crown, indirect fabric.	10*	D4341	Periodontal scaling & root planing, 4+ teeth/quad.	15
D2953	Each additional indirect fabric. post, same tooth	5*	D4342	Periodontal scaling & root planing, 1-3 teeth/quad.	15
D2954	Prefabricated post & core in addition to crown	10	D4355	Full mouth debridement	15
D2955	Post removal (not in conj. with endodontic therapy)	10	D4381	Localized delivery of antimicrobial agent/per tooth	15
D2957	Each additional prefabricated post, same tooth	5	D4910	Periodontal maintenance	10
D2960	Labial veneer (resin laminate), chairside	200	D4920	Unscheduled dressing change/non-treating dentist	5
D2961	Labial veneer (resin laminate), laboratory	325	PROSTHODONTICS - REMOVABLE		
D2962	Labial veneer (porcelain laminate), laboratory	500	D5110	Complete denture, maxillary	85
D2970	Temporary crown (fractured tooth)	25	D5120	Complete denture, mandibular	85
D2971	Add'l procedure/new crown, existing partial denture	15	D5130	Immediate denture, maxillary	110
D2980	Crown repair, by report	15			

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CODE	DESCRIPTION	MEMBER CO-PAYMENT	CODE	DESCRIPTION	MEMBER CO-PAYMENT
D5140	Immediate denture, mandibular	110	D6067	Implant supported metal crown	984
D5211	Maxillary partial denture, resin base	90	D6068	Abutment supported retainer, porcelain/ceramic FPD	1,110
D5212	Mandibular partial denture, resin base	90	D6069	Abutment supported retainer, metal FPD, high noble	1,096
D5213	Maxillary partial denture, cast metal/resin base	100	D6070	Abut. support. retainer, porc./metal FPD, base metal	1,035
D5214	Mandibular partial denture, cast metal/resin base	100	D6071	Abut. support. retainer, porc./metal FPD, noble	1,056
D5225	Maxillary partial denture, flexible base	300	D6072	Abut. support. retainer, cast metal FPD, high noble	1,028
D5226	Mandibular partial denture, flexible base	300	D6073	Abut. support. retainer, cast metal FPD, base metal	930
D5281	Removable unilateral partial denture, 1 pc. cast	75	D6074	Abut. support. retainer, cast metal FPD, noble	1,005
D5410	Adjust complete denture, maxillary	0	D6194	Abut. supported retainer crown, FPD, titanium	670
D5411	Adjust complete denture, mandibular	0	D6075	Implant supported retainer for ceramic FPD	1,092
D5421	Adjust partial denture, maxillary	0	D6076	Implant supported retainer for porc./metal FPD	1,064
D5422	Adjust partial denture, mandibular	0	D6077	Implant supported retainer for cast metal FPD	984
D5510	Repair broken complete denture base	0	D6092	Recement implant/abutment supported crown	45
D5520	Replace missing/broken teeth, complete denture	0	D6093	Recement implant/abutment supported FPD	65
D5610	Repair resin denture base	0	PROSTHODONTICS - FIXED		
D5620	Repair cast framework	0	<i>* GUIDELINES for Pontics and Abutment Inlays, Onlays and Crowns</i>		
D5630	Repair or replace broken clasp	0	<i>The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.</i>		
D5640	Replace broken teeth, per tooth	0	<i>1. Brand name restorations (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Ceres, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.</i>		
D5650	Add tooth to existing partial denture	5	<i>2. Benefits for anterior and bicuspid teeth: Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.</i>		
D5660	Add clasp to existing partial denture	5	<i>3. Benefits for molar teeth: Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.</i>		
D5670	Replace all teeth & acrylic/cast metal frame, max.	25	<i>4. Base metal is the benefit. If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.</i>		
D5671	Replace all teeth & acrylic/cast metal frame, mand.	25	D6205	Pontic, indirect resin based composite	70*
D5710	Rebase complete maxillary denture	35	D6210	Pontic, cast high noble metal	70*
D5711	Rebase complete mandibular denture	35	D6211	Pontic, cast predominantly base metal	70
D5720	Rebase maxillary partial denture	35	D6212	Pontic, cast noble metal	70*
D5721	Rebase mandibular partial denture	35	D6214	Pontic, titanium	70*
D5730	Reline complete maxillary denture, chairside	16	D6240	Pontic, porcelain fused to high noble metal	70*
D5731	Reline complete mandibular denture, chairside	16	D6241	Pontic, porcelain fused to predominantly base metal	70*
D5740	Reline maxillary partial denture, chairside	16	D6242	Pontic, porcelain fused to noble metal	70*
D5741	Reline mandibular partial denture, chairside	16	D6245	Pontic, porcelain/ceramic	70*
D5750	Reline complete maxillary denture, laboratory	28	D6250	Pontic, resin with high noble metal	70*
D5751	Reline complete mandibular denture, laboratory	28	D6251	Pontic, resin with predominantly base metal	70*
D5760	Reline maxillary partial denture, laboratory	28	D6252	Pontic, resin with noble metal	70*
D5761	Reline mandibular partial denture, laboratory	28	D6253	Provisional pontic	70
D5810	Interim complete denture, maxillary	55	D6545	Retainer, cast metal for resin bonded fixed prosth.	50*
D5811	Interim complete denture, mandibular	55	D6548	Retainer, proc./ceramic, resin bonded fixed prosth.	50
D5820	Interim partial denture, maxillary	18	D6600	Inlay, porcelain/ceramic, 2 surfaces	85*
D5821	Interim partial denture, mandibular	18	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	90*
D5850	Tissue conditioning, maxillary	0	D6602	Inlay, cast high noble metal, 2 surfaces	85*
D5851	Tissue conditioning, mandibular	0	D6603	Inlay, cast high noble metal, 3 or more surfaces	90*
IMPLANT SERVICES			D6604	Inlay, cast base metal, 2 surfaces	85
<i>GUIDELINE: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal, or titanium for implants and procedures associated with implants.</i>			D6605	Inlay, cast base metal, 3 or more surfaces	90
D6010	Surgical placement of implant body, endosteal	2,000	D6606	Inlay, cast noble metal, 2 surfaces	80*
D6056	Prefabricated abutment, includes placement	210	D6607	Inlay, cast noble metal, 3 or more surfaces	90*
D6058	Abutment supported porcelain/ceramic crown	1,110			
D6059	Abutment supported porcelain/high noble crown	1,096			
D6060	Abutment supported porcelain/base metal crown	1,035			
D6061	Abutment supported porcelain/noble metal crown	1,056			
D6062	Abutment supported cast metal crown, high noble	1,003			
D6063	Abutment supported cast metal crown, base metal	861			
D6064	Abutment supported cast metal crown, noble metal	912			
D6094	Abutment supported crown, titanium	670			
D6065	Implant supported porcelain/ceramic crown	1,040			
D6066	Implant supported porcelain/metal crown	1,013			

CODE	DESCRIPTION	MEMBER CO-PAYMENT	CODE	DESCRIPTION	MEMBER CO-PAYMENT			
D6624	Inlay, titanium	90*	D7321	Alveoplasty, w/o extractions, 1-3 teeth, quadrant	46			
D6608	Onlay, porcelain/ceramic, 2 surfaces	95*	D7340	Vestibuloplasty, ridge extension (2 nd epithelialization)	40			
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	100*	D7350	Vestibuloplasty, ridge extension	55			
D6610	Onlay, cast high noble metal, 2 surfaces	90*	D7450	Removal, benign odontogenic cyst/tumor, up to 1.25	45			
D6611	Onlay, cast high noble metal, 3 or more surfaces	95*	D7451	Removal, benign odontogenic cyst/tumor, over 1.25	90			
D6612	Onlay, cast base metal, 2 surfaces	90	D7460	Removal, benign nonodontogenic cyst/tumor, to 1.25	50			
D6613	Onlay, cast base metal, 3 or more surfaces	95	D7461	Removal, benign nonodontogenic cyst/tumor, 1.25+	70			
D6614	Onlay, cast noble metal, 2 surfaces	90*	D7471	Removal of lateral exostosis, maxilla or mandible	55			
D6615	Onlay, cast noble metal 3 or more surfaces	95*	D7472	Removal of torus palatinus	40			
D6634	Onlay, titanium	95*	D7473	Removal of torus mandibularis	40			
D6710	Crown, indirect resin based composite	50*	D7485	Surgical reduction of osseous tuberosity	25			
D6720	Crown, resin with high noble metal	10*	D7510	Incision & drainage of abscess, intraoral soft tissue	5			
D6721	Crown, resin with predominantly base metal	10*	D7511	Incision/drainage, abscess, intraoral soft, complicated	8			
D6722	Crown, resin with noble metal	10*	D7520	Incision & drainage, abscess, extraoral soft tissue	5			
D6740	Crown, porcelain/ceramic	70*	D7521	Incision/drainage, abscess, extraoral soft, complicate	8			
D6750	Crown, porcelain fused to high noble metal	70*	D7530	Remove foreign body, mucosa, skin, tissue	10			
D6751	Crown, porcelain fused to predominantly base metal	70*	D7560	Maxillary sinusotomy, remove th. frag./foreign body	25			
D6752	Crown, porcelain fused to noble metal	70*	D7960	Frenulectomy (frenectomy or frenotomy), sep. proc.	0			
D6780	Crown, ¾ cast high noble metal	70*	D7963	Frenuloplasty	0			
D6781	Crown, ¾ cast predominantly base metal	70	D7970	Excision of hyperplastic tissue, per arch	10			
D6782	Crown, ¾ cast noble metal	70*	D7971	Excision of pericoronal gingival	20			
D6783	Crown, ¾ porcelain/ceramic	70*	ADJUNCTIVE GENERAL SERVICES					
D6790	Crown, full cast high noble metal	70*	D9110	Palliative (emergency) treatment, minor procedure	5			
D6791	Crown, full cast predominantly base metal	70	D9120	Fixed partial denture sectioning	0			
D6792	Crown, full cast noble metal	70*	D9210	Local anesthesia not with operative/surgical proced.	0			
D6793	Provisional retainer crown	40	D9211	Regional block anesthesia	0			
D6794	Crown, titanium	70*	D9212	Trigeminal division block anesthesia	0			
D6930	Recement fixed partial denture	0	D9215	Local anesthesia with operative/surgical procedure	0			
D6940	Stress breaker	20	** GUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic is contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.					
D6970	Post & core in addition to FPD retainer, indirect	20*						
D6972	Prefabricated post & core in add. to FPD retainer	10						
D6973	Core buildup for retainer, including any pins	0						
D6976	Each additional indirectly fabricated post/same tooth	0*						
D6977	Each additional prefabricated post, same tooth	0						
D6980	Fixed partial denture repair, by report	15	ORAL AND MAXILLOFACIAL SURGERY					
D7111	Extraction, coronal remnants, deciduous tooth	0						
D7140	Extraction, erupted tooth or exposed root	0				D9220	Deep sedation/general anesthesia, 1 st 30 minutes	225**
D7210	Surgical removal of erupted tooth	0				D9221	Deep sedation/general anesthesia, each add. 15 min.	125**
D7220	Removal of impacted tooth, soft tissue	18				D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0
D7230	Removal of impacted tooth, partially bony	34				D9241	Intravenous conscious sedation/analgesia, 1 st 30 min.	225**
D7240	Removal of impacted tooth, completely bony	45				D9242	IV conscious sedation/analgesia, each add. 15 min.	125**
D7241	Removal impacted tooth, complete bony, complication	48				D9248	Non-intravenous conscious sedation	100
D7250	Surgical removal residual tooth roots, cutting proc.	18				D9310	Consultation, other than requesting dentist	0
D7261	Primary closure of a sinus perforation	95				D9430	Office visit, observation, regular hrs., no other serv.	0
D7270	Tooth reimplantation/stabilization, accident	90				D9440	Office visit, after regularly scheduled hours	20
D7280	Surgical access of an unerupted tooth	45				D9450	Case presentation, detailed & extensive treatment	0
D7282	Mobilization of erupted/malpositioned tooth	30				D9630	Other drugs and/or medicaments, by report	8
D7283	Placement, device to facilitate eruption, impaction	30				D9910	Application of desensitizing medicament	0
D7285	Biopsy of oral tissue, hard (bone, tooth)	0				D9911	Application of desensitizing resin, per tooth	0
D7286	Biopsy of oral tissue, soft	0				D9930	Treatment of complications, post surgical, unusual	0
D7287	Exfoliative cytological sample collection	0				D9940	Occlusal guard, by report	100
D7288	Brush biopsy, transepithelial sample collection	0				D9942	Repair and/or reline of occlusal guard	25
D7310	Alveoplasty with extractions, 4+ teeth, quadrant	34				D9950	Occlusion analysis, mounted case	0
D7311	Alveoplasty with extractions, 1-3 teeth, quadrant	34				D9951	Occlusal adjustment, limited	8
D7320	Alveoplasty, w/o extractions, 4+ teeth, quadrant	46				D9952	Occlusal adjustment, complete	10
						D9971	Odontoplasty 1-2 teeth	0

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CODE	DESCRIPTION	MEMBER CO-PAYMENT
	Broken appointment, less than 24 hour notice	10
	Office visit, per visit	0
ORTHODONTICS		
If orthodontics is a covered benefit under your plan, you will find the benefits listed on the following page.		

range for you to receive services from a contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your General Dentist will initiate the referral process with Plan. When you receive services from a Dental Specialist utilizing the proper referral process, the Member Co-Payments listed in this Copayment Schedule will apply.

Classification of Metals (Source: ADA Council on Scientific Affairs)

The noble metal classification system has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of metal content:

High Noble: Gold (Au), Palladium (Pd), and/or Platinum (Pt) equal to or more than 60% (with at least 40% Gold (Au));

Titanium and Titanium Alloys: Titanium (Ti) more than 85%;

Noble: Gold (Au), Palladium (Pd), and/or Platinum (Pt) equal to or more than 25%;

Predominantly Base: Gold (Au), Palladium (Pd), and/or Platinum (Pt) less than 25%.

ORTHODONTIC RIDER O-175 Principal Benefits and Coverage

Primary Dentition:	Teeth developed and erupted first in order of time.
Transitional Dentition:	The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.
Adolescent Dentition:	The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.
Adult Dentition:	The dentition that is present after the cessation of growth that would affect orthodontic treatment.

Treatment must be provided by a contracted orthodontic provider.
Any procedure not listed is available at the provider's usual and customary fee.

ADA Code	Description	Member Co-Payment
Orthodontic Diagnostic Records		
D0340	Cephalometric x-ray and tracings for orthodontic purposes	100
D0470	Diagnostic casts for orthodontic purposes	75
D9310	Initial consultation for orthodontic purposes	0
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	1,300
D8020	Limited orthodontic treatment of the transitional dentition	1,300
D8030	Limited orthodontic treatment of the adolescent dentition	1,300
D8040	Limited orthodontic treatment of the adult dentition	1,300
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	500
D8060	Interceptive orthodontic treatment of the transitional dentition	500
Comprehensive Orthodontic Treatment (24 Months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	1,550
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1,550
D8090	Comprehensive orthodontic treatment of the adult dentition	1,695
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	350
D8220	Fixed appliance therapy	350
Other Orthodontic Services		
D8660	Pre-orthodontic treatment visit	0
D8670	Periodic orthodontic visits (as part of contract)	0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	250
	Broken appointment (less than 24 hour notice)	20

Orthodontic Exclusions:

1. Lost, stolen or broken appliances
2. Extractions for orthodontic purposes, (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an emergency dental condition)
3. Temporomandibular joint syndrome (TMJ) surgical orthodontics
4. Myofunctional therapy
5. Treatment of cleft palate
6. Treatment of micrognathia
7. Treatment of macroglossia

Offered by:
**EMPLOYEE'S HEALTH
INSURANCE SERVICES, INC.**
ehisinc@sbcglobal.net
Ph. (858) 481-8990
Fax (858) 755-3499

LIMITATIONS:

1. Prophylaxis are covered once every six consecutive months. Additional prophylaxis are available at the listed member co-payment amount;
2. Full Mouth X-rays are limited to once every 36 consecutive months;
3. Fluoride Treatments are covered once every 6 consecutive months. Additional fluoride treatments, up to the 18th birth date, are available at the listed member co-payment amount;
4. Sealants are covered only on the first and second permanent molars and up to the 14th birth date;
5. Crowns, Jackets, Inlays and Onlays are benefits on the same tooth only once every five years, and consistent with professionally recognized standards of dental practice;
6. Replacement of existing Full and Partial Dentures are covered once per arch every 5 years, except when they cannot be made functional through relines or repairs;
7. Denture Relines are covered twice per year, and only when consistent with professionally recognized standards of dental practice;
8. Any routine dental services performed by a Primary Care Dentist or Specialist in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

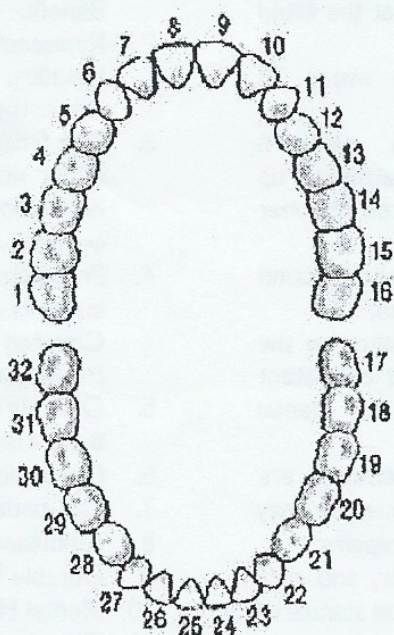
EXCLUSIONS:

1. Any procedure not specifically listed as a Covered Benefit;
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances;
3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit;
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Benefit (See "Independent Medical Review" in the Group Evidence of Coverage and Disclosure Form);
5. Oral surgery requiring the setting of bone fractures or bone dislocations;
6. Hospitalization;
7. Out-patient services;
8. Ambulance services;
9. Durable Medical Equipment;
10. Mental Health services;
11. Chemical Dependency services;
12. Home Health services;
13. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than listed as Covered Benefit;
14. Treatment started before the member was eligible, or after the member was no longer eligible
15. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional (e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones) unless otherwise covered as an orthodontic benefit;
16. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice;
17. Treatment of malignancies, cysts, or neoplasms;
18. Orthodontic treatment started prior to member's effective date of coverage;
19. Appliances needed to increase vertical dimension or restore occlusion;
20. Any services performed outside of your assigned dental office, unless expressly authorized by or unless as outlined and covered in "Emergency Dental Care" section.

PERMANENT TEETH

Upper Right:

- 1: 3rd Molar – posterior tooth
- 2: 2nd Molar – posterior tooth
- 3: 1st Molar – posterior tooth
- 4: 2nd Bicuspid – posterior tooth
- 5: 1st Bicuspid – posterior tooth
- 6: Cuspid – anterior tooth
- 7: Lateral incisor – anterior tooth
- 8: Central incisor – anterior tooth



Upper Left:

- 9: Central incisor – anterior tooth
- 10: Lateral incisor – anterior tooth
- 11: Cuspid – anterior tooth
- 12: 1st Bicuspid – posterior tooth
- 13: 2nd Bicuspid – posterior tooth
- 14: 1st Molar – posterior tooth
- 15: 2nd Molar – posterior tooth
- 16: 3rd Molar – posterior tooth

Lower Right:

- 25: Central incisor – anterior tooth
- 26: Lateral incisor – anterior tooth
- 27: Cuspid – anterior tooth
- 28: 1st Bicuspid – posterior tooth
- 29: 2nd Bicuspid – posterior tooth
- 30: 1st Molar – posterior tooth
- 31: 2nd Molar – posterior tooth
- 32: 3rd Molar – posterior tooth

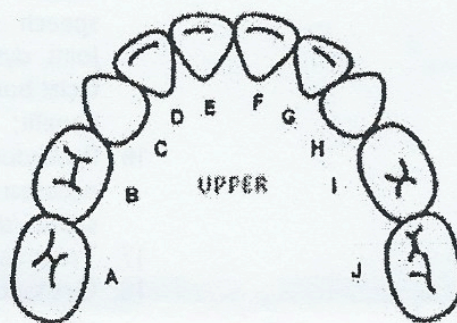
Lower Left:

- 17: 3rd Molar – posterior tooth
- 18: 2nd Molar – posterior tooth
- 19: 1st Molar – posterior tooth
- 20: 2nd Bicuspid – posterior tooth
- 21: 1st Bicuspid – posterior tooth
- 22: Cuspid – anterior tooth
- 23: Lateral incisor – anterior tooth
- 24: Central incisor – anterior tooth

PRIMARY TEETH

Upper Right:

- A: 2nd primary molar – posterior tooth
- B: 1st primary molar – posterior tooth
- C: Cuspid – anterior tooth
- D: Lateral incisor – anterior tooth
- E: Central incisor – anterior tooth

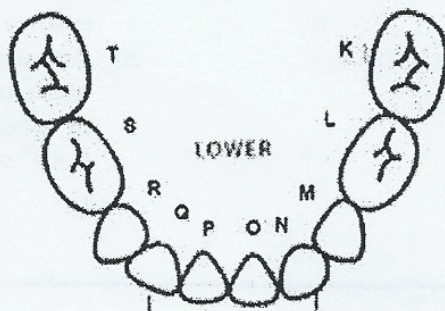


Upper Left:

- F: Central incisor – anterior tooth
- G: Lateral incisor – anterior tooth
- H: Cuspid – anterior tooth

Lower Right:

- T: 2nd primary molar – posterior tooth
- S: 1st primary molar – posterior tooth
- R: Cuspid – anterior tooth
- Q: Lateral incisor – anterior tooth
- P: Central incisor – anterior tooth



Lower Left:

- K: 2nd primary molar – posterior tooth
- L: 1st primary molar – posterior
- M: Cuspid – anterior tooth
- N: Lateral incisor – anterior tooth
- O: Central incisor – anterior tooth