

# Combined Evidence of Coverage & Disclosure

SMART-MTA  
2022 Dental Plan



**Metro™**

***Dental benefits provided by:***

**Dental Health Services**

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## **Mission Statement**

To consistently deliver high quality, affordable, value-driven dental services through a caring staff and an accountable dental network committed to member satisfaction.

## **Dental Health Services**

### **English**

IMPORTANT: Can you read this? If not, we can have somebody help you read it. You may also be able to get this information written in your language. For free help, please call Dental Health Services at 1-866-756-4259 or the toll free TTY line for hearing and speech impaired at 711.

### **Spanish**

IMPORTANTE: ¿Puedes leer esto? Si no, alguien le puede ayudar a leerlo. Además, es posible que reciba esta información escrita en su propio idioma. Para obtener ayuda gratuita, por favor comuníquese con Dental Health Services al 1-866-756-4259 o al número gratuito de TTY para personas con dificultades de audición o de habla al 711.

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# Welcome to

## Dental Health Services

We are glad to have you as a valued member of our special dental care organization. You are important to us and so is your healthy smile. We want to keep you smiling by helping you protect your teeth, saving you time and saving you money. As a Dental Health Services member, you and your family are entitled to some important and valuable benefits.

Your *Evidence of Coverage and Disclosure* (“EOC”) discloses the terms and conditions of coverage. You have a right to view this EOC prior to enrollment. Your EOC should be read completely, and individuals with special dental care needs should read carefully those sections that apply to them. You may receive additional information about the benefits of your Plan by contacting your Trust Fund at 213-624-6487 or 626-962-1762, or Dental Health Services at **866-644-5444**, or through [www.dentalhealthservices.com](http://www.dentalhealthservices.com) to request to speak to your Member Service Specialist. You may also write to our address: Dental Health Services, Member Services, 3780 Kilroy Airport Way Suite 750, Long Beach, CA 90806.

You will find your *Health Plan Benefits and Coverage Matrix* on page 8.

This EOC summarizes the principal provisions of the contract between your Trust Fund and Dental Health Services. Please keep this in an easily accessible place for future reference.

## Your Prepaid Dental Plan

Dental Health Services offers you a prepaid, direct service dental care program. Your dental plan has been designed to provide you maximum benefits, while keeping costs low for you and your family. Participating dentists have been selected conveniently near you, offering Quality Assured<sup>sm</sup> service with minimum paperwork.

Making it easy for you to receive quality dental care.

Your plan offers:

- Your choice of dental offices within the Dental Health Services network of participating dentists
- Unlimited number of visits
- No claim forms

- No “deductible” costs
- Professional service in a friendly atmosphere
- Unlimited amount of necessary services
- Conveniently located dental offices
- Specialty services
- Second opinions

## Language and Communication Assistance

Good communication with Dental Health Services and with your dentist is important. Dental Health Services’ Language Assistance Program (LAP) provides free translation and interpreter services even if you have a family member or friend who can assist you. Should you decide to decline translation or interpreter services, Dental Health Services will respectfully and proactively note your request to decline LAP services to your account for reference.

Dental Health Services’ network of Quality Assured Dentists also comply with the LAP program. Please review the Directory of Participating Dentists to connect with a dentist of your preferred language.

If English is not your first language, Dental Health Services provides free interpretation services and translation of certain written materials including enrollment materials and plan information.

To ask for language services or if you have a preferred language, please notify us of your personal language needs by calling 866-756-4259.

If you are deaf, hard of hearing, or have a speech impairment, you may also receive language assistance by calling the toll-free TTY line at 711.

## Definitions

**Copayment:** the fee paid by the member to the Dental Health Services dentist for covered services as disclosed in this *Evidence of Coverage*.

**Dental Health Services Dentist (Participating Dentist):** a licensed dentist who contracts with Dental Health Services to provide covered services to enrollees.

**Emergency:** any unexpected dental condition including pain, swelling, and/or bleeding that requires immediate palliative care by a licensed dentist.

**Exclusion:** any provision in the agreement whereby coverage for a specified procedure or condition is entirely eliminated.

**Experimental or Investigational Services:** Any medications, dental treatments for specific conditions or devices still under investigation or observation as determined by the American Dental Association. Dental Health Services' Dental Director, in determining whether services are experimental or investigational, will consider whether the services are in general use in the medical community in the state of California, whether the services are under continued scientific testing and research, whether the services show a demonstrable benefit for a particular illness or disease, and whether they are proven to be safe and efficacious.

**Limitation:** any provision in this agreement that restricts coverage.

**Member or Enrollee:** a person who is entitled to receive dental care services under this agreement. The term includes both subscribers and those family members for whom a subscriber has paid a premium.

**Medically Necessary:** Dental services and supplies provided by a Participating Dentist appropriate to the evaluation and treatment of a condition, illness, injury, or disease and its symptoms, and consistent with the applicable standards of care. This does not include any service that is cosmetic or elective in nature.

**Palliative Care:** An action or treatment that relieves pain, swelling, or bleeding. This does not include routine or any curative treatment that can be safely postponed.

**Selected Dental Center:** the office and facilities of the specific Dental Health Services dentist selected by you to provide covered services.



**Subscriber:** a person whose relationship to the group (employee) is the basis for coverage under this agreement.

**Selected Participating Dentist:** The Participating Primary Care Dentist you have Selected to provide your dental care. (Selected PCD)

## Eligibility

The SMART-MTA Health and Insurance Benefits Trust Fund provides dental coverage for operators and their families. The Trust Fund will advise you of the eligibility requirements. For full-time operators, eligible dependents include your spouse (unless divorced) and dependent children up to the age of 26. Any child who continues to be both (1) incapable of self-sustaining employment by reason of a mental disability, including but not limited to, mental illness or a physical disability or a combination of those disabilities and (2) chiefly dependent upon the subscriber or member for support and maintenance is also eligible for coverage as a dependent. Dental Health Services may require proof of the above, which you must furnish within 60 days of such a request (Dental Health Services will provide notice at least 90 days prior to the date the child attains limiting age). Copies of marriage certificates for spouses, birth certificates children, and other documentation may be requested by your Trust Fund prior to eligibility. Failure to supply any necessary verification by your Trust Fund verification may result in termination of eligibility.

## Beginning Coverage

You may enroll by completing your enrollment form and submitting it to the Trust Fund for processing. Make sure you list on your form the participating dental office number from which you wish to receive services. Your coverage always begins on the first day of the month you become eligible. Your open enrollment period is usually held in October of each year with changes effective the following January 1.

Newly acquired dependents become eligible immediately, but they must be enrolled within 60 days of acquisition. Newborn children are covered from birth but must be enrolled within 60 days of birth to continue coverage.

Your eligibility is determined by the Trust Fund. If your eligibility is approved by the 10th of the month, your coverage begins on the first day of the current month. If your eligibility is approved after the 10<sup>th</sup> of the month, your coverage begins on the first day of the following month.

If you are in the middle of acute dental care when your coverage begins, please contact your Member Service Specialist at 866-644- 5444 to assure continuity of care. You may also request a copy of the Dental Health Services policy describing the process for continuity of care, including review of request to continue care with your existing dentist.

## Choosing Your Dentist

**Please read the following information so you will know from whom or what group of participating dentists you may receive care.**

Covered services are only provided by dentists who are contracted with Dental Health Services. Please select one of the dental locations from the Dental Health Services Website as your “Selected Dental Center” and include the participating dental office number on your enrollment form. If you did not select a participating dentist at enrollment, please call your Trust Fund at 213-624-6487 or 626-962-1762 to request changes.

Our participating dentists are compensated by periodic payments based on membership and/or supplemental copayments based on procedures completed. Financial bonuses or incentives for performing or withholding clinically acceptable services are not used. If you wish to know more about these issues, you may request additional information from Member Services or your Dental Health Services contracted dentist.

All dental care is received from your selected participating dentist, except in the case of an out-of-area emergency, or if you are referred to a specialist.

## Changing Dentists

If you wish to change your participating dentist at any time, simply contact the Administrative Office of your Trust Fund

at 213-624- 6487 or 626-962-1762. Requests received by the 10th of the current month, will be eligible on the 1st of the month. If received after the 10th, you will be eligible on the 1st of the following month.

## Making an Appointment

Advance appointments are required for all dental services except emergencies. Dental offices set working days and hours independently. Please contact your participating dental office to verify their working hours.

You may make an appointment with your selected participating dentist as soon as you receive confirmation of your eligibility. Routine appointments will be scheduled within a reasonable time. Your plan covers care provided only by your selected participating dentist, except in the case of an out-of-area emergency, when covered benefits to relieve pain, bleeding, or swelling will be provided.

**Please keep your appointment.** If you need to cancel, please call as soon as you realize that you will not be able to keep your appointment. If possible, call your participating dental office at least 24 hours prior to your scheduled appointment time. For your Participating Dentist's or Specialist's appointment cancellation policy and procedures, please contact the dentist office directly.

If treatment authorization is denied, you may contact Dental Health Services or your Trust Fund (see *Grievance Process*).

## Facilities

Each participating dental office establishes its own policies, procedures, and hours. Please call your Selected Dental Center for specific hours of operation. All participating dental offices are expected to maintain 24-hour emergency communication accessibility. Once you select a Dental Health Services participating dentist, you will not be covered at other dental facilities except for emergencies. SMART-MTA Flyers on "How To Find Dentist Online" are available from your Trust Fund or any Dental Health Services' Member Service Specialist.

# Treatment Authorization

Dental Health Services works closely with our Participating Dentists to deliver quality dental care and to protect our members. Authorization and utilization management specialists verify eligibility, authorize services, and facilitate the delivery of dental care to Members. Services are authorized based on the benefits, Limitations, and Exclusions listed in each plan's Evidence of Coverage booklet.

Specialty services, if covered by your plan, require pre-authorization by Dental Health Services. The pre-authorization should be requested by your Participating Primary Dentist. Your treatment is approved and rendered according to your plan benefits. If treatment authorization is denied, you have the right to Appeal the Adverse Determination through the Grievance process.

## Authorization, Modification, or Denial of Services

Dental Health Services does not make authorization decisions based on medical necessity. Decisions to approve, delay, modify, or deny care, are based on the following criteria:

- Member eligibility for services.
- Benefits are a covered service of the Member's plan.
- Dentists selected to provide services are in-network or are approved out-of-network providers.
- Status of any applicable maximums.
- Requested submission of necessary clinical documentation.
- Submission of proper procedure coding.
- Accurate submission of referral as explained in the Provider Manual

If Dental Health Services is unable to complete a review within the required time frame, it will immediately, upon the expiration of the required time frame or as soon as the plan becomes aware that it will not meet the time frame, whichever occurs first, notify the dentist and Member in writing:

- That we are unable to make the decision within the required time frame because the plan does not have all reasonably necessary information requested or requires an expert consultation or additional examination;
- What specific information has been requested but not received, or any additional examination or test required, or specifying the expert reviewer to be consulted; and
- Of the anticipated date when a decision will be made (notice to Member only).

Concurrent care will not be discontinued until the provider has been notified of the decision and a plan of care has been agreed upon for the Member. Pre-authorization is not required for emergency or urgent services. Please see the Continuity of Care and Emergency Care sections in this document for specifics.

## Emergency Care: In-Area

Palliative care for emergency dental conditions in which acute pain, bleeding, or dental infection exists is a benefit according to your *Schedule of Covered Services and Copayments*.

If you have a dental emergency and need to seek immediate care, first call your Selected PCD. Participating dental offices maintain a 24-hour, 7 days a week, emergency response accessibility and triage. Your Selected PCD will arrange an appropriately scheduled appointment based on the medical/dental necessity of your emergency condition, not to exceed 72 hours. If your Selected PCD is not available to see you within a reasonable time as medically necessary, call your Member Services Specialist. If both the Selected PCD and Dental Health Services cannot be reached, you are covered for emergency care at another Dental Health Services' participating dentist or from any other dentist. You will be reimbursed for the cost of emergency palliative treatment less any copayments that apply. Contact your Selected PCD for follow-up care as soon as possible after the emergency treatment. If you have a medical emergency, you should get care immediately by calling 9-1-1 or going to the nearest hospital emergency room.

## Emergency Care: Out-of-Area

Out-of-area emergency care is emergency palliative dental treatment required by an enrollee when more than 50 miles

from any Dental Health Services' participating dental center. After your copayments are deducted, your benefit includes up to \$50 per enrollee, per incident, with a \$100 annual maximum per family. You will need to submit an itemized receipt from the dental office that provided the emergency service, along with a brief explanation and your member number, to Dental Health Services within 180 days. After 180 days, Dental Health Services reserves the right to refuse payment.

## Copayments

Copayments are your portion of treatment costs for certain services described in the *Schedule of Covered Services and Copayments*. You are responsible for the copayments for services provided to you and your family. Copayments are payable directly to the dentist when the service is rendered (unless other arrangements are made with the Selected Dental Office).

## Quality Assurance

We're confident about the care you'll receive because our participating dentists meet and exceed the highest standards of care – standards demanded by our Quality Assurance Program. Before we contract with our participating dentists, we visit their offices to make sure your needs will be met. Dental Health Services Professional Service Specialists regularly meet and work with our participating dentists to maintain excellence in dental care.

## Liability of Subscriber for Payment

You will be liable for the cost of non-covered services performed by a participating dentist and for services performed by a nonparticipating dentist (unless previously approved by Dental Health Services).

Any service not listed in the Schedule of Covered Services and Copayments is considered a non-covered service, and you will be fully responsible for the cost of all such service you may have agreed to.

Experimental or Investigational Services as defined in the glossary section of this EOC are not covered services under

this dental Plan. For a complete list of the Exclusions and Limitations of this dental Plan, please refer to the Schedule of Covered Services and Copayments.

You are not liable for any sums owed by Dental Health Services to a participating dentist.

**IMPORTANT:** If you opt to receive dental services that are not covered under this plan, a participating dentist may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should present to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Member Services at 866-644-5444 or contact your Trust Fund at 213-624-6487 or 626-962-1762. To fully understand your coverage, you may wish to carefully review this Evidence of Coverage document.

## Optional Treatment

Occasionally, optional upgrade services or elective cosmetic-type treatment may be recommended and/or desired. If you choose a more expensive elective treatment in lieu of a covered benefit, the more expensive, **elective treatment is considered optional**. You are responsible for the cost difference between the covered and optional treatment on a fee-for-service basis.

If you have any questions about optional treatment or services you are asked to pay additional for, please contact your Trust Fund or Dental Health Services Member Service Specialist **BEFORE** you begin services or sign any agreements.

## Adverse Determinations

If all or part of the claim for your services is denied, Dental Health Services will notify you in writing of this Adverse Determination. The notification will include the actual reason(s) for the determination, and the instructions for

obtaining an Appeal of the decision through the Grievance process.

If you wish to Appeal the Adverse Determination of your Urgent Care pre-authorization, a decision regarding your Appeal will be made within seventy-two (72) hours. The result of your Appeal will be communicated to you by phone/oral notification as well as written or electronic communication.

# Health Plan Benefits and Coverage Matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Evidence of Coverage and Plan Contract should be consulted for a detailed description of Coverage of Benefits and Limitations.

Refer to the *Schedule of Covered Services and Copayments* on the following pages.

| Deductibles  | Lifetime Maximums  |
|--|--|
| None   | None   |
| Professional Services:<br>Dentures and Partial<br>Dentures   | Professional Services: Exam<br>and Preventive<br>Services                      |
| Copayments vary by procedure and appear in the enclosed Schedule. Replacements limited to one every 2 years. | No charge for most services. Full mouth X-rays limited to every 3 years.       |
| Professional Services:<br>Periodontic, Endodontic<br>and Oral Surgery Services                               | Professional Services:<br>Restorative and Crown and<br>Bridge Services         |
| Copayments vary by procedure and appear by procedure in the enclosed Schedule.                               | Copayments vary by procedure and appear by procedure in the enclosed Schedule. |
| Specialty Office Visits  | Outpatient Office Visits   |
| \$15 per visit   | \$5 per visit  |
| Hospitalization Service  | Emergency Health Services  |
| Not covered  | Not covered  |



|                                  |                                   |
|----------------------------------|-----------------------------------|
| <b>Ambulance Service</b>         | <b>Prescription Drug Coverage</b> |
| Not covered                      | Not covered                       |
| <b>Durable Medical Equipment</b> | <b>Mental Health Services</b>     |
| Not covered                      | Not covered                       |
| <b>Chemical Dependency</b>       | <b>Home Health Services</b>       |
| Not covered                      | Not covered                       |
| <b>Orthodontic Office Visit</b>  |                                   |
| \$15 per visit                   |                                   |

*This Dental Plan does not provide general anesthesia.*

**These benefits can only be changed by Dental Health Services with the Trust Fund's consent to the proposed changes.**

# SMART-MTA Plan

## 2022

### Schedule of Covered Services and Copayments

**Services when Performed by a Participating Dental Health Services Dentist**

| CODE | SERVICE  | COPAYMENT |
|------|--|-----------|
|      | Office visit (in addition to other services)   | 5.00      |
|      | Specialty Office Visit Charge  | 15.00     |
|      | Failed (no show) appointment without 24-hour notice  | None      |
|      | Additional Failed (no show) appointments without 24-hour notice within the current contract year | 10.00     |

**DIAGNOSTIC**

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D0120 | Periodic oral evaluation - established patient   | None      |
| D0140 | Limited oral evaluation - problem focused  | None      |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver           | None      |
| D0150 | Comprehensive oral evaluation - new or established patient   | None      |
| D0160 | Detailed and extensive oral evaluation<br>- problem focused, by report                                 | None      |
| D0170 | Re-evaluation - limited, problem focused<br>(established patient; not post-operative visit)            | None      |
| D0171 | Re-evaluation - post operative office visit  | None      |
| D0180 | Comprehensive periodontal evaluation - new or established patient                                      | None      |
| D0210 | Intraoral - complete series of radiographic images   | None      |
| D0220 | Intraoral - periapical first radiographic image  | None      |
| D0230 | Intraoral - periapical each additional radiographic image  | None      |
| D0240 | Intraoral - occlusal radiographic image  | None      |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | None      |
| D0270 | Bitewing - single radiographic image   | None      |
| D0272 | Bitewings - two radiographic images  | None      |
| D0273 | Bitewings - three radiographic images  | None      |
| D0274 | Bitewings - four radiographic images   | None      |
| D0277 | Vertical bitewings - 7 to 8 radiographic images  | None      |
| D0330 | Panoramic radiographic image   | None      |
| D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis                            | 10.00     |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally   | None      |
| D0415 | Collection of microorganisms for culture and sensitivity  | None      |
| D0425 | Caries susceptibility tests   | None      |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | 5.00      |
| D0460 | Pulp vitality tests   | None      |
| D0470 | Diagnostic casts  | None      |
| D0601 | Caries risk assessment and documentation, with a finding of low risk  | None      |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk   | None      |
| D0603 | Caries risk assessment and documentation, with a finding of high risk   | None      |
| D0999 | Unspecified diagnostic procedure, by report   | None      |

Current Dental Terminology © 2021 American Dental Association.

**PREVENTIVE - Teeth cleaning (prophylaxis - treatment to include shallow scaling and polishing – eligible every six months)**

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D1110 | Prophylaxis - Adult  | None      |
| D1120 | Prophylaxis - Child  | None      |
| D1206 | Topical application of fluoride varnish  | None      |
| D1208 | Topical application of fluoride - excluding varnish                                      | None      |
| D1310 | Nutritional counseling for control of dental disease                                     | None      |
| D1320 | Tobacco counseling for the control and prevention of oral disease                        | None      |
| D1330 | Oral hygiene instructions  | None      |
| D1351 | Sealant, per tooth   | None      |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | None      |
| D1353 | Sealant repair - per tooth   | None      |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D1354 | Interim caries arresting medicament application - per tooth | None      |

## SPACE MAINTAINERS

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D1510 | Space maintainer - fixed - unilateral - per quadrant             | 12.00     |
| D1516 | Space maintainer - fixed - bilateral, maxillary                  | 12.00     |
| D1517 | Space maintainer - fixed - bilateral, mandibular                 | 12.00     |
| D1520 | Space maintainer - removable - unilateral - per quadrant         | 12.00     |
| D1526 | Space maintainer – removable - bilateral, maxillary              | 12.00     |
| D1527 | Space maintainer - removable - bilateral, mandibular             | 12.00     |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary      | None      |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular     | None      |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant  | None      |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant      | None      |
| D1557 | Removal of fixed bilateral space maintainer - maxillary          | None      |
| D1558 | Removal of fixed bilateral space maintainer mandibular           | None      |
| D1575 | Distal show space maintainer - fixed – unilateral - per quadrant | 12.00     |

**AMALGAM RESTORATIONS (Primary/Permanent)**

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D2140 | Amalgam - one surface, primary or permanent           | None      |
| D2150 | Amalgam - two surfaces, primary or permanent          | None      |
| D2160 | Amalgam - three surfaces, primary or permanent        | None      |
| D2161 | Amalgam - four or more surfaces, primary or permanent | None      |

**COMPOSITE RESIN**

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D2330 | Resin-based composite - one surface, anterior                                       | None      |
| D2331 | Resin-based composite - two surfaces, anterior                                      | None      |
| D2332 | Resin-based composite - three surfaces, anterior                                    | None      |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | None      |
| D2390 | Resin-based composite crown, anterior   | None      |
| D2391 | Resin-based composite - one surface, posterior                                      | None      |
| D2392 | Resin-based composite - two surfaces, posterior                                     | None      |
| D2393 | Resin-based composite - three surfaces, posterior                                   | None      |
| D2394 | Resin-based composite - four or more surfaces, posterior                            | None      |

**CROWNS, INLAYS, ONLAYS & POSTS (There is an additional \$50 for porcelain butt margin, and \$200 for specialized crowns such as Lava, Captek, Empress, Procera, etc.)**

| CODE  | SERVICE                                   | COPAYMENT |
|-------|---|-----------|
| D2510 | Inlay - metallic - one surface            | 70.00     |
| D2520 | Inlay - metallic - two surfaces           | 70.00     |
| D2530 | Inlay - metallic - three or more surfaces | 70.00     |
| D2542 | Onlay - metallic - two surfaces           | 35.00     |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D2543 | Onlay - metallic - three surfaces                       | 35.00     |
| D2544 | Onlay - metallic - four or more surfaces                | 35.00     |
| D2610 | Inlay - porcelain/ceramic - one surface                 | 35.00     |
| D2620 | Inlay - porcelain/ceramic - two surfaces                | 35.00     |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces      | 35.00     |
| D2642 | Onlay - porcelain/ceramic - two surfaces                | 35.00     |
| D2643 | Onlay - porcelain/ceramic - three surfaces              | 35.00     |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces       | 35.00     |
| D2650 | Inlay - resin-based composite - one surface             | 35.00     |
| D2651 | Inlay - resin-based composite - two surfaces            | 35.00     |
| D2652 | Inlay - resin-based composite - three or more surfaces  | 35.00     |
| D2662 | Onlay - resin-based composite - two surfaces            | 35.00     |
| D2663 | Onlay - resin-based composite - three surfaces          | 35.00     |
| D2664 | Onlay - resin-based composite - four or more surfaces   | 35.00     |
| D2710 | Crown - resin-based composite (indirect)                | 70.00     |
| D2712 | Crown - $\frac{3}{4}$ resin-based composite (indirect)  | 70.00     |
| D2720 | Crown - resin with high noble metal                     | 210.00    |
| D2721 | Crown - resin with predominantly base metal             | 60.00     |
| D2722 | Crown - resin with noble metal                          | 170.00    |
| D2740 | Crown - porcelain/ceramic                               | 70.00     |
| D2750 | Crown - porcelain fused to high noble metal             | 220.00    |
| D2751 | Crown - porcelain fused to predominantly base metal     | 70.00     |
| D2752 | Crown - porcelain fused to noble metal                  | 180.00    |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | 180.00    |
| D2780 | Crown - $\frac{3}{4}$ cast high noble metal             | 220.00    |
| D2781 | Crown - $\frac{3}{4}$ cast predominantly base metal     | 70.00     |
| D2782 | Crown - $\frac{3}{4}$ cast noble metal                  | 180.00    |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D2783 | Crown - $\frac{3}{4}$ porcelain/ceramic  | 80.00     |
| D2790 | Crown - full cast high noble metal.  | 220.00    |
| D2791 | Crown - full cast predominantly base metal   | 70.00     |
| D2792 | Crown - full cast noble metal  | 180.00    |
| D2794 | Crown - titanium and titanium alloys   | 140.00    |
| D2799 | Provisional crown– further treatment or completion of diagnosis necessary prior to final impressions | 200.00    |
| D27BM | Crown-butt margin  | 50.00     |
| D27SC | Crown-specialty upgrade  | 200.00    |
| D27ML | Crown-porcelain on molar   | None      |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration                            | None      |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core                            | None      |
| D2920 | Re-cement or re-bond crown   | None      |
| D2921 | Re-attachment of tooth fragment, incisal edge or cusp  | None      |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth  | 10.00     |
| D2930 | Prefabricated stainless steel crown - primary tooth  | 10.00     |
| D2931 | Prefabricated stainless steel crown - permanent tooth  | 10.00     |
| D2932 | Prefabricated resin crown  | 10.00     |
| D2933 | Prefabricated stainless steel crown with resin window  | 20.00     |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth                                  | 20.00     |
| D2940 | Protective restoration   | None      |
| D2941 | Interim therapeutic restoration - primary dentition  | None      |
| D2949 | Restorative foundation for an indirect restoration   | None      |
| D2950 | Core build up, including any pins when required  | None      |
| D2951 | Pin retention - per tooth, in addition to restoration  | None      |
| D2952 | Post and core in addition to crown, indirectly fabricated  | None      |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D2953 | Each additional indirectly fabricated post - same tooth                              | None      |
| D2954 | Prefabricated post and core in addition to crown                                     | None      |
| D2955 | Post removal   | None      |
| D2957 | Each additional prefabricated post - same tooth                                      | None      |
| D2960 | Labial veneer (resin laminate) – direct  | 35.00     |
| D2961 | Labial veneer (resin laminate) – indirect  | 50.00     |
| D2962 | Labial veneer (porcelain laminate) – indirect  | 50.00     |
| D2971 | Additional procedure to construct new crown under existing partial denture framework | 25.00     |
| D2975 | Coping   | 45.00     |
| D2990 | Resin infiltration of incipient smooth surface lesions                               | None      |

## ENDODONTICS

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D3110 | Pulp cap - direct (excluding final restoration)   | None      |
| D3120 | Pulp cap - indirect (excluding final restoration)   | None      |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | None      |
| D3221 | Pulpal debridement, primary and permanent teeth   | None      |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development   | None      |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)   | 20.00     |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)  | 20.00     |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration)  | 20.00     |



| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration)   | 20.00     |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration)  | 20.00     |
| D3331 | Treatment of root canal obstruction; non-surgical access   | 20.00     |
| D3332 | Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth   | 10.00     |
| D3333 | Internal root repair of perforation defects  | 20.00     |
| D3346 | Retreatment of previous root canal therapy - anterior  | 20.00     |
| D3347 | Retreatment of previous root canal therapy, premolar   | 20.00     |
| D3348 | Retreatment of previous root canal therapy, molar  | 20.00     |
| D3351 | Apexification/recalcification - initial visit (apical closure /calcific repair of perforations, root resorption, etc.)                                       | None      |
| D3352 | Apexification/ recalcification - interim medication replacement  |           |
| D3353 | Apexification/ recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | None      |
| D3355 | Pulpal regeneration - initial visit  | None      |
| D3356 | Pulpal regeneration - interim medication replacement   | None      |
| D3357 | Pupal regeneration - completion of treatment   | 20.00     |
| D3410 | Apicoectomy - anterior   | 20.00     |
| D3421 | Apicoectomy - premolar (first root)  | 20.00     |
| D3425 | Apicoectomy - molar (first root)   | 20.00     |
| D3426 | Apicoectomy (each additional root)   | 20.00     |
| D3430 | Retrograde filling, per root   | None      |
| D3450 | Root amputation, per root  | None      |
| D3911 | Intraorifice barrier   | None      |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D3471 | Surgical repair of root resorption – anterior  | 20.00     |
| D3472 | Surgical repair of root resorption – premolar  | 30.00     |
| D3473 | Surgical repair of root resorption – molar   | 40.00     |
| D3920 | Hemisection (including any root removal), not including root canal therapy   | 100.00    |
| D3921 | Decoronation of submergence of an erupted tooth  | None      |
| D3950 | Canal preparation and fitting of preformed dowel or post   | None      |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant                   | 80.00     |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant                   | 40.00     |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth                                   | 40.00     |
| D4230 | Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant                       | 200.00    |
| D4231 | Anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant              | 150.00    |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 200.00    |

## PERIODONTICS

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 150.00    |
| D4245 | Apically positioned flap   | 300.00    |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D4249 | Clinical crown lengthening - hard tissue  | 200.00    |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant         | 300.00    |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant         | 200.00    |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant  | 200.00    |
| D4264 | Bone replacement graft - retained natural tooth – each additional site in quadrant  | 100.00    |
| D4266 | Guided tissue regeneration - resorbable barrier, per site   | 230.00    |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)  | 225.00    |
| D4268 | Surgical revision procedure, per tooth  | 435.00    |
| D4270 | Pedicle soft tissue graft procedure   | 445.00    |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | 350.00    |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)                    | 200.00    |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft        | 250.00    |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft  | 275.00    |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 250.00    |
| D4341 | Periodontal scaling and root planing, four or more teeth per quadrant   | None      |
| D4342 | Periodontal scaling and root planing, 1-3 teeth, per quadrant   | None      |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site                           | 100.00    |
| D4283 | Autogenous connective tissue graft procedure  | 350.00    |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation   | None      |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit  | None      |
| D4381 | Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth  | 25.00     |
| D4910 | Periodontal maintenance (limited to 1 per 6 months)   | None      |
| D4921 | Gingival irrigation - per quadrant  | 25.00     |

#### **DENTURES (Add lab cost of any gold)**

| CODE  | SERVICE                      | COPAYMENT |
|-------|------------------------------|-----------|
| D5110 | Complete denture - maxillary | 45.00     |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D5120 | Complete denture - mandibular  | 45.00     |
| D5130 | Immediate denture - maxillary  | 45.00     |
| D5140 | Immediate denture - mandibular   | 45.00     |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)  | 45.00     |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)   | 45.00     |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)            | 45.00     |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)           | 45.00     |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)                                     | 95.00     |
| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)                                    | 95.00     |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)  | 95.00     |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 95.00     |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)  | 245.00    |
| D5226 | Mandibular partial denture - flexible base (including  | 245.00    |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
|       | retentive/clasping materials, rests and teeth)  |           |
| D5227 | Immediate maxillary partial denture-flexible base (including any clasps, rests, teeth)  | 95.00     |
| D5228 | Immediate mandibular partial denture-flexible base (including any clasps, rests, teeth)   | 95.00     |
| D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary         | 45.00     |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular        | 45.00     |
| D5284 | Removable unilateral partial denture – once piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant | 245.00    |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant          | 245.00    |

#### ADJUSTMENT, REPAIR AND RELINE DENTURES

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D5410 | Adjust complete denture - maxillary                             | None      |
| D5411 | Adjust complete denture - mandibular                            | None      |
| D5421 | Adjust partial denture - maxillary                              | None      |
| D5422 | Adjust partial denture – mandibular                             | None      |
| D5511 | Repair broken complete denture base, mandibular                 | 5.00      |
| D5512 | Repair broken complete denture base, maxillary                  | 5.00      |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | 5.00      |
| D5611 | Repair resin denture base, mandibular                           | 5.00      |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D5612 | Repair resin denture base, maxillary                               | 5.00      |
| D5621 | Repair cast partial framework, mandibular                          | 5.00      |
| D5622 | Repair cast partial framework, maxillary                           | 5.00      |
| D5630 | Repair or replace broken retentive/clasping materials per tooth    | 5.00      |
| D5640 | Replace broken teeth - per tooth                                   | 5.00      |
| D5650 | Add tooth to existing partial denture                              | 5.00      |
| D5660 | Add clasp to existing partial denture - per tooth                  | 5.00      |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary)  | 30.00     |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | 30.00     |
| D5710 | Rebase complete maxillary denture                                  | 10.00     |
| D5711 | Rebase complete mandibular denture                                 | 10.00     |
| D5720 | Rebase maxillary partial denture                                   | 10.00     |
| D5721 | Rebase mandibular partial denture                                  | 10.00     |
| D5730 | Reline complete maxillary denture (direct)                         | 10.00     |
| D5731 | Reline complete mandibular denture (direct)                        | 10.00     |
| D5740 | Reline maxillary partial denture (direct)                          | 10.00     |
| D5741 | Reline mandibular partial denture (direct)                         | 10.00     |
| D5750 | Reline complete maxillary denture (indirect)                       | 10.00     |
| D5751 | Reline complete mandibular denture (indirect)                      | 10.00     |
| D5760 | Reline maxillary partial denture (indirect)                        | 10.00     |
| D5761 | Reline mandibular partial denture (indirect)                       | 10.00     |
| D5765 | Soft liner for complete or partial removable denture-indirect      | None      |
| D5810 | Interim complete denture (maxillary)                               | None      |
| D5811 | Interim complete denture (mandibular)                              | None      |
| D5820 | Interim partial denture (including                                 | None      |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
|       | retentive/clasping materials, rests, and teeth), maxillary                                     |           |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | None      |
| D5850 | Tissue conditioning, maxillary   | None      |
| D5851 | Tissue conditioning, mandibular  | None      |
| D5863 | Overdenture - complete maxillary   | 270.00    |
| D5864 | Overdenture - partial maxillary  | 270.00    |
| D5865 | Overdenture - complete mandibular  | 270.00    |
| D5866 | Overdenture - partial mandibular   | 270.00    |

## IMPLANTS

**Implant services are covered only when performed by a participating general dentist.**

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D6010 | Surgical placement of implant body: endosteal implant                        | 1,500.00  |
| D6011 | Surgical access to an implant body (second stage implant surgery)            | 200.00    |
| D6051 | Interim abutment   | 200.00    |
| D6056 | Prefabricated abutment- includes modification and placement                  | 450.00    |
| D6057 | Custom fabricated abutment- includes placement                               | 450.00    |
| D6058 | Abutment supported porcelain/ceramic crown                                   | 1,000.00  |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal)         | 1,150.00  |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | 1,000.00  |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal)              | 1,125.00  |
| D6062 | Abutment supported cast metal crown (high noble metal)                       | 1,150.00  |



| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
| D6063 | Abutment supported cast metal crown<br>(predominantly base metal)  | 1,000.00  |
| D6064 | Abutment supported cast metal crown (noble metal)  | 1,125.00  |
| D6065 | Implant supported porcelain/ceramic crown.   | 1,000.00  |
| D6066 | Implant supported crown-porcelain fused to high noble alloys   | 1,150.00  |
| D6067 | Implant supported crown - high noble alloys  | 1,150.00  |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD  | 1,000.00  |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal)  | 1,150.00  |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD<br>(predominantly base metal)   | 1,000.00  |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal)   | 1,125.00  |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal)  | 1,150.00  |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal)  | 1,000.00  |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal).  | 1,125.00  |
| D6075 | Implant supported retainer for ceramic FPD   | 1,000.00  |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys  | 1,150.00  |
| D6077 | Implant supported retainer for metal FPD high noble alloys   | 1,150.00  |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | 2.00      |
| D6082 | Implant supported crown - porcelain fused to predominantly base alloys   | 1,000.00  |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D6083 | Implant supported crown - porcelain fused to noble alloys                             | 1,150.00  |
| D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys             | 1,150.00  |
| D6085 | Provisional implant crown   | 200.00    |
| D6086 | Implant supported crown - predominantly base alloys                                   | 1,150.00  |
| D6087 | Implant supported crown - noble alloys  | 1,150.00  |
| D6088 | Implant supported crown - titanium and titanium alloys                                | 1,150.00  |
| D6092 | Re-cement or re-bond implant/abutment supported crown                                 | 30.00     |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture                 | 40.00     |
| D6094 | Abutment supported crown- titanium and titanium alloys                                | 650.00    |
| D6097 | Abutment supported crown - porcelain fused to titanium and titanium alloys            | 1,150.00  |
| D6098 | Implant supported retainer - porcelain fused to predominantly base alloys             | 1,150.00  |
| D6099 | Implant supported retainer for FPD - porcelain fused to noble alloys                  | 1,150.00  |
| D6104 | Bone graft at time of implant placement   | 195.00    |
| D6110 | Implant/abutment supported removable denture for edentulous arch- maxillary           | 2,300.00  |
| D6111 | Implant /abutment supported removable denture for edentulous arch-mandibular          | 2,300.00  |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch-maxillary  | 2,300.00  |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch-mandibular | 2,300.00  |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys          | 1,150.00  |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys                                  | 1,150.00  |
| D6122 | Implant supported retainer for metal FPD – noble alloys   | 1,150.00  |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys                               | 1,150.00  |
| D6191 | Semi-precision abutment – placement   | 350.00    |
| D6192 | Semi-precision attachment – placement   | 350.00    |
| D6194 | Abutment supported retainer crown for FPD - titanium and titanium alloys                              | 650.00    |
| D6195 | Abutment supported retainer - porcelain fused to titanium and titanium alloys                         | 650.00    |
| D6205 | Pontic - indirect resin-based composite   | 45.00     |
| D6210 | Pontic - cast high noble metal  | 145.00    |
| D6211 | Pontic - cast predominantly base metal  | 35.00     |
| D6212 | Pontic - cast noble metal   | 115.00    |
| D6214 | Pontic - titanium and titanium alloys   | 35.00     |
| D6240 | Pontic - porcelain fused to high noble metal  | 155.00    |
| D6241 | Pontic - porcelain fused to predominantly base metal  | 45.00     |
| D6242 | Pontic - porcelain fused to noble metal   | 125.00    |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys  | 125.00    |
| D6245 | Pontic - porcelain/ceramic  | 45.00     |
| D6250 | Pontic - resin with high noble metal  | 155.00    |
| D6251 | Pontic - resin with predominantly base metal  | 45.00     |
| D6252 | Pontic - resin with noble metal   | 125.00    |
| D6253 | Provisional pontic – further treatment or completion of diagnosis necessary prior to final impression | 200.00    |
| D62ML | Pontic - porcelain on molar   | None      |
| D62SC | Pontic - specialty upgrade  | 200.00    |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis   | 45.00     |
| D6548 | Retainer - porcelain/   | 45.00     |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
|       | ceramic for resin bonded fixed prosthesis                              |           |
| D6549 | Resin retainer - for resin bonded fixed prosthesis                     | 45.00     |
| D6600 | Inlay - porcelain/ceramic, two surfaces                                | 35.00     |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces             | 35.00     |
| D6602 | Retainer inlay - cast high noble metal, two surfaces                   | 145.00    |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces         | 145.00    |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces           | 35.00     |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | 35.00     |
| D6606 | Retainer inlay - cast noble metal, two surfaces                        | 115.00    |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces              | 115.00    |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces                       | 35.00     |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces             | 35.00     |
| D6610 | Retainer onlay - cast high noble metal, two surfaces                   | 145.00    |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces         | 145.00    |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces           | 35.00     |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | 35.00     |
| D6614 | Retainer onlay - cast noble metal, two surfaces.                       | 115.00    |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces.             | 115.00    |
| D6624 | Retainer inlay - titanium  | 35.00     |
| D6634 | Retainer onlay - titanium  | 35.00     |
| D6710 | Retainer crown - indirect resin-based composite                        | 80.00     |
| D6720 | Retainer crown - resin with high noble metal                           | 220.00    |
| D6721 | Retainer crown - resin with predominantly base metal                   | 70.00     |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D6722 | Retainer crown - resin with noble metal   | 180.00    |
| D6740 | Retainer crown - porcelain/ceramic  | 220.00    |
| D6750 | Retainer crown - porcelain fused to high noble metal  | 220.00    |
| D6751 | Retainer crown - porcelain fused to predominantly base metal  | 70.00     |
| D6752 | Retainer crown - porcelain fused to noble metal   | 180.00    |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys  | 180.00    |
| D6780 | Retainer crown - $\frac{3}{4}$ cast high noble metal  | 220.00    |
| D6781 | Retainer crown - $\frac{3}{4}$ cast predominantly base metal  | 70.00     |
| D6782 | Retainer crown - $\frac{3}{4}$ cast noble metal   | 180.00    |
| D6783 | Retainer crown - $\frac{3}{4}$ porcelain/ceramic  | 80.00     |
| D6784 | Retainer crown $\frac{3}{4}$ - titanium and titanium alloys   | 180.00    |
| D6790 | Retainer crown - full cast high noble metal   | 220.00    |
| D6791 | Retainer crown - full cast predominantly base metal   | 70.00     |
| D6792 | Retainer crown - full cast noble  | 180.00    |
| D6793 | Provisional retainer crown—further treatment or completion of diagnosis necessary prior to final impression | 200.00    |
| D6794 | Retainer crown - titanium and titanium alloys   | 85.00     |
| D67BM | Retainer crown - butt margin  | 50.00     |
| D67ML | Retainer crown – porcelain on molar   | None      |
| D67SC | Retainer crown - specialty upgrade  | 200.00    |
| D6930 | Re-cement or re-bond fixed partial denture  | None      |

## ORAL SURGERY

| CODE  | SERVICE                                      | COPAYMENT |
|-------|--|-----------|
| D7111 | Extraction, coronal remnants - primary tooth | None      |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | None      |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | None      |
| D7220 | Removal of impacted tooth (soft tissue)   | None      |
| D7230 | Removal of impacted tooth - partially bony  | None      |
| D7240 | Removal of impacted tooth - completely bony   | None      |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications  | None      |
| D7250 | Removal of residual tooth roots (cutting procedure)   | None      |
| D7251 | Coronectomy - intentional partial tooth removal   | None      |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth  | 50.00     |
| D7280 | Surgical access of an unerupted tooth   | None      |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption  | 200.00    |
| D7283 | Placement of device to facilitate eruption of impacted tooth  | None      |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth)   | 80.00     |
| D7286 | Incisional biopsy of oral tissue - soft   | 75.00     |
| D7288 | Brush biopsy - transepithelial sample collection  | 30.00     |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant  | None      |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant  | None      |
| D7320 | Alveoloplasty not in conjunction with   | None      |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
|       | extractions - four or more teeth or tooth spaces, per quadrant  |           |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant                  | None      |
| D7471 | Removal of lateral exostosis (maxilla or mandible)  | None      |
| D7510 | Incision and drainage of abscess - intraoral soft tissue  | None      |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 50.00     |
| D7961 | Buccal / labial frenectomy (frenulectomy)   | None      |
| D7962 | Lingual frenectomy (frenulectomy)   | None      |
| D7963 | Frenuloplasty   | None      |
| D7970 | Excision of hyperplastic tissue - per arch  | 200.00    |
| D7971 | Excision of peri coronal gingiva  | None      |

## OTHER

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure   | None      |
| D9120 | Fixed partial denture sectioning  | 35.00     |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures                                     | None      |
| D9211 | Regional block anesthesia   | None      |
| D9212 | Trigeminal division block anesthesia  | None      |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures   | None      |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | None      |
| D9430 | Office visit for observation (during regularly scheduled  | None      |

| CODE  | SERVICE  | COPAYMENT |
|-------|--|-----------|
|       | hours) - no other services performed   |           |
| D9440 | Office visit - AFTER regularly scheduled hours                                   | None      |
| D9450 | Case presentation, detailed and extensive treatment planning                     | None      |
| D9610 | Therapeutic parenteral drug, single administration                               | 15.00     |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | 30.00     |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant                 | 30.00     |
| D9630 | Drugs or medicaments dispensed in the office for home use                        | 25.00     |
| D9910 | Application desensitizing medicament   | None      |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth   | None      |
| D9932 | Cleaning and inspection of removable complete denture, maxillary                 | 5.00      |
| D9933 | Cleaning and inspection of removable complete denture, mandibular                | 5.00      |
| D9934 | Cleaning and inspection of removable partial denture, maxillary                  | 5.00      |
| D9935 | Cleaning and inspection of removable partial denture, mandibular                 | 5.00      |
| D9941 | Fabrication of athletic mouthguard   | 100.00    |
| D9942 | Repair and/or reline of occlusal guard   | 90.00     |
| D9943 | Occlusal guard adjustment  | 15.00     |
| D9944 | Occlusal guard- hard appliance, full arch  | None      |
| D9945 | Occlusal guard- soft appliance, full arch  | None      |
| D9951 | Occlusal adjustment – limited  | 35.00     |
| D9952 | Occlusal adjustment - complete   | 75.00     |
| D9961 | Duplicate/copy patient's records   | None      |
| D9970 | Enamel microabrasion   | 20.00     |
| D9971 | Odontoplasty - per tooth   | 10.00     |



| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D9972 | External bleaching - per arch - performed in office   | 200.00    |
| D9973 | External bleaching - per tooth  | 100.00    |
| D9974 | Internal bleaching - per tooth  | 100.00    |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays | 200.00    |
| D9990 | Certified translation or sign-language services per visit   | None      |
| D9991 | Dental case management - addressing appointment compliance barriers                                   | None      |
| D9992 | Dental case management - care coordination  | None      |
| D9993 | Dental case management - motivational interviewing  | None      |
| D9994 | Dental case management - patient education to improve oral health literacy                            | None      |
| D00SO | Second opinion  | 20.00     |

### **ORTHODONTICS: Services when Performed by a Participating Dental Health Services Orthodontist**

Please contact your Member Service Specialist at 866-644-5444 for a list of participating orthodontists. All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. *There are additional fees for orthodontic care.*

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D8660 | Consultation fee  | None      |
| D8670 | Periodic Orthodontic Treatment Visit                                      | 15.00     |
| D8721 | Initial, mid, and final records if performed at a SMART-MTA select office | 80.00     |
| D8706 | Mixed detention – phase 1   | 450.00    |
| D8707 | Palatal expansion   | 350.00    |
| D8708 | Rapid palatal expansion   | 550.00    |
| D8710 | Functional appliance (Bionator-Frankel)                                   | 550.00    |
| D8711 | Headgear  | 350.00    |
| D8708 | Simple crossbite  | 275.00    |
| D8728 | Partial band, child (ages 10-19), preventive orthodontics                 | 250.00    |
| D8729 | Partial band, child (ages 10-19), interceptive orthodontics               | 250.00    |

| CODE  | SERVICE   | COPAYMENT |
|-------|---|-----------|
| D8725 | Full band, less than 12 mo. tx, child (ages 10-19), SMART-MTA select office | 350.00    |
| D8722 | Full band, 12-24 mo. tx, child (ages 10-19), SMART-MTA select offices       | 500.00    |
| D8730 | Partial band, adult, network office   | 1,450.00  |
| D8731 | Partial band, adult, SMART-MTA select office                                | 1,250.00  |
| D8726 | Full band, less than 12 mo. tx, adult, network office                       | 1,650.00  |
| D8727 | Full band, less than 12 mo. tx, adult, SMART-MTA select offices             | 1,450.00  |
| D8723 | Full band, 12-24 mo. tx, adult, network office                              | 1,850.00  |
| D8723 | Full band, 12-24 mo. tx, adult, SMART-MTA select offices                    | 1,650.00  |
| D8680 | Retention appliance, after ortho treatment, per arch                        | 50.00     |
| D8681 | Removable orthodontic retainer adjustment                                   | 15.00     |

Many orthodontic appliances and services not listed here are available at additional copayments. Full-time employees and their dependents, including children up to the age of 26, are eligible for orthodontic treatment when indicated at the discretion of the attending orthodontist. (Please note that children must be at least 10 years old prior to full banded treatment.) Treatment is provided at numerous offices and additional “network” offices for adults are available. For further information, call Dental Health Services at 866-644-5444.

**The cost difference between covered benefits and procedures not included in this schedule will be charged to patients choosing optional treatments.**

## Exclusions

**The following services are not covered by your dental plan:**

- Services that are not consistent with professionally recognized standards of practice.
- Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- Cosmetic services, for appearance only.
- General anesthesia, including intravenous and inhalation sedation.

- Dispensing of drugs not normally supplied in a dental office.
- Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
- Replacement of lost or broken orthodontic or removable prosthodontics (denture) appliances.
- Myofunctional and TMJ therapy: procedures for treating/training temporomandibular (jaw) joint or muscle disorders.
- Procedures, appliances or restorations (other than fillings) that are necessary for full mouth rehabilitation, to increase arch vertical dimension, or crown/bridgework requiring more than 10 crowns/pontics.
- Procedures performed by a prosthodontist.
- Treatment for malignancies, neoplasms (tumors) and cysts. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- Services that are reimbursed by a third-party such as a medical insurance/health plan or other third-party indemnification.
- Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
- Coordination of benefits with another prepaid managed care dental plan.
- Surgical intervention in orthodontic cases.
- Changes in orthodontic treatment necessitated by an accident of any kind and retreatment of orthodontic cases.
- Malocclusions so severe or mutilated which are not amenable to routine orthodontic therapy.
- Services not specifically covered on the Schedule of Covered Services and Copayments.

## Limitations on Benefits

**Restrictions on benefits are applied to the following services:**

Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not include any curative treatment or treatment that can be safely postponed.

Routine teeth cleaning (prophylaxis) is limited to once every 6 months unless additional cleanings are recommended by your dentist. Full mouth x-rays are limited to one set every 3 years if needed.

Covered specialist referrals must be pre-approved by Dental Health Services.

Prosthodontics - replacement will be made of any existing appliance (dentures, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after 2 years have elapsed from the time of delivery.

Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.

Fixed bridges are not a benefit for patients under the age of 16, in the presence of non-supportive periodontal tissue, when edentulous spaces are bilateral in the same arch, when more than four teeth in an arch need to be replaced, to replace missing third molars, or when the prognosis is poor.

Orthodontic fees are based on treatment up to 24 months. Additional treatment or treatment that extends beyond that time may be subject to additional charges.

Services that do not follow Dental Health Services' Benefit Guidelines included in your Trust Fund's Group Service Agreement.

Periodontal scaling and root planning is limited to four quadrants every 6 months and periodontal surgical procedures are limited to four quadrants every 2 years.

## Second Opinions

Second dental opinions are a covered benefit and will be approved. Please contact Dental Health Services Member Services if you wish to arrange for a second dental opinion. Appointment arrangements will be made within 5 days for routine second opinions, within 72 hours for serious conditions and immediately for emergencies.

## Continuity of Care

If you are in the middle of treatment and your current participating dentist is terminated or you are joining Dental Health Services as a new enrollee, you may have a right to

keep your current dentist for a designated period of time. Please contact your Member Service Specialist at **866-644-5444** or **Membercare@dentalhealthservice.com** for assistance and to request a copy of Dental Health Services' Continuity of Care Policy.

## **NEW MEMBERS**

You may request continuation of covered services for certain qualifying conditions from your non-participating dentist. Your request must be made within 30 days of enrolling. If a good cause exists, an exception to the 30-day time limit will be considered. Dental Health Services, at the request of an enrollee, will provide the completion of covered services for treatment of certain qualifying conditions if the covered services were being provided by a non-participating dentist to a newly covered enrollee at the time his or her coverage became effective. This policy does not apply to a newly covered enrollee covered under an individual subscriber agreement.

## **CURRENT MEMBERS**

You may request continuation of covered services for certain qualifying conditions from your participating dentist in the event that dentist's contract is terminated. Dental Health Services, at the request of an enrollee, will provide the completion of covered services for treatment of qualifying conditions if the services are provided by a dental office that is no longer contracted with Dental Health Services. Your request must be made within 30 days of enrolling. If a good cause exists, an exception to the 30-day time limit will be considered.

## **QUALIFYING CONDITIONS**

The enrollee has a right to complete covered services if his or her condition falls within one of the qualifying categories listed below:

- Completion of covered services shall be provided for the duration of an acute condition. An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a limited duration;

Completion of covered services for an enrollee newborn child between birth and age 36 months, not

to exceed 12 months from the contract termination date for current enrollees or 12 months from the effective date of coverage for a newly covered enrollee;

- Performance of a surgical or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the dentist to occur within 180 days of the dentist's contract termination for current enrollees or 180 days from the effective date of coverage for newly covered enrollees

All services are subject to Dental Health Services' consent and approval, and agreement by the terminated provider, consistent with good professional practice. You must make a specific request to continue under the care of your current dental provider. Dental Health Services is not required to continue your care with the dental office if you are not eligible under our policy or if we cannot reach agreement with the dentist on the terms regarding your care in accordance with California law. If you have further questions, you are encouraged to contact the Department of Managed Health Care (DMHC), which protects HMO consumers, by telephone at its toll-free number, **888-466-2219**, at a TDD number for the hearing impaired at **877-688-9891**, or online at [www.dmhca.ca.gov](http://www.dmhca.ca.gov).

## Coordination of Benefits

Benefits of this dental coverage will be coordinated with the benefits of any indemnity dental coverage that you may have. This plan does not coordinate benefits with other prepaid plans. The total payments by all the programs or policies involved will not be greater than the total cost of services rendered.

## Termination of Coverage

Coverage of an individual member may be terminated for any of the following reasons:

- Termination of the agreement with the Trust Fund;
- Failure of a member to meet the eligibility requirements;
- Failure of the subscriber to pay applicable copayments when due;

- Material misrepresentation (fraud) in obtaining coverage;
- Permitting the use of a Dental Health Services membership card by another person, or using another person's membership card to obtain care to which one is not entitled;
- Failure to establish a satisfactory dentist/patient relationship with a Dental Health Services dentist as determined by the inability and/or refusal of two different Dental Health Services dentists to treat the member;
- Failure of the Trust Fund to pay premium in a timely manner;
- Failure to observe civil behavior in dealings with the plan or dentists.

Coverage for a subscriber and their dependents will terminate at the end of the month during which the subscriber leaves the employment of the company or otherwise ceases to be eligible for coverage, except for any of the reasons above, when termination is immediate. In the event coverage is terminated, the member shall become liable for charges resulting from treatment received after termination.

## **Termination Due to Nonpayment**

Benefits under your plan depend on premium payments staying current. Enrollment will be cancelled as of the last day for which payment has been received, subject to compliance with notice requirements. Any service(s) then "in progress" will be completed within 30 days with the member's cooperation. Member will remain liable for the scheduled copayment, if any. We encourage you to make individual arrangements with your dentist for continuing the diagnosed services if group benefits are terminated.

## **Renewal Provisions**

The group contract may be extended or renewed from year-to-year after its initial period by the execution and exchange of an official communication between Dental Health Services and your Trust Fund. The renewed contract will reflect any changes in terms and/or conditions as agreed upon by Dental

Health Services and your Trust Fund. This may affect your copayment and/or premium fees. You may obtain information about these charges, if any, during your open enrollment period or by contacting your Member Service Specialist at **866-644-5444**.

## Individual Coverage

Your coverage ceases on the last day of the month in which you are eligible and for which premiums have been paid. When membership ceases due to loss of eligibility, you may join Dental Health Services' SmartSmile<sup>sm</sup> Individual Dental Plan, without evidence of acceptability, by contacting your Member Service Specialist. Dental Health Services will issue an individual membership plan application. The effective date of individual coverage shall commence at the time the group membership coverage ends if timely premium is received. You may call Member Services for more information about individual dental plans. Your Member Service Specialist will be happy to help you!

## COBRA (Consolidated Omnibus Budget Reconciliation Act)

If you qualify for continuing coverage through COBRA, Dental

Health Services can provide ongoing benefits through your Trust Fund. Please contact your Trust Fund or Dental Health Services for additional information.

### COBRA DEFINITIONS

**Continuation Coverage:** extended coverage under the Dental Health Services Dental Plan in which an Eligible Employee or Eligible Dependent is currently enrolled, or, in the case of a termination of the dental plan or an employer open enrollment period, extended coverage under the group dental plan currently offered by the employer.

**Eligible Employee:** a person eligible to participate as a subscriber in the Dental Health Services health plan contracted by his/her employer.

**Eligible Dependent:** a person, other than the covered employee, qualifying for coverage as an enrollee under the terms of such a group contract.



**Qualified Beneficiary:** any individual who, on the day before the occurrence of a “qualifying event” is an enrollee in a Dental Health Services dental plan and has one or more of the following occur:

- Death of the covered employee;
- Loss of eligible employee status by termination or reduction in hours of employment, except that termination for gross misconduct is not a qualifying event;
- Divorce or legal separation of the covered employee from the covered employee’s spouse;
- Loss of dependent status by an enrollee who is a dependent;
- With respect to a covered dependent, the covered employee’s entitlement to benefits under Medicare.

If you are eligible as a qualified beneficiary and desire continuation of coverage with Dental Health Services, you must request the continuation of coverage in writing. In order to qualify, Dental Health Services must receive the notice within 60 days following the latter of:

- The date your coverage under the Dental Health Services dental plan terminated or will terminate by reason of a qualifying event, or
- The date you were sent notice from Dental Health Services, or from the Trust Fund, setting forth necessary premium information, enrollment forms and other information necessary to allow you to formally select continuation of coverage.

If you elect continuation of coverage you must pay the appropriate premium to the Trust Fund within 60 days from the date you gave notice of your election to continue coverage. Your payment must equal an amount sufficient to pay all premiums due at that time. Failure to submit the correct premium amount within the 60-day period will disqualify you and your dependents from receiving continuation of coverage.

If you are a qualified beneficiary and receiving continuation of coverage from a dental plan, and if that coverage terminates because the dental plan contract with your Trust Fund is terminated, you may continue coverage under the successor plan for the balance of the period that you would have

remained covered under the terminated plan. However, continuation coverage shall terminate if you fail to comply with the requirements pertaining to enrollment in and payment of premiums to the new dental plan within 30 days of receiving notice of termination of the prior dental plan.

Dental Health Services may contract with your Trust Fund to perform administrative functions in connection with continuation coverage. If you experience a qualifying event you should, as a precaution, send the required notification to both Dental Health Services and your Trust Fund.

If you have any questions concerning continuation coverage, you may contact your Member Service Specialist at **866-644-5444**.

## Member Services

Dental Health Services is partly owned by its employees; they join management in making great efforts to see that you are served well. If you have questions, concerns, comments, or complaints about our services, personnel, or facilities, please comment in writing or by phone. Inquiries affecting emergency services are responded to immediately. In an urgent situation decisions regarding care will be made within 72 hours. Decisions affecting routine services are made within 5 business days. When Dental Health Services is unable to receive all the information necessary for a decision, the member and the provider are notified within 5 business days of the progress.

All communication should be directed to:

### **Dental Health Services**

Member Services

3780 Kilroy Airport Way Suite 750

Long Beach, CA 90806

866-644-5444

## Grievance Process

A Grievance is a written or oral expression of your dissatisfaction regarding Dental Health Services and/or a Participating Dentist, including your concerns about quality of care. Complaints, disputes, requests for reconsideration or Appeal made by you or someone who is authorized to represent you on your behalf are all considered Grievances.

You should, but it is not required, first discuss any Grievance regarding treatment or treatment costs with your Participating

Dentist. For assistance, you may contact your Member Services Specialist by calling 866-644-5444, mailing a letter to

Member Services, Dental Health Services, 3780 Kilroy Airport Way Suite 750, Long Beach, CA 90806, or by emailing [grievanceweb@dentalhealthservices.com](mailto:grievanceweb@dentalhealthservices.com).

You have one hundred-eighty (180) calendar days following any incident or action that is the subject of your dissatisfaction to file your Grievance.

Grievances are addressed immediately and responded to in writing within five (5) days. Every effort will be made by Dental Health Services to resolve Grievances within thirty (30) business days of receiving the Grievance or notification.

Urgent Grievances are addressed immediately and responded to in writing within three (3) calendar days. Should you be unhappy with the decision, you may request a review by notifying Dental Health Services in writing.

Voluntary mediation is available by submitting a request to Dental

Health Services. In cases of extreme hardship, Dental Health Services may assume a portion or all of a Member's or subscriber's share of the fees and expenses of the neutral arbitrator.

If you choose to dispute an Adverse Determination of a preauthorization or a claim for a procedure that has been denied, modified, or delayed in whole or in part due to a finding that the service is not Medically Necessary, you may seek an Independent Medical Review with the Department of Managed Health-Care within 180 days of exhausting the Grievance process.

The following is the exact language and notice as required by the DMHC (Department of Managed Health Care) and it is important to note that, although this refers to "Health Plans," it also includes your dental plan.

*The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a Grievance against your health plan, you should first telephone your health plan at 866-644-5444 and use your health plan's Grievance process before contacting the department. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a Grievance involving an emergency, a Grievance that has not been satisfactorily resolved by your health plan, or a Grievance that has remained unresolved for more than thirty (30) days, you may call the department for assistance. You may*

*also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, Coverage decisions for treatments that are experimental or investigative in nature and payment disputes for emergency or urgent medical services.*

The department also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

## **Cancellation Grievance Process**

If you believe your Plan coverage or contract has been or will be improperly canceled, rescinded, or not renewed; you have at least

180 days from notice of cancellation to file a grievance with

Dental Health Services or the Department of Managed Health Care.

Dental Health Services will treat such a grievance as an 'urgent grievance' providing you and the DMHC with an acknowledgement within three (3) calendar days of the receipt of such a grievance.

If the DMHC determines a proper grievance exists, the DMHC will notify Dental Health Services within two (2) business days that the complaint is a proper grievance. Within one (1) business day of the receipt of this notice from the DMHC, Dental Health Services shall provide a copy of all information used to make its coverage cancellation decision with the DMHC.

The DMHC will deliver their final determination to you and Dental Health Services within thirty (30) calendar days or at their discretion.

For additional information, please contact the Dental Health Services Member Services department or your Trust Fund administrator.

# Your Privacy and Confidentiality Notice

Dental Health Services is required by law to maintain the privacy and security of your protected health information. This Notice describes how your medical and dental information may be used and disclosed and how you can access and control your information. Please review it carefully. This notice is updated effective June 1, 2020. Dental Health Services is devoted to protecting your privacy and the confidentiality of your dental, medical, and personal health information. We do not sell our Member information. Your personal information will not be disclosed to nonaffiliated third parties, unless permitted or required by law, or authorized in writing by you. Throughout this Notice, unless otherwise stated, your medical and dental health information refers only to information created or received by Dental Health Services and identified in this Notice as Protected Health Information (PHI). Examples of PHI include your name, address, phone number, email address, birthdate, treatment dates and records, enrollment and claims information. Please note that your dentist maintains your dental records, including payments and charges. Dental Health Services will have a record of this portion of your PHI only in special or exceptional circumstances.

## **Under what circumstances must Dental Health Services share my PHI?**

Dental Health Services is required to disclose your PHI to you, and to the U.S. Department of Health and Human Services (HHS) when it is conducting an investigation of compliance with legal requirements. Dental Health Services is also required to disclose your PHI, subject to certain requirements and Limitations, if the disclosure is compelled by any of the following:

- A court order or subpoena
- A board, commission or administrative agency pursuant to its lawful authority;
- An arbitrator or panel of arbitrators in a lawfully requested arbitration;
- A search warrant;
- A coroner in the course of an investigation; or by other law.

## **When may Dental Health Services disclose my PHI without my authorization?**

Dental Health Services is permitted by law to use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care administration. Treatment purposes include disclosures related to facilitating your dental care. Payment purposes include activities to collect Premiums, to determine or maintain Coverage and related data processing, including pre-authorization for certain dental services. Health Care Administration means basic activities essential to Dental Health Services' function as a Limited Health Care Service Contractor, and includes reviewing the qualifications, competence, and service quality of your dental care provider; and providing referrals for Specialists.

In some situations, Dental Health Services is permitted to use and disclose your PHI without your authorization, subject to Limitations imposed by law. These situations include, but are not limited to:

- Preventing or reducing a serious threat to the public's health or safety;
- Concerning victims of abuse, neglect or domestic violence;
- Health oversight agency;
- Judicial and administrative proceedings including the defense by Dental Health Services of a legal action or proceeding brought by you;
- Law enforcement purposes, subject to subpoena or law;
- Workers Compensation purposes;
- Parents or guardians of a minor; and
- Persons or entities who perform services on behalf of Dental Health Services and from whom Dental Health Services has received contractual assurances to protect the privacy of your PHI.

## **Is Dental Health Services ever required to get my permission before sharing my PHI?**

Uses and disclosures of PHI other than those required or permitted by law will be made by Dental Health Services only with your written authorization. You may revoke any

authorization given to Dental Health Services at any time by written notice of revocation to Dental Health Services, except to the extent that Dental Health Services has relied on the authorization before receiving your written revocation. Uses and disclosures beyond those required or permitted by law, or authorized by you, are prohibited.

### **What is Dental Health Services' "Minimum Necessary" Policy?**

Dental Health Services uses reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary to accomplish the purpose of the use or disclosure. This restriction includes requests for PHI from another entity, and to requests made by Dental Health Services to other entities. This restriction does not apply to the requests by:

- Your dentist for treatment purposes;
- You; or
- Disclosures covered by an authorization you provided to another entity.

### **What are my rights regarding the privacy of my PHI?**

You may request Dental Health Services to restrict uses and disclosures of your PHI in the performance of its payment or health care operations. However, a written request is required. Your health is the top priority and Dental Health Services is not required to agree to your requested restriction. If Dental Health Services agrees to your restriction, the restriction will not apply in situations involving emergency treatment by a health care provider. Dental Health Services will comply with your reasonable requests that you wish to receive communications of your PHI by alternative means or at alternative locations. Such request must be made to Dental Health Services in writing. You have the right to have the person you've assigned medical power of attorney, or your legal guardian, exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action. You have the right, subject to certain Limitations, to inspect and copy your PHI. Your request must be made in writing. Dental Health Services will act on such request within thirty (30) days of receipt of the request. You have the right to amend your PHI. The request to amend must be made in writing and must

contain the reason you wish to amend your PHI. Dental Health Services has the right to deny such requests under certain conditions provided by law. Dental Health Services will respond to your request within sixty (60) days of receipt of the request and, in certain circumstances may extend this period for up to an additional thirty (30) days. You have the right to receive an accounting of disclosures of your PHI made by Dental Health Services for up to six (6) years preceding such request subject to certain exceptions provided by law. These exceptions include, but are not limited to disclosures made for payment or health care operations. Your request must be made in writing. Dental Health Services will provide the accounting within sixty (60) days of your request, but may extend the period for up to an additional thirty (30) days. The first accounting requested during any twelve (12) month period will be made without charge. There is \$25 charge for each additional accounting requested during such twelve (12) month period. You may withdraw or modify any additional requests within thirty (30) days of the initial request in order to avoid or reduce the fee. You have the right to receive a copy of this notice by contacting Dental Health Services at 866-644-5444 or 1-866-756-4259. This notice is always available at [www.dentalhealthservices.com/privacy](http://www.dentalhealthservices.com/privacy). All written requests desired or required by this Notice, must be delivered to the address below:

Dental Health Services  
Member Services Department  
3780 Kilroy Airport Way, Suite 750  
Long Beach, CA 90806

- **Personal delivery;**
- **Email** **delivery:**  
[membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com)
- **First class or certified U.S. Mail; or**
- **Overnight or courier delivery, charges prepaid**

### **What duties does Dental Health Services agree to perform?**

Dental Health Services will maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices with respect to PHI. Dental Health Services will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Dental Health Services will abide by the terms of this Notice and any revised Notice, during the period that it is in effect.



Dental Health Services reserves the right to change the terms of this Notice or any revised Notice. Any new terms shall be effective for all PHI that it maintains including PHI created or received by Dental Health Services prior to the effective date of the new terms. Each time Dental Health Services revises this Notice, it will promptly post the notice on its website and distribute a new version within sixty (60) days of revision. What if I am dissatisfied with Dental Health Services' compliance with HIPAA (Health Insurance Portability and Accountability Act) privacy regulations? You have the right to express your dissatisfaction or objection to Dental Health Services and to the Secretary of HHS if you believe your privacy rights have been violated. Your written dissatisfaction must describe the acts or omissions you believe to be in violation of the provisions of this Notice or applicable laws. Your written objection to HHS or Dental Health Services must be filed within one hundred (180) days of when you knew or should have known of the act or omission. You will not be penalized or retaliated against for communicating your dissatisfaction. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington DC, 20201, calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You may express dissatisfaction about Dental Health Services' privacy policy in writing to Dental Health Services, 3780 Kilroy Airport Way Suite 750, Long Beach, CA 90806 Attn: Member Satisfaction Assurance Specialist. We are eager to assist you. Who should I contact if I have any questions regarding my privacy rights with Dental Health Services? You may obtain further information regarding your PHI privacy rights by contacting your Member Services Specialist at 866-644-5444 or 1-866-756-4259 during regular office hours or by email at [Membercare@dentalhealthservices.com](mailto:Membercare@dentalhealthservices.com) We are eager to assist you.

## Public Policy Committee

As a member of a Dental Health Services dental plan, your concerns about benefits and services that Dental Health Services offers are important to us. Dental Health Services' Public Policy Committee reviews member needs and concerns and recommends improvements to the plan. At any time, you are welcome to send your comments in writing to the Dental Health Services Public Policy Committee.

Remember, your ideas are valuable and can help Dental Health Services provide an even better dental plan for you and your family. Thank you!

## **Organ Donation**

Dental Health Services is committed to promoting the life-saving practice of organ donation. We encourage all of our members to give the gift of life by choosing to become organ donors. Valuable information on organ donation and related health issues can be found on the Internet at [www.organdonor.gov](http://www.organdonor.gov) or visit your local DMV office for a donor card.



**SMART-MTA Health & Insurance  
Benefit Trust Fund**  
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Irwindale, CA 91706  
213-624-6487  
626-962-1762  
[www.smart.mtatrustfund.com](http://www.smart.mtatrustfund.com)

**Dental Health Services**  
3780 Kilroy Airport Way Suite 750  
Long Beach, CA 90806  
[www.dentalhealthservices.com](http://www.dentalhealthservices.com)

**Member Services**  
SMART-MTA Member Hotline  
866 -644 -5444  
[membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com)



*A Great Reason to Smile<sup>sm</sup>*