

DENTAL BENEFITS FOR THE HEALTHY FAMILIES PROGRAM¹

BENEFIT	COPAY
DIAGNOSTIC & PREVENTATIVE	
Full Mouth x-rays (once every 24 months)	\$0.00
Single film	\$0.00
each additional film	\$0.00
Panoramic x-rays (once every 24 months)	\$0.00
Bitewing x-rays(once every six months)	\$0.00
Initial and periodic examination & diag	\$0.00
Prophylaxis (once every six month)	\$0.00
Consultations, including specialist consultations	\$0.00
Dental sealant treatment (first & second molars)	\$0.00
Space maintainers (acrylic & fixed bond type)	\$0.00
RESTORATIVE	
Pin retention under filling	\$0.00
Amalgam restorations primary or permanent teeth:	
Cavities involving one tooth surface	\$0.00
Cavities involving two surfaces	\$0.00
Cavities involving three tooth surfaces	\$0.00
Cavities involving four or more tooth surfaces	\$0.00
Sedative base	\$0.00
Composite restorations:	
One surface filling	\$0.00
Two or more surface fillings	\$0.00
CROWN AND FIXED BRIDGES	
Acrylic crown(once every 36 months-only under 12 yrs old)	\$0.00
Stainless Steel Crown (only under 12 yrs old)	\$0.00
Porcelain crown (once every 36 months)	\$5.00
Porcelain fused to metal crown (non-precious)	\$5.00
Full metal crown (non-precious)	\$5.00
3/4 crown (non-precious)	\$5.00
Gold onlays	\$5.00
Dowel pin	\$0.00
Plastic core or amalgam build-up	\$0.00
Cast (sanitary) pontic	\$5.00
Tru-Pontic Type	\$5.00
Porcelain fused to metal pontic (non-precious)	\$5.00
Recementation (per unit)	\$0.00
ORAL SURGERY	
Extractions	\$0.00
Surgical extraction	\$0.00
Soft tissue impaction	\$0.00
Bony impaction	\$5.00
Biopsy of oral tissue	\$0.00
Alveoectomies	\$0.00
Excision of cysts and neoplasm	\$0.00
Treatment of palatal torus	\$0.00
Treatment of mandibular torus	\$0.00
Frenectomy	\$0.00
Incision and drainage of abscesses	\$0.00
Post-operative services (exams and suture removal)	\$0.00
Root recovery (separate procedure per root)	\$5.00

BENEFIT	COPAY
PERIODONTICS	
Emergency Treatment/Perio/Endo	\$0.00
Root planing (curettage)	\$0.00
Gingivectomy-osseous or muco-gingival surgery per quad (includes post-surgical visits)	\$5.00
Gingivectomy treatment by quad or by tooth	\$0.00
ENDODONTICS	
Direct Pulp capping	\$0.00
Recalcification (CaOH, temporary restoration per tooth)	\$0.00
Root Canals (per canal)	\$5.00
Apicoectomy (including filling of canal at same time)	\$5.00
Apicoectomy (separate procedure)	\$5.00
Vitality tests	\$0.00
PROSTHETICS	
Complete maxillary denture (once every 36 months)	\$5.00
Complete mandibular denture (once every 36 months)	\$5.00
Partial acrylic upper or lower with clasps	\$5.00
Removable unilateral partial denture	\$5.00
Teeth clasps extra per unit	\$0.00
Partial lower or upper with chrome cobalt alloy lingual or palatal bar and acrylic saddles	\$5.00
Simple stress breakers	\$0.00
Denture adjustments	\$0.00
Denture reline (lab processed once every 12 mos.)	\$5.00
Denture reline (office processed)	\$0.00
Broken denture repair (no teeth involved)	\$0.00
Replace tooth each (additional)	\$0.00
Denture Duplication	\$5.00
OTHER CHARGES	
Broken appointment (without 24 hrs. notice)	\$5.00
Pedodontic care limited to children under 6 years of age who are unable to be treated by a general dentist or is medically necessary	\$5.00
ORTHODONTICS	
Limited as follows: If the Member meets the eligibility requirements for Medically Necessary Orthodontia coverage under the California Children Services (CCS) program. Benefits may be provided and determined by the CCS Program.	

*Note: Eligible American Indians and Alaskan Natives are excluded from paying co-payments for services received under the Healthy Families Program.

¹ This is a summary of your benefits. It does not include all services, limitations, or exclusions. Please refer to the Evidence of Coverage for terms and conditions of coverage.