

# Dental Net® 2000 Series Plan 2700

We're Committed To Providing You With Great Dental Care Options

Dental care is an important part of your comprehensive health care coverage and well-being. Anthem Blue Cross knows being protected with dental coverage is an important safeguard for you and your family. We have been dedicated to providing you and your family with dental coverage for more than thirty years.

Diagnostic and preventive services are the key to maintaining good dental health. Dental coverage is designed to assure that you receive regular preventive care. With routine examinations, minor dental problems can be diagnosed and treated before major, more costly problems occur. Anthem Blue Cross' Dental Net plan can be instrumental in your long-term dental health.

Dental Net is a dental HMO that offers one of the most extensive networks of quality dentists in California. When you use your selected Dental Net dentist, you will receive a higher benefit level. With Dental Net there are no deductibles and no copayments for most diagnostic or preventive services, which keeps your out-of-pocket expenses to a minimum.

Simply select the office and primary dentist that is most convenient to your home or work. Your selected dental office will provide all routine dental services and arrange for any specialty care you may need. Because each eligible family member may choose his or her own dentist, you and your family will enjoy greater flexibility and freedom of choice.

**Dental Net Advantages** – some important advantages when using your Dental Net plan include:

- Easy to use
- Most diagnostic and preventive care at no cost to members
- No claim forms
- No deductibles or annual maximums for most dental services
- Orthodontic coverage
- Referral to specialists from your primary dentist

Your Dental Net Plan – when you enroll in Dental Net, you'll be asked to select a participating dental office and primary dentist from a statewide directory of Dental Net network dentists. With the exception of out-of-area emergency services and certain specialty services, all of your dental care needs will be provided by, or coordinated through, your selected dental office and primary dentist. After enrollment, you will receive a member ID card listing your selected participating dental office and the phone number.

Your First Visit – because preventive dental care is so important, Dental Net provides benefits at no cost for X-rays and two teeth cleanings per year. Soon after enrollment, you should call your participating dental office for an initial diagnostic examination. X-rays will usually be taken at this time to determine the overall condition of your teeth. Through routine check-ups, minor dental problems can often be diagnosed and treated before they become major problems.

We encourage you to call your participating dental office whenever you need dental care. Please note that Dental Net does not limit the number of times you can see your dentist.

**Customer Service** – a Customer Service representative is available to answer your questions and inquiries at (800) 627-0004.

**Dental Net Benefits** – there is no deductible with Dental Net, however, some procedures require a copayment that you will need to pay at the time of service. Please refer to the amount on the chart.

**Continuing Coverage** – as required by federal law, certain restrictions and conditions apply to the right to continue coverage and are described in your Evidence of Coverage (EOC).

Covered Services	Per Member Copay
Diagnostic	
0120 – Periodic oral evaluation	No copay
0140 – Limited oral evaluation	No copay
<ul><li>problem focused</li></ul>	. ,
0150 – Comprehensive oral examinations	No copay
0160 – Detailed and extensive oral evaluation	n No copay
0170 – Re-evaluation – Limited problem	. ,
focused (not post-operative visit)	No copay
<ul> <li>Office visit – per patient per office vi</li> </ul>	isit No copay
in addition to patient copays	. ,

Covered Services	Per Member Copay
Diagnostic (continued)	
0210 – X-rays – intraoral – <i>complete series</i>	No copay
(including bitewings)	
0220 – X-rays – intraoral – periapical – first film	n No copay
0230 – X-rays – intraoral – periapical	No copay
– each additional film	
0240 – X-rays – intraoral – <i>occlusal film</i>	No copay
0270 – X-rays – bitewing – single film	No copay
0272 – X-rays – bitewings – two films	No copay

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	ber Copay		nber Copay
Diagnostic (continued)		Endodontics (continued)	445
0274 – X-rays – bitewings – four films	No copay	3221 – Gross pulp debridement	\$15
0277 – X-rays – vertical bitewings	No copay	primary & permanent teeth	<b>ф</b> 7.Г
0330 – X-rays – panoramic film	No copay	3310 – Anterior root canal therapy – 1 canal	\$75
0460 – Pulp vitality tests	No copay	(excluding final restoration)	¢10E
0470 – Diagnostic casts	No copay	3320 – Bicuspid root canal therapy – <i>2 canals</i>	\$125
9310 – Consultation – per session	No copay	(excluding final restoration)	¢100
Preventive		3330 – Molar root canal therapy – <i>3 canals</i> (excluding final restoration)	\$180
1110 – Prophylaxis – adult <sup>1</sup>	No copay	3332 – Incomplete endodontic therapy	\$45
1120 – Prophylaxis – child <sup>1</sup>	No copay	(inoperable or fractured tooth)	<b>440</b>
1201 – Topical Fluoride	No copay	3346 – Retreatment of previous anterior	\$85
- child (including prophylaxis)		root canal therapy	ΨΟΟ
1203 – Topical Fluoride	No copay	3347 – Retreatment of previous bicuspid	\$130
- child (excluding prophylaxis)	No conou	root canal therapy	
1204 – Topical Fluoride	No copay	3348 – Retreatment of previous molar	\$150
<ul><li>– adult (excluding prophylaxis)</li><li>1205 – Topical Fluoride</li></ul>		root canal therapy	
- adult (including prophylaxis)	No copay	3410 – Apicoectomy/periradicular surgery – anterior	\$90
1330 – Oral hygiene instructions	No copay	3421 – Apicoectomy/periradicular surgery – bicuspid	\$90
1351 – Sealants – <i>per tooth</i>	\$10	(first root)	
1510 – Space maintainers – <i>fixed - unilateral</i>	\$25	3425 – Apicoectomy/periradicular surgery – molar	\$90
1515 – Space maintainers – <i>fixed - bilateral</i>	\$25	(first root)	***
1520 – Space maintainers – <i>removable - unilateral</i>	\$25	3426 – Apicoectomy/periradicular surgery	\$90
1525 – Space maintainers – removable - bilateral	\$25	– each additional tooth	<b>ф7</b> Г
1550 – Recementation of space maintainer	\$5	3430 – Retrograde filling – <i>per root</i>	\$75
Restorative		3910 – Surgical procedure for isolation of tooth with rubber dam	No copay
2110 – Fillings, amalgams – one surface, primary	No copay	3950 – Canal preparation and fitting of	No copay
2120 – Fillings, amalgams – two surfaces, primary	No copay	preformed dowel or post	No copay
2130 – Fillings, amalgams	No copay	Periodontics	
<ul> <li>three surfaces, primary</li> </ul>	. ,	4210 – Gingivectomy/Gingivoplasty – <i>per quadrant</i>	\$75
2131 – Fillings, amalgams	No copay	4211 – Gingivectomy/Gingivoplasty – <i>per quadrant</i> 4211 – Gingivectomy/Gingivoplasty – <i>per tooth</i>	\$75 \$20
<ul><li>four or more surfaces, primary</li></ul>		4220 – Gingival curettage, surgical – per quadrant	\$15
2140 – Fillings, amalgams	No copay	4260 – Osseous surgery – <i>per quadrant</i>	\$200
– one surface, permanent		4341 – Periodontal scaling/root planing – per quadrant	\$25
2150 – Fillings, amalgams	NI.	4355 – Full mouth debridement to enable	\$25
- two surfaces, permanent	No copay	comprehensive periodontal evaluation/diagnos	
2160 – Fillings, amalgams	No copou	4910 – Periodontal maintenance procedures	\$30
<ul><li>three surfaces, permanent</li><li>2161 – Fillings, amalgams</li></ul>	No copay	(following active therapy) ·	
- four or more surfaces, permanent	No copay	Oral Surgery	
2330 – Resin – <i>one surface, anterior</i>	No copay	7110/ – Single extraction/each	No copay
2331 – Resin – <i>two surfaces, anterior</i>	No copay	7120 additional tooth	
2332 – Resin – three surfaces, anterior	No copay	7130 – Root removal – exposed roots	No copay
2335 – Resin – four or more surfaces, anterior,	\$1Ó	7210 – Surgical removal of erupted tooth	\$25
or involving incisal angle		7220 – Removal of impacted tooth – soft tissue	\$30
2336 – Resin – based composite, anterior – primary	\$35	7230 – Removal of impacted tooth – partial bony	\$75
2337 – Resin – based composite, anterior – permanent	\$45	7240 – Removal of impacted tooth – <i>completely bony</i> <sup>2</sup>	\$85
2380 – Resin – one surface, posterior – primary	\$30	7241 – Removal of impacted tooth – <i>completely bony</i> ,	\$85
2381 – Resin – two surfaces, posterior – primary	\$40	with unusual surgical <sup>2</sup>	ФЕГ
2382 – Resin – three or more surfaces, posterior	\$50	7250 – Surgical removal of residual tooth roots	\$55
- primary	¢ΓΛ	(cutting procedure) 7285 – Biopsy of oral tissue – hard (bone, tooth) <sup>3</sup>	\$20
2385 – Resin – one surface, posterior – permanent	\$50 \$65	7286 – Biopsy of oral tissue – <i>Hard (botte, toolity)</i> 7286 – Biopsy of oral tissue – <i>soft (all others)</i> 3	\$20 \$20
2386 – Resin – two surfaces, posterior – permanent	\$65 \$75	7310 – Alveoloplasty in preparation for dentures,	\$20 \$65
2387 – Resin – three or more surfaces, posterior – permanent	ψ/ )	with extractions – per quadrant <sup>4</sup>	ΨΟΟ
2388 – Resin – based composite, <i>four</i>	\$85	7320 – Alveoloplasty in preparation for dentures,	\$80
or more surfaces, posterior – permanent	ΨΟΟ	without extractions – per quadrant <sup>4</sup>	+50
Endodontics		7510 – Incision & drainage of abscess	\$25
3110 – Pulp cap – <i>Direct</i>	No conav	– Intraoral soft tissue	
(excluding final restoration)	No copay	Prosthodontics	
3120 – Pulp cap – <i>Indirect</i>	No copay	2510 – Inlay – metallic – <i>one surface</i> <sup>5</sup>	\$65
(excluding final restoration)	ivo copay	2520/6520 – Inlay – metallic – <i>two surfaces</i> <sup>5</sup>	\$75
3220 – Therapeutic pulpotomy	\$5	2530/6530 – Inlay – metallic – <i>three or more surfaces</i> <sup>5</sup>	\$85
(excluding final restoration)	ΨΟ	2542 – Onlay – metallic – <i>two surfaces</i> <sup>5</sup>	\$125
	dontiet's usual foo		
<sup>1</sup> For the third cleaning in a 12 month period, the copay is 80% of the <sup>2</sup> Independent procedures copays cannot be combined.	uemisi s usual iee	•	
<sup>3</sup> Histopathological exam is not included and is not benefited.			
<sup>4</sup> In preparation for dentures.			
<ul> <li>Plus actual costs for noble/high (precious) metal not to exceed \$10</li> </ul>	0.		

2544 - Crown – porcelain fused to high noble metal 1 2750 - Crown – porcelain fused to redominantly base metal 2750 - Crown – porcelain fused to noble metal 1 2750 - Crown – porcelain fused to noble metal 1 2750 - Crown – porcelain fused to noble metal 1 2750 - Crown – porcelain fused to noble metal 1 2750 - Crown – porcelain fused to noble metal 1 2750 - Crown – cast shigh noble metal 1 2750 - Crown – cast shigh predominantly base metal 2760 - Crown – cast high predominantly base metal 2779 - Crown – cast noble metal 1 2779 - Crown – Full cast high noble metal 1 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – Full cast predominantly base metal 2779 - Crown – C	Covered Services	Member Copay Covered Services	Per Member Copay	
2540 - Crown – porcelain fused to high noble metal 1 2750 - Crown – porcelain fused to redominantly base metal 2751 - Crown – porcelain fused to redominantly base metal 2752 - Crown – porcelain fused to noble metal 1 2760 - Crown – cast high noble metal 1 2760 - Crown – cast high predominantly base metal 2762 - Crown – cast high predominantly base metal 2778 - Crown – cast high predominantly base metal 2779 - Crown – cast high predominantly base metal 2779 - Crown – cast high predominantly base metal 2779 - Crown – cast high predominantly base metal 2779 - Crown – cast high predominantly base metal 3700 5211/ – Partial denture (maxillary/mandibular) 5211/ – Partial denture (	Prosthodontics (continued)			
2790 - Crown - porcelain fused to high noble metal 1 2750 - Crown - porcelain fused to high noble metal 2 5100 5120 (maxillary/mandibular) 51300 5130 (maxillary/mandibular) 51300 5273 - crown - porcelain fused to noble metal 1 5100 5273 - resir has fine (including class, rests) 5273 - crown - porcelain/ceramic 51300 5273 - resir has fine (including class, rests) 5273 - crown - porcelain/ceramic 51300 5273 - resir has fine (including class, rests) 5273 - resir makillary/mandibular) 5279 - crown - porcelain/ceramic 51300 5273 - resir makillary/mandibular) 5279 - Crown - porcelain/ceramic 51300 5273 - resir makillary/mandibular) 5279 - Crown - porcelain/ceramic 51300 5273 - resir makillary/mandibular) 5279 - Perfabricated stainless steel crown 5790 - Perfabricated resir crown (provisional) 5270 - Repair resin denture base 5270 - Repair resin den				
2751 — Crown – porcelain fused to indigh noble metal 1	2544/6544 – Onlay – metallic – <i>four or r</i>			
2751 - Crown – porcelain fused to prédominantly base metal 2752 - Crown – porcelain fused to noble metal 1 2760 - Crown – cast high noble metal 1 2781 - Crown – cast high predominantly base metal 2781 - Crown – cast high predominantly base metal 2782 - Crown – cast high predominantly base metal 2783 - Crown – porcelain/ceramic 2790 - Crown – Full cast predominantly base metal 2791 - Crown – Full cast predominantly base metal 2792 - Crown – Full cast predominantly base metal 2793 - Crown – Full cast predominantly base metal 2794 - Recement Inlay 2790 - Recement Inlay 2791 - Partial denture (maxillary/mandibular) 2791 - Crown – Full cast predominantly base metal 2792 - Crown – Full cast predominantly base metal 2793 - Prefabricated stainless steel crown 2793 - Prefabricated stainless steel crown 2793 - Prefabricated resin crown (provisional) 2793 - Prefabricated resin crown (provisional) 2794 - Sedative filling 2795 - Prefabricated resin crown (provisional) 2795 - Cast post and core in addition to crown 2795 - Cast post and core in addition to crown 2795 - Cast post and core in addition to crown 2795 - Prefabricated post and core in addition to crown 2795 - Prefabricated post and core in addition to crown 2795 - Prefabricated post and core in addition to crown 2796 - Prefabricated post and core in addition to crown 2797 - Temporary crown (fractured tooth) 2797 - Temporary crown (fractured tooth) 2798 - Each additional prefab post (same tooth) 2799 - Temporary crown (fractured tooth) 2790 - Temporary crown (fractured tooth) 2791 - Profitic - Porcelain fused to noble metal 1 2792 - Crown - procelain fused to noble metal 1 2793 - Prefabricated enture reline - Laboratory 2794 - Prefabricated post and core in addition to crown 2795 - Each additional prefab post (same tooth) 2796 - Prefabricated post and core in addition to crown 2797 - Temporary crown (fractured tooth) 2798 - Prefabricated post and core in addition to crown 2798 - Prefabricated post and core in addition to crown 2798 - Prefabricated post and core in a				
base métal 2752 - Crown porcelain fused to noble metal 1 2760 - Crown - cast high noble metal 1 2761 - Crown - cast high noble metal 1 2762 - Crown - cast high predominantly base metal 2763 - Crown - cast high predominantly base metal 2764 - Pontic - Porcelain fused to noble metal 1 2764 - Pontic - Porcelain fused to noble metal 1 2765 - Crown - cast high predominantly base metal 2779 - Crown - porcelain fused to noble metal 2 2783 - Crown - porcelain fused to noble metal 3 2790 - Crown - Full cast high proble metal 3 2791 - Crown - Full cast predominantly base metal 2792 - Crown - Full cast proble metal 3 2792 - Crown - C				
2780 - Crown - cast high oneble metal 1	2751 – Crown – porcelain fused to pred			
2780 - Crown - cast high noble metal 1				
2780 - Crown - cast high noble metal 1		\$100 5211/ – Partial den	(maxillary/mandibular) \$175	
2781 - Crown - cast high predominantly base metal 2782 - Crown - porcelain/ceramic 2783 - Crown - porcelain/ceramic 2790 - Crown - Full cast high noble metal 1 2791 - Crown - Full cast high noble metal 1 2791 - Crown - Full cast high noble metal 1 2792 - Crown - Full cast high noble metal 1 2793 - Crown - Full cast high noble metal 1 2794 - Crown - Full cast high noble metal 1 2795 - Crown - Full cast high noble metal 1 2796 - Crown - Full cast high noble metal 1 2797 - Crown - Full cast predominantly base metal 2798 - Crown - Full cast predominantly base metal 2799 - Recement inday 2790 - Prefabricated stainless steel crown 2791 - Primary/permanent tooth (provisional) 2792 - Prefabricated stainless steel crown 2793 - Prefabricated resin crown (provisional) 2794 - Prefabricated resin crown (provisional) 2795 - Core buildup, including any pins 2795 - Cast post and core in addition 2795 - Post removal (not in conjunction with 2796 - Post premoval (not in conjunction with 2797 - Temporary crown (fractured tooth) 2790 - Temporary crown (fractured tooth) 2791 - Pontic - Cast high noble metal 1 2792 - Preclain fused to high noble metal 1 2793 - Each additional prefab post (same tooth) 2794 - Prefabricated post and core in addition to crown 2795 - Each additional prefab post (same tooth) 2796 - Pontic - Cast high noble metal 1 2797 - Temporary crown (fractured tooth) 2798 - Prefabricated post and core in addition to crown 2799 - Temporary crown (fractured tooth) 2790 - Temporary crown (fractured tooth) 2791 - Provel porcelain fused to predominantly 2792 - Precelain fused to noble metal 1 2793 - Prefabricated post metal 1 2794 - Prefabricated post metal 1 2795 - Pontic - Porcelain fused to high noble metal 1 2796 - Pontic - Cast noble metal 1 2797 - Prefabricated post metal 1 2798 - Prefabricated post metal 1 2799 - Prefabricated post metal 1 2790 - Prefabricated post metal 1 2790 - Prefabricated post metal 1 2	2780 – Crown – cast high noble metal 1	\$100 5212 <i>– resin bas</i>	ncluding clasps, rests)	
2783 - Crown – porcelain/ceramic   \$100   \$214   — cast metal framework with resin denture bases   \$102   \$100   \$214   — cast metal framework with resin denture bases   \$100   \$1410   — (maxillary/mandibular)   \$100   \$242   (maxillary/mandibular)   \$100   \$242   (maxillary/mandibular)   \$100   \$1411   (maxillary/mandibular)   \$1510   \$151	2781 – Crown – cast high predominantl	netal \$100 5213/ – Partial den	(maxillary/mandibular) \$200	
2783 - Crown - porcelain/ceramic 2790 - Crown Full cast high noble metal 1 2791 - Crown Full cast high noble metal 1 2791 - Crown Full cast high noble metal 1 2792 - Crown Full cast high noble metal 1 2792 - Crown Full cast high noble metal 1 2793 - Crown Full cast high noble metal 1 2794 - Crown Full cast noble metal 1 2795 - Crown Full cast noble metal 1 2796 - Crown Full cast noble metal 1 2797 - Crown Full cast noble metal 1 2798 - Crown Full cast noble metal 1 2799 - Recement crown 2790 - Recement crown 2790 - Recement crown 2790 - Recement crown 2791 - Prefabricated stainless steel crown 2792 - Prefabricated stainless steel crown 2793 - Prefabricated resin crown (provisional) 2793 - Prefabricated resin crown (provisional) 2794 - Sedalive filling 2795 - Core buildup, including any pins 2795 - Core buildup, including any pins 2795 - Core buildup, including any pins 2795 - Cast post and core in addition to crown 2795 - Post removal (not in conjunction with endodonic therapy) 2795 - Post removal (not in conjunction with endodonic therapy) 2796 - Fach additional prefab post (same tooth) 2797 - Temporary crown (fractured tooth) 2798 - Post removal (not in conjunction with endodonic therapy) 2797 - Temporary crown (fractured tooth) 2798 - Post removal (not in conjunction with endodonic therapy) 2797 - Temporary crown (fractured tooth) 2790 - Temporary crown (fractured tooth) 2791 - Pornic - Cast high noble metal 1 2792 - Pontic - Porcelain fused to high noble metal 1 2793 - Pontic - Porcelain fused to predominantly base metal 2794 - Pontic - Porcelain fused to noble metal 1 2795 - Crown - porcelain fused to noble metal 1 2706 - Pontic - Porcelain fused to noble metal 1 2707 - Crown - porcelain fused to predominantly base metal 2708 - Perement fivet native of the predominantly base metal 2709 - Crown - porcelain fused to noble metal 1 2700 - Pontic - Porcelain fused to noble metal 1 2700 - Pontic - Porcelain fused to noble metal 1 2700 - Pontic - Porcelain fused to noble metal 1 2700 - Pontic - Porcelain fused to		\$100 5214 – cast met		
2790   Crown - Full cast high noble metal		\$100 5410/ – Adjust com		
2791 - Crown - Full cast predominantly base metal 2792 - Crown - Full cast noble metal 2792 - Crown - Full cast noble metal 2792 - Crown - Full cast noble metal 2792 - Repair broken complete denture base 2793 - Repair broken complete denture base 2794 - Recement crown 2795 - Repair broken complete denture base 2795 - Repair broken complete denture base 2796 - Crown function func	2790 – Crown – Full cast high noble me	\$100 5411 <i>(maxillary/</i> i		
2792 — Crown — Full cast noble metal 1	2791 – Crown – Full cast predominanth	etal \$100 5421/ – Adjust párt	lenturé \$15	
2810 - Crown - cast metallic ¹ 2910 - Recement inlay 2920 - Recement inlay 2920 - Recement crown 2930 - Prefabricated stainless steel crown 2931 - primaryipermanent tooth (provisional) 2932 - Prefabricated resin crown (provisional) 2932 - Prefabricated resin crown (provisional) 2940 - Sedative fillling 2950 - Core buildup, including any pins 2951 - Pin retention - per tooth, in addition to rown to restoration 2952 - Cast post and core in addition to crown 2953 - Each additional cast post (same tooth) 2954 - Prefabricated post and core in addition to crown 2955 - Post removal (not in conjunction with endodontic therapy) 2957 - Each additional prefab post (same tooth) 2910 - Temporary crown (fractured tooth) 2911 - Pontic - Cast high noble metal ¹ 2921 - Pontic - Porcelain fused to high noble metal ¹ 2924 - Pontic - Porcelain fused to high noble metal ¹ 2925 - Crown - porcelain fused to high noble metal ¹ 2926 - Crown - porcelain fused to high noble metal ¹ 2927 - Recoment in fused to high noble metal ¹ 2938 - Crown - porcelain fused to high noble metal ¹ 2940 - Secative filling 2951 - Repair cast froe missing or broken teeth - Complete denture eline - Laboratory 2954 - Repair cast froe missing partial denture 2954 - Repair cast froe missing partial denture 2954 - Repair cast froe missing partial denture 2950 - Complete denture eline - Addition to rown stable partial denture reline - chairside 2951 - Repair cast froe missing partial denture 2950 - Complete denture eline - Addition to rown stable partial denture reline - chairside 2951 - Repair cast froe missing partial denture 2950 - Complete denture eline - Addition to rown stable partial denture reline - chairside 2951 - Repair cast froe tooth) 2953 - Repair cast froe toothon to existing partial denture 2953 - Repair cast froe toothon to existing partial denture 2953 - Repair cast froe toothon to existing partial denture 2954 - Prefabricated post and core in addition to crown stable partial denture reline - chairside 2955 - Post removal (not in conjunation with	2792 – Crown – Full cast noble metal 1			
2910 - Recement Inlay 2920 - Recement crown 2930 / Prefabricated stainless steel crown 2931 - primary/permanent tooth (provisional) 2932 - Prefabricated resin crown (provisional) 2932 - Prefabricated resin crown (provisional) 2940 - Sedative filling 2950 - Core buildup, including any pins 2951 - Pin retention - per tooth, in addition 2951 - Pin retention - per tooth, in addition 2952 - Cast post and core in addition to crown 2953 - Each additional cast post (same tooth) 2954 - Prefabricated post and core in addition to crown 2955 - Post removal (not in conjunction with 2956 - Prefabricated post and core in addition to crown 2957 - Each additional prefab post (same tooth) 2958 - Post removal (not in conjunction with 2970 - Temporary crown (fractured tooth) 2970 - Temporary crown (fractured tooth) 2970 - Temporary crown (fractured tooth) 2971 - Pontic - Cast predominantly base metal 2072 - Pontic - Porcelain fused to high noble metal 2073 - Porcelain fused to predominantly base metal 2075 - Crown - porcelain/ceramic 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2075 - Crown - porcelain fused to noble metal 2076 - Crown - porcelain fused to noble metal 2077 - Porce more porcelain fused to noble metal 2078 - Repair cast framework 2070 - Re		\$100 5510 - Repair brok	compléte denture base \$25	
2930 – Recement crown 2931 – Prefabricated stainless steel crown 2931 – primarylpermanent looth (provisional) 2932 – Prefabricated resin crown (provisional) 2940 – Sedative filling 2950 – Core buildup, including any pins 2951 – Pin retention – per tooth, in addition 2952 – Cast post and core in addition to crown 2953 – Each additional cast post (same tooth) 2954 – Prefabricated post and core in addition to crown 2955 – Post removal (not in conjunction with 2964 – Prefabricated post and core in addition to crown 2955 – Each additional prefab post (same tooth) 2970 – Temporary crown (fractured tooth) 2971 – Pontic – Cast high noble metal 1 2970 – Pontic – Cast post and tope metal 1 2970 – Pontic – Porcelain fused to high noble metal 1 2970 – Pontic – Porcelain fused to high noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Crown – porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Porcelain fused to noble metal 1 2970 – Pontic – Poncelain fused to noble metal 1 2970 – Pontic – Poncelain fused to		No copay 5520 – Replace mi	g or broken teeth \$25	
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<sup>&</sup>lt;sup>1</sup> Plus actual costs for noble/high (precious) metal not to exceed \$100.

This Summary of Benefits is a brief review of benefits. Once enrolled, members will receive the Combined Evidence of Coverage and Disclosure Form, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.

 $<sup>^2</sup>$  Either type of denture is an acceptable restoration; however, Dental Net benefits the first one placed, not both.  $^3$  Not prescription drugs.

# **Dental Net 2000 Series Exclusions & Limitations**

### LIMITED SERVICES

Unauthorized Services. Dental services must be received from the member's participating dental office unless an exception is specifically authorized in writing by the member's participating dental office and/or Dental Net.

Oral Exams. Oral exams are limited to two per calendar year.

**Prophylaxis**. Procedures are limited to two treatments during each calendar year. If a third prophylaxis is provided within the calendar year, it will be subject to a 80% copayment based on the participating dentist's usual fee.

Periodontal Procedures. Periodontal scaling and root planing and/or gingival curettage are limited to one course of therapy per quadrant during any 12-month period. Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis is limited to one course of treatment per lifetime.

**Prosthodontic Replacements.** Partial dentures are not eligible for replacement within five years of original placement unless required as a result of additional tooth loss which cannot be restored by modification of the existing partial denture. Crowns, bridges, inlays and/or complete dentures are not eligible for replacement within five years of original placement.

Sealants. Sealants are limited to children under 16 years of age for permanent molars, unrestored. Treatment is limited to once every 36 months per tooth.

**Denture Relines**. Complete and/or partial denture relines or rebases are limited to one per denture during any 12-month period.

Precious Metals. The use of alloys with 25% or more noble metal content for any restorative procedure is considered optional and, if used, the additional cost for such alloy should not exceed \$100 and will be the member's responsibility.

Impactions. Removal of impacted teeth is limited to impactions which show radiographic evidence of a pathologic condition or for which the member experiences unresolved symptoms of infection, swelling or chronic pain.

Pediatric Annual Maximum. Pediatric dental services are limited to \$500 per calendar year for each child. Referral to a pedodontist will be considered for children to the age of 5. Charges in excess of \$500 will be the member's financial responsibility.

Porcelain on molars. If porcelain to metal crowns are placed on molars, an additional charge of \$75 per tooth will be charged.

Seven (7) or more crowns. If a treatment plan involves seven (7) or more crowns and/or fixed bridge units, an additional charge of \$125 per tooth or artificial tooth will be charged for all teeth and artificial teeth.

# SERVICES NOT COVERED

Not Acceptable Services. Any service or supply which we determine not to be an acceptable service, as specified in the Evidence of Coverage (EOC).

Cosmetic Services. Dental services necessary solely for cosmetic reasons including, but not limited to, bleaching of non-vital discolored teeth, veneers and all other cosmetic procedures (unless specifically shown as a covered benefit).

**Workers' Compensation.** Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication or settlement, under any workers' compensation or occupational disease law, even if the member does not claim those benefits.

Government Programs. Care or treatment which is obtained from or for which payment is made by any federal, state, county, municipal or other government agency, including any foreign government.

Fractures or Dislocations. Treatment of jaw fractures or dislocations.

**Hospital Charges.** Hospital and associated physician charges of any kind or charges for any dental treatment which cannot be performed in the participating dental office.

Member Health Limitations. Charges for any dental treatment, which because of the member's general health or mental, emotional, behavioral, or physical limitations, cannot be performed in the participating dental office.

**Lost or Stolen Dentures or Appliances**. Replacement of lost crowns, lost or stolen dentures, bridgework or other dental appliances.

Services Provided Before or After the Term of the Member's Coverage. Dental treatment or expenses incurred in connection with any dental procedure started prior to the member's effective date. Dental treatment or expenses incurred after termination of the member's coverage, as specified as covered in the Evidence of Coverage (EOC).

Treatment by a Non-Participating Dentist. Any corrective treatment required as a result of dental services performed by a non-participating dentist while this coverage is in effect, and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or Dental Net for completion.

**Cysts and Neoplasms**. Histopathological exams and/or the removal of tumors, cysts, neoplasms and foreign bodies.

Congenital (Hereditary) or Developmental Malformations. Dental treatment or expenses incurred in connection with the correction of congenital or developmental malformations including, but not limited to, enamel hypoplasia, fluorosis, anodontia, supernumary or impacted teeth other than third molars.

Surgical Services. Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, hemisection or root amputation, apexification, vestibuloplasty or ostectomy

**Prosthetic Services Age Limitations**. Inlays, onlays, crowns, fixed bridges, or removable cast partials for members under 16 years of age. Space maintainers for members over age sixteen.

Experimental or Investigative Procedures. Procedures which are considered experimental or investigative or which are not widely accepted as proven and effective procedures within the organized dental community.

**Implants**. Dental procedures and charges incurred as part of implants or the removal of same. Fixed or removable prosthetics in conjunction with implants. Prophylaxis on implants.

Vertical Dimension and Attrition. Dental treatment or procedures (other than those for replacement of structure lost due to dental decay) required in conjunction with opening a bite or replacing tooth structure lost by wear, erosion or abrasion or due to bruxism. (Does not apply to alteration by removable prosthodontics.)

Periodontal Splinting. Dental treatment or expenses incurred in connection with periodontal splinting.

Treatment of the Joint of the Jaw. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues.

General Anesthesia. General anesthesia, inhalation sedation, intravenous sedation or intramuscular sedation.

Procedures Not Specified as Covered. Any procedure not specifically listed as a covered service. Drugs or Dispensing of Drugs. Plan does not cover prescription drugs as a dental benefit.

Questionable, Guarded or Poor Prognosis. Teeth with questionable, guarded or poor prognosis are not covered for endodontic treatment, periodontal surgery or crown and bridge. Dental Net will allow for observation or extraction and prosthetic replacement.

Personalization, Characterization or Precision Attachments. Precision attachments, characterization or personalization of dentures is excluded.

Crown Lengthening. Crown exposure, ligation and crown lengthening are not covered. Removal of Third Molars. Immature erupting third molars are not covered for extraction, i.e., tooth proceeding through a normal eruption process.

Primary Restorations. Gold, porcelain or resin fillings on primary teeth are excluded.

Denture Replacement. Dentures, full or partial-replacements will be made only if existing denture is five (5) years old, is unsatisfactory and cannot be made serviceable.

### ORTHODONTIC EXCLUSIONS AND LIMITATIONS

### ORTHODONTIC LIMITATIONS

Authorized Orthodontic Services. Orthodontic services must be received from the member's participating orthodontic office as specifically authorized and referred by Dental Net in writing.

Lifetime Maximum. Orthodontic treatment is limited to one full case (up to 24 months of standard orthodontic care) during the member's lifetime.

Loss of Coverage During Orthodontic Treatment. If the member's coverage under the plan ends, for any reason, while the member is still receiving orthodontic treatment during the 24 month treatment period, the member and NOT Dental Net will be responsible for the remainder of the cost for that treatment, at the contracted fee for the remaining number of months of treatment.

Orthodontic consultation/Observation Fees. If treatment is not required or the member chooses not to start treatment after a diagnosis and consultation have been completed by the provider, the member may be charged a consultation fee of \$30 in addition to diagnostic record fees.

Orthodontic Retention Phase of Care. Retention services include initial fabrication, placement, observation, and adjustments of passive retention appliances for a 12-month period. The retention services fee of \$275 is the member's responsibility and is payable at the beginning of the retention phase of treatment. Retention services fees are subject to review and modification on an annual basis.

Orthodontic Services in Excess of 24 Months of Active Care. The member is required to pay the participating orthodontist of \$55 per month for each additional month of standard active orthodontic treatment provided beyond the 24 month period, but before the retention phase of treatment begins.

## ORTHODONTIC EXCLUSIONS

**Changes in Treatment.** Changes in treatment necessitated by an accident of any kind or patient noncompliance.

Myofunctional Therapy. Myofunctional therapy and related services. (Myofunctional therapy involves the use of muscle exercises as an adjunct to orthodontic mechanical correction of maloculusion.)

Orthodontic Retreatment. The retreatment of a previously treated orthodontic case (whether treated under this coverage, at fee-for-service, or under another benefit plan) is not covered. Services Provided Before or After the Term of This Coverage. Orthodontic treatment begun prior to the member's effective date or after the termination of coverage.

Other Orthodontic Services. Services for braces, other orthodontic appliances, or orthodontic services, except as specifically stated in this coverage.

Orthodontic Treatment Incidental to Surgical Procedures. Orthodontic treatment in conjunction with oral surgical procedures including, but not limited to, orthognatic surgery.

Phase I Orthodontics/Orthopaedic/Orthodontic Treatment. Any Phase I treatment or orthopaedic/orthodontic treatment which may be deemed advantageous or necessary by the participating orthodontist prior to the 24 months or standard active treatment. Orthodontic treatment for malocclusions which, in the opinion of the participating orthodontist will not produce beneficial results

Replacement of Orthodontic Appliances. Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances broken due to the member's negligence.

Special Orthodontic Appliances. Special types of orthodontic appliances which are considered cosmetic including, but not limited to, lingual or "invisible" braces, sapphire or clear braces, or ceramic braces.

Surgical Procedures Incidental to Orthodontic Treatment. Surgical procedures incidental to orthodontic treatment including, but not limited to, extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, ligation, correction of micrognathia or macrognathia, or repair of cleft palate.

T.M.J. or Hormonal Imbalance Orthodontic Services. Treatment related to the joint of the jaw (temporomandibular joint, TMJ) and/or hormonal imbalance.

**Third Party Liability.** Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

**Coordination of Benefits.** The benefits of this plan may be reduced if the member has any other group dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

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