

# Benefits & Coverage Matrix

Benefits	Services	Cost to Member
<b>Diagnostic &amp; Preventive Care</b>	Initial & periodic oral examinations, Consultations –including Specialist, Topical fluoride treatment, Preventive dental education & oral hygiene instructions, X-rays, Prophylaxis (cleaning) and Sealants.	<b>No Charge</b>
<b>Restorative Dentistry (Fillings)</b>	Amalgam & composite resin (anterior teeth) and sedative filling.	<b>No Charge</b>
<b>Oral Surgery</b>	Extractions, including surgical, removal of impacted teeth, biopsy of oral tissues and post operative services including exams, suture removal and treatment of complications.	<b>No charge, except a \$15 copayment</b> for the removal of completely bony impacted teeth with unusual surgical complications.
<b>Endodontic</b>	Pulp capping and pulpotomy, root canal therapy and retreatment of previous root canal therapy.	<b>No charge, except a \$20 copayment per canal</b> , for root canal therapy or retreatment of previous root canal therapy.

Member Services: 866-859-7525  
[www.westerndental.com/state-of-ca](http://www.westerndental.com/state-of-ca)



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<b>Periodontics</b>	Periodontal scaling and root planning, and subgingival curettage, gingivectomy, and osseous surgery.	<b>No Charge, except a \$150 copayment per quadrant</b> for osseous surgery and \$5 copayment for gingivectomy procedure involving 1-3 teeth.
<b>Crown &amp; Fixed Bridge</b>	Crowns made in resin, porcelain, porcelain with metal, and full cast metal.	<b>\$50 copayment for crowns and each unit of bridge.</b> The copayment for any precious (noble) metals used in any crown or bridge will be a maximum of \$75 per unit and a \$75 per unit for porcelain restorations on molars.
<b>Removable Prosthetics</b>	Complete and partial dentures, office or laboratory relines, denture repairs, denture adjustment, tissue conditioning.	<b>\$65 copayment for complete and partial dentures.</b> Reline complete or partial (chairside), no copay. Reline complete or partial (laboratory), \$15 copay. Repairs and adjustments, no copay.
<b>Dental Implants</b>	Includes a device specifically designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement.	<b>Please refer to the Schedule of Benefits for copayments applicable to Implant Services.</b> Please note that there are no annual or lifetime maximums applicable to Dental Implant Services.

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<b>Orthodontic Services</b>	24 months standard, comprehensive orthodontic treatment (for children and adults), Orthodontic retention, Orthodontic visits beyond 24 months of active treatment.	There is a <b>\$1,000 copayment for 24 months of active orthodontic treatment</b> . In addition, there is a \$25 visit copayment for visits in excess of the initial 24 months of treatment. Start up fees of \$250 are in addition to the orthodontic copayment.

<b>Providers</b>	Participants must use a network provider to receive covered services. This means a private contracted provider or a Western Dental Center. Each member of the family may select their own network provider. Limit of 3 providers per family.
<b>Deductibles</b>	No deductibles will be charged for covered benefits under this program.
<b>Lifetime Maximum</b>	No Lifetime maximum limits on benefits apply under this program.

Benefits are provided if the Plan determines them to be medically necessary.

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