

2014 Preventive/Comprehensive Dental HMO Plan

Health Net Seniority Plus Amber I and Amber II (HMO SNP)

California



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Health Net

2014 Preventive/Comprehensive

Dental HMO Plan



The following information explains the dental benefits available as a core benefit for the Health Net Seniority Plus Amber I and Amber II (HMO SNP) plans.

With the exception of emergency and urgent dental care, all covered services must be provided by a contracted dentist. Most covered services will be available from, and provided by, your selected primary care general dentist.

Dental plan procedure codes and definitions are outlined on the following pages for reference; however, it is recommended that you talk to your dental provider to confirm what procedures will be required and to obtain a pretreatment cost estimate. You can also refer to your Evidence of Coverage (EOC) for a schedule of covered dental benefits.

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Diagnostic		
D0120	Periodic oral evaluation – established patient	No charge
D0140	Limited oral evaluation – problem-focused	No charge
D0145	Oral evaluation – patient under three years of age and counseling with primary caregiver	No charge
D0150	Comprehensive oral evaluation – new or established patient	No charge
D0160	Detailed and extensive oral evaluation – problem-focused, by report	No charge
D0170	Re-evaluation – limited, problem-focused, (established patient; non-post-operative visit)	No charge
D0180	Comprehensive periodontal evaluation – new or established patient	No charge
D0210	Intraoral – complete series (includes bitewings)	No charge
D0220	Intraoral – periapical – first film	No charge
D0230	Intraoral – periapical – each additional film	No charge
D0240	Intraoral – occlusal film	No charge
D0250	Extraoral – first film	No charge
D0260	Extraoral – each additional film	No charge
D0270	Bitewing – single film	No charge
D0272	Bitewings – two films	No charge
D0273	Bitewings – three films	No charge
D0274	Bitewings – four films	No charge
D0277	Vertical bitewings – seven to eight films	No charge
D0330	Panoramic film	No charge
D0350	Oral/facial photographic images	No charge
D0415	Collection of microorganisms for culture and sensitivity	No charge
D0425	Caries susceptibility tests	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Diagnostic (cont.)		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	No charge
D0460	Pulp vitality tests	No charge
D0470	Diagnostic casts	No charge
D0472	Accession of tissue, gross examination preparations and transmission of written report	No charge
D0473	Accession of tissue, gross microscopic examination preparation and transmission of written report	No charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No charge
D0486	Laboratory accession of brush biopsy sample, microscopic examination preparation and transmission of written report	No charge
Preventive		
D1110	Prophylaxis – adult	No charge
D1110	Additional prophylaxis – adult (maximum of 2 additional per year)	No charge
D1120	Prophylaxis – child	No charge
D1120	Additional prophylaxis – child (maximum of 2 additional per year)	No charge
D1203	Topical application of fluoride – child	No charge
D1204	Topical application of fluoride – adult	No charge
D1206	Topical fluoride, varnish; therapeutic application for moderate to high caries risk patients	No charge
D1310	Nutritional counseling for control of dental disease	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Preventive (cont.)		
D1320	Tobacco counseling for the control and prevention of oral disease	No charge
D1330	Oral hygiene instructions	No charge
D1351	Sealant – per tooth	No charge
D1510	Space maintainer, fixed – unilateral	No charge
D1515	Space maintainer, fixed – bilateral	No charge
D1520	Space maintainer, removable – unilateral	No charge
D1525	Space maintainer, removable – bilateral	No charge
D1550	Recementation of space maintainer	No charge
D1555	Removal of fixed space maintainer	No charge
Restorative		
<ul style="list-style-type: none"> • An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars. • Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 copayment per unit in addition to copayment for each crown/bridge unit. 		
D2140	Amalgam – 1 surface, primary or permanent	No charge
D2150	Amalgam – 2 surfaces, primary or permanent	No charge
D2160	Amalgam – 3 surfaces, primary or permanent	No charge
D2161	Amalgam – 4 or more surfaces, primary or permanent	No charge
D2330	Resin-based composite – 1 surface, anterior	No charge
D2331	Resin-based composite – 2 surfaces, anterior	No charge
D2332	Resin-based composite – 3 surfaces, anterior	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Restorative (cont.)		
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle (anterior)	No charge
D2390	Resin-based composite crown, anterior	No charge
D2391	Resin-based composite – 1 surface, posterior	No charge
D2392	Resin-based composite – 2 surfaces, posterior	No charge
D2393	Resin-based composite – 3 surfaces, posterior	No charge
D2394	Resin-based composite – 4 or more surfaces, posterior	No charge
D2510	Inlay – metallic – one surface	No charge
D2520	Inlay – metallic – two surfaces	No charge
D2530	Inlay – metallic – three or more surfaces	No charge
D2542	Onlay – metallic – two surfaces	No charge
D2543	Onlay – metallic – three surfaces	No charge
D2544	Onlay – metallic – four or more surfaces	No charge
D2610	Inlay – porcelain/ceramic – one surface	No charge
D2620	Inlay – porcelain/ceramic – two surfaces	No charge
D2630	Inlay – porcelain/ceramic – three or more surfaces	No charge
D2642	Onlay – porcelain/ceramic – two surfaces	No charge
D2643	Onlay – porcelain/ceramic – three surfaces	No charge
D2644	Onlay-porcelain/ceramic – four or more surfaces	No charge
D2650	Inlay – resin-based composite – one surface	No charge
D2651	Inlay – resin-based composite – two surfaces	No charge
D2652	Inlay – resin-based composite – three or more surfaces	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Restorative (cont.)		No charge
D2662	Onlay – porcelain/ceramic – two surfaces	No charge
D2663	Onlay – porcelain/ceramic – three surfaces	No charge
D2664	Onlay – porcelain/ceramic – four or more surfaces	No charge
D2710	Crown – resin-based composite (indirect)	No charge
D2712	Crown – 3/4 resin-based composite (indirect)	No charge
D2720	Crown – resin with high noble metal	No charge
D2721	Crown – resin with predominantly base metal	No charge
D2722	Crown – resin with noble metal	No charge
D2740	Crown – porcelain/ceramic substrate	No charge
D2750	Crown – porcelain fused to high noble metal	No charge
D2751	Crown – porcelain fused to predominantly base metal	No charge
D2752	Crown – porcelain fused to noble metal	No charge
D2780	Crown – 3/4 cast high noble metal	No charge
D2781	Crown – 3/4 cast predominantly base metal	No charge
D2782	Crown – 3/4 cast noble metal	No charge
D2783	Crown – 3/4 porcelain/ceramic	No charge
D2790	Crown – full cast high noble metal	No charge
D2791	Crown – full cast predominantly base metal	No charge
D2792	Crown – full cast noble metal	No charge
D2794	Crown – titanium	No charge
D2799	Provisional crown	No charge
D2910	Recement inlay, onlay or partial coverage restoration	No charge
D2915	Recement cast or prefabricated post and core	No charge
D2920	Recement crown	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Restorative (cont.)		
D2930	Prefabricated stainless steel crown – primary tooth	No charge
D2931	Prefabricated stainless steel crown – permanent tooth	No charge
D2932	Prefabricated resin crown	No charge
D2933	Prefabricated stainless steel crown with resin window	No charge
D2940	Sedative filling	No charge
D2950	Core buildup, including any pins	No charge
D2951	Pin retention, per tooth in addition to restoration	No charge
D2952	Post and core in addition to crown	No charge
D2953	Each additional indirectly fabricated post – same tooth	No charge
D2954	Prefabricated post and core in addition to crown	No charge
D2955	Post removal (not in conjunction with endodontic therapy)	No charge
D2957	Each additional prefabricated post, same tooth	No charge
D2960	Labial veneer (laminare) – chairside	No charge
D2961	Labial veneer (resin laminare) – laboratory	No charge
D2962	Labial veneer (porcelain laminare) – laboratory	No charge
D2970	Temporary crown (fractured tooth)	No charge
D2971	Additional procedures to construct new crown under existing partial denture framework (to be reported in addition to crown code)	No charge
D2980	Crown repair, by report	No charge
Endodontics		
• All procedures exclude final restoration.		
D3110	Pulp cap, direct (excluding final restoration)	No charge
D3120	Pulp cap, indirect (excluding final restoration)	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Endodontics (cont.)		
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	No charge
D3221	Pulpal debridement, primary and permanent teeth	No charge
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	No charge
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	No charge
D3310	Endodontic therapy – anterior (excluding final restoration)	No charge
D3320	Endodontic therapy – bicuspid tooth (excluding final restoration)	No charge
D3330	Endodontic therapy – molar (excluding final restoration)	No charge
D3331	Treatment of root canal obstruction, non-surgical access	No charge
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	No charge
D3333	Internal tooth repair of perforation defects	No charge
D3346	Retreatment of previous root canal therapy – anterior	No charge
D3347	Retreatment of previous root canal therapy – bicuspid	No charge
D3348	Retreatment of previous root canal therapy – molar	No charge
D3351	Apexification/recalcification – initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Endodontics (cont.)		
D3352	Apexification/recalcification – interim medication replacement (apical closure/ calcific repair of perforations, root resorption, etc.)	No charge
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/ calcific repair of perforations, root resorption, etc.)	No charge
D3410	Apicoectomy/periradicular surgery – anterior	No charge
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	No charge
D3425	Apicoectomy/periradicular surgery – molar (first root)	No charge
D3426	Apicoectomy/periradicular surgery – (each additional root)	No charge
D3430	Retrograde filling – per root	No charge
D3450	Root amputation – per root	No charge
D3910	Surgical procedure for isolation of tooth with rubber dam	No charge
D3920	Hemisection (including any root removal), not including root canal therapy	No charge
D3950	Canal preparation and fitting of preformed dowel or post	No charge
Periodontics		
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth-bounded spaces – per quadrant	No charge
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or tooth-bounded spaces – per quadrant	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Periodontics (cont.)		No charge
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth-bounded spaces – per quadrant	
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth-bounded spaces – per quadrant	No charge
D4245	Apically positioned flap	No charge
D4249	Clinical crown lengthening – hard tissue	No charge
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth-bounded spaces – per quadrant	No charge
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth-bounded spaces – per quadrant	No charge
D4263	Bone replacement graft – first site in quadrant	No charge
D4264	Bone replacement graft – each additional site in quadrant	No charge
D4265	Biologic materials to aid in soft and osseous tissue regeneration	No charge
D4266	Guided tissue regeneration – resorbable barrier, per site	No charge
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	No charge
D4270	Pedicle soft tissue graft procedure	No charge
D4271	Free soft tissue graft (including donor site surgery)	No charge
D4273	Subepithelial connective tissue graft procedures, per tooth	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Periodontics (cont.)		No charge
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	
D4275	Soft tissue allograft	No charge
D4320	Provisional splinting – intracoronal	No charge
D4321	Provisional splinting – extracoronal	No charge
D4341	Periodontal scaling and root planing – four or more teeth – per quadrant	No charge
D4342	Periodontal scaling and root planing – one to three teeth – per quadrant	No charge
D4355	Full-mouth debridement to enable comprehensive evaluation and diagnosis	No charge
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	No charge
D4910	Periodontal maintenance	No charge
D4999	Periodontal hygiene instruction	No charge
Prosthodontics (removable dentures/partials)		
• Includes up to 3 adjustments within 6 months of delivery.		
D5110	Complete denture – maxillary	No charge
D5120	Complete denture – mandibular	No charge
D5130	Immediate denture – maxillary	No charge
D5140	Immediate denture – mandibular	No charge
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	No charge

<i>Code Service</i>	<i>You pay</i>
Prosthodontics (removable dentures/partials) (cont.)	No charge
D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	
D5213 Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No charge
D5214 Mandibular partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	No charge
D5225 Maxillary partial denture – flexible base (including any clasps, rests and teeth)	No charge
D5226 Mandibular partial denture – flexible base (including any clasps, rests and teeth)	No charge
D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	No charge
D5410 Adjust complete denture – maxillary	No charge
D5411 Adjust complete denture – mandibular	No charge
D5421 Adjust partial denture – maxillary	No charge
D5422 Adjust partial denture – mandibular	No charge
D5510 Repair broken complete denture base	No charge
D5520 Replace missing or broken tooth complete denture (each tooth)	No charge
D5610 Repair resin denture base	No charge
D5620 Repair cast framework	No charge
D5630 Repair or replace broken clasp	No charge
D5640 Replace broken teeth – per tooth	No charge

<i>Code Service</i>	<i>You pay</i>
Prosthodontics (removable dentures/partials) (cont.)	No charge
D5650 Add tooth to existing partial denture	
D5660 Add clasp to existing partial denture	No charge
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	No charge
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	No charge
D5710 Rebase complete maxillary denture	No charge
D5711 Rebase complete mandibular denture	No charge
D5720 Rebase maxillary partial denture	No charge
D5721 Rebase mandibular partial denture	No charge
D5730 Reline complete maxillary denture (chairside)	No charge
D5731 Reline complete mandibular denture (chairside)	No charge
D5740 Reline maxillary partial denture (chairside)	No charge
D5741 Reline mandibular partial denture (chairside)	No charge
D5750 Reline complete maxillary denture (laboratory)	No charge
D5751 Reline complete mandibular denture (laboratory)	No charge
D5760 Reline maxillary partial denture (laboratory)	No charge
D5761 Reline mandibular partial denture (laboratory)	No charge
D5810 Interim complete denture – maxillary	No charge
D5811 Interim complete denture – mandibular	No charge
D5820 Interim partial denture – maxillary	No charge
D5821 Interim partial denture – mandibular	No charge

<i>Code Service</i>	<i>You pay</i>
Prosthodontics (removable dentures/partial) (cont.)	No charge
D5850 Tissue conditioning – maxillary	
D5851 Tissue conditioning – mandibular	No charge
D5862 Precision attachment, by report	No charge
Prosthodontics – fixed	No charge
D6210 Pontic – cast high noble metal	
D6211 Pontic – cast predominantly base metal	No charge
D6212 Pontic – cast noble metal	No charge
D6214 Pontic – titanium	No charge
D6240 Pontic – porcelain fused to high noble metal	No charge
D6241 Pontic – porcelain fused to predominantly base metal	No charge
D6242 Pontic – porcelain fused to noble metal	No charge
D6245 Pontic – porcelain/ceramic	No charge
D6250 Pontic – resin with high noble metal	No charge
D6251 Pontic – resin with predominantly base metal	No charge
D6252 Pontic – resin with noble metal	No charge
D6253 Provisional pontic	No charge
D6545 Retainer – cast metal for resin-bonded fixed prosthesis	No charge
D6600 Inlay – porcelain/ceramic, two surfaces	No charge
D6601 Inlay – porcelain/ceramic, three or more surfaces	No charge
D6602 Inlay – cast high noble metal, two surfaces	No charge
D6603 Inlay – cast high noble metal, three or more surfaces	No charge
D6604 Inlay – cast predominantly base metal, two surfaces	No charge
D6605 Inlay – cast predominantly base metal, three or more surfaces	No charge
D6606 Inlay – cast noble metal, two surfaces	No charge

<i>Code Service</i>	<i>You pay</i>
Prosthodontics – fixed (cont.)	No charge
D6607 Inlay – cast noble metal, three or more surfaces	
D6608 Onlay – porcelain/ceramic, two surfaces	No charge
D6609 Onlay – porcelain/ceramic, three or more surfaces	No charge
D6610 Onlay – cast high noble metal, two surfaces	No charge
D6611 Onlay – cast high noble metal, three or more surfaces	No charge
D6612 Onlay – cast predominantly base metal, two surfaces	No charge
D6613 Onlay – cast predominantly base metal, three or more surfaces	No charge
D6614 Onlay – cast noble metal, two surfaces	No charge
D6615 Onlay – cast noble metal, three or more surfaces	No charge
D6710 Crown – indirect resin-based composite (not to be used as a temporary or provisional crown)	No charge
D6720 Crown – resin with high noble metal	No charge
D6721 Crown – resin with predominantly base metal	No charge
D6722 Crown – resin with noble metal	No charge
D6740 Crown – porcelain/ceramic	No charge
D6750 Crown – porcelain fused to high noble metal	No charge
D6751 Crown – porcelain fused to predominantly base metal	No charge
D6752 Crown – porcelain fused to noble metal	No charge
D6780 Crown – 3/4 cast high noble metal	No charge
D6781 Crown – 3/4 cast predominantly base metal	No charge
D6782 Crown – 3/4 cast noble metal	No charge
D6783 Crown – 3/4 porcelain/ceramic	No charge
D6790 Crown – full cast high noble metal	No charge

<i>Code Service</i>	<i>You pay</i>
Prosthodontics – fixed (cont.)	No charge
D6791 Crown – full cast predominantly base metal	
D6792 Crown – full cast noble metal	No charge
D6794 Crown – titanium	No charge
D6930 Recement fixed partial denture	No charge
D6940 Stress breaker	No charge
D6950 Precision attachment	No charge
D6970 Cast post and core in addition to fixed partial denture retainer	No charge
D6972 Prefabricated post and core in addition to fixed partial denture retainer	No charge
D6973 Core build up for retainer, including any pins	No charge
D6976 Each additional cast post – same tooth	No charge
D6977 Each additional prefabricated post – same tooth	No charge
D6980 Fixed partial denture repair, by report	No charge
Oral surgery	
<ul style="list-style-type: none"> • Includes routine post-operative visits/treatment. • The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your Health Net-selected general or specialty care dentist's usual and customary fees. 	
D7111 Extraction, coronal remnants – deciduous tooth	No charge
D7140 Extraction – erupted tooth or exposed root (evaluation and/or forceps removal)	No charge
D7210 Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth	No charge
D7220 Removal of impacted tooth – soft tissue	No charge
D7230 Removal of impacted tooth – partially bony	No charge

<i>Code Service</i>	<i>You pay</i>
Oral surgery (cont.)	No charge
D7240 Removal of impacted tooth – completely bony	
D7241 Removal of impacted tooth – completely bony, with unusual surgical complications	No charge
D7250 Surgical removal of residual tooth roots (cutting procedure)	No charge
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No charge
D7280 Surgical access exposure of an unerupted tooth	No charge
D7282 Mobilization of erupted or malpositioned tooth to aid eruption	No charge
D7283 Placement of device to facilitate eruption of impacted tooth	No charge
D7285 Biopsy of oral tissue – hard (bone, tooth)	No charge
D7286 Biopsy of oral tissue – soft (all others)	No charge
D7287 Exfoliative cytological sample collection	No charge
D7288 Brush biopsy – transeptelial sample collection	No charge
D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	No charge
D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No charge
D7320 Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	No charge
D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	No charge
D7471 Removal of lateral exostosis (maxilla or mandible)	No charge

<i>Code Service</i>	<i>You pay</i>
Oral surgery (cont.)	No charge
D7472 Removal of torus palatinus	No charge
D7473 Removal of torus mandibularis	No charge
D7485 Surgical reduction of osseous tuberosity	No charge
D7510 Incision and drainage of abscess – intraoral soft tissue	No charge
D7511 Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	No charge
D7520 Incision and drainage of abscess – extraoral soft tissue	No charge
D7521 Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	No charge
D7910 Suture of recent small wounds up to 5 cm	No charge
D7960 Frenulectomy (frenectomy or frenotomy) – separate procedure	No charge
D7963 Frenuloplasty	No charge
D7970 Excision of hyperplastic tissue – per arch	No charge
D7971 Excision of pericoronal gingiva	No charge
Orthodontics	
• Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.	
• Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.	
D8010 Limited orthodontic treatment of the primary dentition	\$725
D8020 Limited orthodontic treatment of the transitional dentition	\$725
D8030 Limited orthodontic treatment of the adolescent dentition	\$725

<i>Code Service</i>	<i>You pay</i>
Orthodontics (cont.)	
D8040 Limited orthodontic treatment of the adult dentition	\$725
D8050 Interceptive orthodontic treatment of the primary dentition	25% discount
D8060 Interceptive orthodontic treatment of the transitional dentition	25% discount
D8070 Comprehensive orthodontic treatment of the transitional dentition	\$1,450
D8080 Comprehensive orthodontic treatment of adolescent dentition	\$1,450
D8090 Comprehensive orthodontic treatment of the adult dentition	\$1,450
D8210 Removable appliance therapy	25% discount
D8220 Fixed appliance therapy	25% discount
D8660 Pre-orthodontic treatment visit	No charge
D8670 Periodic orthodontic treatment visit (as part of contract)	No charge
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8693 Rebonding or recementing and/or repair, as required of fixed retainers	No charge
D8999 Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
D8999 Ortho visits beyond 24 months of active treatment or retention	\$25 per visit
Adjunctive	No charge
D9120 Fixed partial denture sectioning	No charge
D9210 Local anesthesia not in conjunction with operative or surgical procedures	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Adjunctive (cont.)		
D9211	Regional block anesthesia	No charge
D9212	Trigeminal division block anesthesia	No charge
D9215	Local anesthesia	No charge
D9220	Deep sedation/general anesthesia – first 30 minutes	No charge
D9221	Deep sedation/general anesthesia – each additional 15 minutes	No charge
D9230	Analgesia/analgesia, inhalation of nitrous oxide	No charge
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	No charge
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	No charge
D9248	Non-intravenous conscious sedation	No charge
D9310	Consultation – diagnostic service provided by dentist or physician other than practitioner providing treatment	No charge
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	No charge
D9440	Office visit – after regularly scheduled hours	No charge
D9450	Case presentation, detailed and extensive treatment planning	No charge
D9491	Office visit – per visit (including all fees for sterilization and/or infection control)	No charge
D9610	Therapeutic drug injection, by report	No charge
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	No charge
D9630	Other drugs and/or medicaments by report	No charge

<i>Code</i>	<i>Service</i>	<i>You pay</i>
Adjunctive (cont.)		
D9910	Application of desensitizing medicament	No charge
D9940	Occlusal guard by report	No charge
D9942	Repair and/or relining of occlusal guards	No charge
D9951	Occlusal adjustment – limited	No charge
D9952	Occlusal adjustment – complete	No charge
D9972	External bleaching – per arch	No charge
D9999	Broken appointment (less than 24-hour notice)	No charge
Emergency dental care non-routine, non-medicare-covered)		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	No charge
Material upgrades for non-elective dental services (in addition to copayment for services – for the applicable copayment, please see the corresponding procedure code within this dental schedule)		
D5110	Comfort Flex complete upper denture/acetyl resin homopolymer	\$400 +co-payment
D5120	Comfort Flex complete lower denture/acetyl resin homopolymer	\$400 +co-payment
D5211	Comfort Flex upper partial denture/acetyl resin homopolymer	\$425 +co-payment
D5212	Comfort Flex lower partial denture/acetyl resin homopolymer	\$425 +co-payment

For more information about Health Net dental coverage, including a complete list of dental benefits, limitations and exclusions, and rights and responsibilities, please refer to your Health Net Evidence of Coverage. For an explanation of the Health Net Dental provider network, please refer to the Health Net Dental Directory.

Dental definitions

Amalgam	An alloy used in direct dental restorations. Typically composed of mercury, silver, tin, and copper along with other metallic elements added to improve physical and mechanical properties.
Anterior	Refers to the teeth and tissues located toward the front of the mouth.
Bitewing	Interproximal radiographic view of the coronal portion of the tooth/teeth.
Coronal	Refers to the crown of a tooth.
Debridement	Removal of subgingival and/or supragingival plaque and calculus which obstructs the ability to perform an evaluation; removal of contused and devitalized tissue from a wound surface.
Deciduous	Having the property of falling off or shedding; a term used to describe the primary teeth.
Extraoral	Outside the oral cavity.
Gingiva	Soft tissues overlying the crowns of unerupted teeth and encircling the necks of those that have erupted.
Intraoral	Inside the mouth.
Mandible	The lower jaw.
Maxilla	The upper jaw.
Panoramic radiograph	An extraoral projection whereby the entire mandible, maxilla, teeth, and other nearby structures are portrayed on a single image, as if the jaws were flattened.
Periapical	The area surrounding the end of the tooth root.
Pontic	The term used for an artificial tooth on a fixed partial denture (bridge).
Posterior	Refers to the teeth and tissues located toward the back of the mouth.
Rebase	Process of refitting a denture by replacing the base material.
Reline	Process of resurfacing the tissue side of a removable prosthesis with new base material.
Resin – (composite)	A dental restorative material made up of disparate or separate parts (e.g., resin and quartz particles).
Veneer – (laminare)	A thin covering of the facial surface of a tooth usually constructed of tooth-colored material used to restore discolored, damaged, misshaped, or misaligned teeth.

What do you do when you require emergency or urgent dental care services?

If you need emergency or urgent dental care services, you should immediately contact your selected primary care general dentist for an appointment. All participating dentists will have emergency and urgent dental care services available 24 hours a day, seven days a week. If the primary care general dentist is not available, you may seek emergency or urgent dental care services from any licensed dentist.

If you receive emergency or urgent dental care services from a dentist that is not your primary care general dentist, you must return to your primary care general dentist for follow-up care.

You may also call Health Net Dental's Customer Contact Center at 1-866-249-2382. TTY/TDD: 1-800-855-2880, AT&T Relay Service for the hearing and speech impaired (you need special telephone equipment to use this number). Operating hours are Monday through Friday, 5:00 a.m. to 8:00 p.m. Pacific time (PT). Services provided by a dentist other than the primary care general dentist will be covered only when it is shown that:

- you were not able to get services from your primary care general dentist,
- services were for emergency or urgent dental care,

- services were medically necessary, and
- services are listed as covered benefits under this plan.

You must pay any copayments.

If the above conditions are not met, you will need to pay all billed charges at the dentist's usual fee. If this occurs, you will be notified of the claims denial and your appeal rights. For more information about how to file an appeal, see your Health Net Evidence of Coverage.

If you are outside the service area or more than 35 miles from your primary care general dentist, you may receive emergency or urgent dental care services from any licensed dentist. Please follow the rules under "Reimbursement for emergency or urgent dental care services" in the following section.

Reimbursement for emergency or urgent dental care services



If you see a dentist other than your primary care general dentist for emergency or urgent dental care services, the dentist may ask for payment at the time the service is provided.

If you pay a bill for covered emergency or urgent dental care services, you should send a copy of the paid bill and proof of payment to:

Health Net Dental
PO Box 30567
Salt Lake City, UT 84130-0567

Please include either the dentist's completed claim form, or a separate sheet of paper if a form is unavailable, that includes the following information:

- Name, address, ID number, and group number from your Health Net identification card.
- Name and address of the dentist who provided the service (unless stated on the bill).
- An explanation of the condition that made emergency or urgent treatment necessary.
- An itemized receipt that specifies the covered services provided.

Nonqualifying emergency or urgent dental care services

Emergency or urgent dental care services do not include these services:

- Normal diagnostic and preventive services
- Permanent restorative and prosthetic services
- Complete endodontic services
- Complete periodontic services
- Orthodontic services
- Oral surgery for conditions that are not severe
- Other services that are not required for emergency dental care

Please refer to your Health Net Evidence of Coverage (EOC) for more information.

For questions about Health Net Dental, current members should call the Health Net Dental Customer Contact Center:

1-866-249-2382 (TTY/TDD:
1-800-855-2880, AT&T Relay Service for the hearing and speech impaired). Operating hours are Monday through Friday, 5:00 a.m. to 8:00 p.m. PT.

This document is only a summary for informational purposes. It is not a contract. The actual complete terms and conditions of the health plan are set forth in the applicable Health Net Evidence of Coverage (EOC) document.

For more information, please contact us at:

Health Net Dental
PO Box 30567
Salt Lake City, UT 84130-0567

Prospective members should call 1-800-977-6738 (TTY/TDD: 1-800-929-9955), 8:00 a.m. to 8:00 p.m. PT, seven days a week.

www.healthnet.com

Health Net of California, Inc. has a contract with Medicare to offer chronic HMO SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Individuals must have both Part A and Part B to enroll. Medicare beneficiaries can only enroll in these plans during certain times of the year and must continue to pay their Medicare Part B premiums. Plan benefits and cost-sharing may vary by plan, county and region. Contact Health Net for more information. This information is available for free in other languages. Please contact our customer service number at 1-800-275-4737. TTY/TDD users should call 1-800-929-9955. Hours are 8:00 a.m. to 8:00 p.m., seven days a week.

Esta información está disponible en forma gratuita en otros idiomas. Comuníquese con el número de nuestro servicio al cliente al 1-800 275-4737. Los usuarios de TTY/TDD deben llamar al 1-800-929-9955. El horario de atención es de 8:00 a.m. a 8:00 p.m., los siete días de la semana.

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