

Principal Benefits Coverage Plan 505/595

Revised 01/2014

Plan	Coverage
505	Type A
505LSW	Type B
505LS	Type C
505S	Type D
595	Type E

The Plan offers varying types of specialty coverage, dependent upon which plan the Member is enrolled on. Please note the following types of specialty coverage.

Type A	Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "LSW" after the plan number on their identification card, and they are limited to \$1,000 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. Please contact the Plan.
Type B	Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "LSW" after the plan number on their identification card, and they are limited to \$1,000 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. Members enrolled in Plans with a "LSW" will have a 12-month waiting period before the costs of services provided by a contracted specialist are covered as described above, during which waiting period time the Member will receive a 30% discount from the participating specialist's UCR fees on covered, approved, services. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter.
Type C	Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "LS" after the Plan number on their identification card, or, for Advantage plans those that have NO suffix on the plan number, and they are limited to \$1,000 in benefits paid by the Plan on the Member's behalf per Member per year and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter.
Type D	Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "S" after the Plan number on their identification card, and the Member will pay the copayment amounts listed on their plan benefit schedule with no annual maximum. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter.
Type E	Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "S" after the Plan number on their identification card, and the Member will pay the copayment amounts listed on their plan benefit schedule with no annual maximum. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in UCR services per Member, per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter.



COSMETIC BENEFITS RIDER

ADA CODE	PROCEDURE	MEMBER PAYS
Kiddie Bridge		
D6985	Pediatric Partial Denture – Fixed, Temporary	\$180.00

Tooth Colored Fillings		
D2391	Resin-Based Composite – One Surface, Back Tooth	\$60.00
D2392	Resin-Based Composite – Two Surfaces, Back Tooth	\$80.00
D2393	Resin-Based Composite – Three Surfaces, Back Tooth	\$100.00
D2394	Resin-Based Composite – Four or More Surfaces, Back Tooth	\$120.00

Inlay/Onlay Restorations		
D2610	Inlay – Porcelain/Ceramic – One Surface	\$240.00
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$350.00
D2630	Inlay – Porcelain/Ceramic – Three or More Surfaces	\$400.00
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$425.00
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$450.00
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$475.00
D2650	Inlay – Resin-Based Composite – One Surface	\$200.00
D2651	Inlay – Resin-Based Composite – Two Surfaces	\$300.00
D2652	Inlay – Resin-Based Composite – Three or More Surfaces	\$325.00
D2662	Onlay – Resin-Based Composite – Two Surfaces	\$350.00
D2663	Onlay – Resin-Based Composite – Three Surfaces	\$375.00
D2664	Onlay – Resin-Based Composite – Four or More Surfaces	\$400.00

Other Restorative Services		
D2910	Recement/Rebond Veneers, Ceramic Inlays/Onlays, Ceramic/Partial Coverage Restoration	\$100.00
D2932	Prefabricated Resin Crown, When Placed As A Permanent Restoration	\$100.00
D2960	Labial Veneer (Resin Laminate) – Chairside	\$150.00
D2961	Labial Veneer (Resin Laminate) – Laboratory	\$400.00
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	\$400.00
D2981	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration	\$25.00
D2982	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration	\$35.00
D2983	Veneer repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration	\$50.00

Teeth Whitening		
D9972	External bleaching - per arch, performed in office	\$250.00
D9975	External bleaching for home application- per arch	\$125.00

Elective/Upgrade Procedures (When Crowns or Bridges Are Not the Covered Benefit)		
D2750 - D2752	Porcelain Fused to Metal* Crown including Molars	\$395.00
D2933	Prefabricated stainless steel crown with resin window	\$175.00
D2934	Prefabricated esthetic coated stainless steel crown	\$175.00
D6210 - D6212	Cast Metal* Pontic	\$325.00
D6240 - D6242	Porcelain Fused to Metal* Pontic, False Tooth, When Performed As Upgrade to Removable Prosthesis	\$350.00
D6750 - D6752	Porcelain Fused to Metal* Abutment Crown, When Performed As Upgrade To Removable Prosthesis	\$395.00
D6780 - D6782	¾ Cast Metal* Abutment Crown	\$350.00
D6790 - D6792	Full Cast Metal* Abutment Crown	\$350.00
D9940	Night Guards, Soft, Includes Lab Fee	\$175.00

Except for bleaching, the above listed cosmetic services are treatment options that Members may elect as upgrades to other covered services that are dentally necessary at the time of treatment or when recommended by the dentist.

* Plus actual dental laboratory fees, including the cost of precious metal.

*UCR: Usual and Customary Fees