

<b>Western Dental DHMO</b>	
<b>Who may enroll</b>	Eligible employees, retirees, COBRA, and AB528 participants and their eligible dependents residing in California
<b>Annual deductible</b>	None
<b>Maximum annual benefit</b>	None
<b>Provider choice</b>	Participants must use a Western Dental DHMO primary care dentist, family members may each select their own Western Dental Office.
<b>Specialist referral</b>	Pre-authorization Required
<b>Preventive Services</b>	<b>Enrollee Pays</b>
Includes teeth cleaning, panoramic or full mouth x-rays and fluoride treatment	No Cost (for cleanings - up to 3 per year)
<b>Therapeutic Services</b>	<b>Enrollee Pays</b>
Extractions, simple (single tooth)	No Cost
Extractions for orthodontic reasons	Not Covered
Fillings (amalgam)	No Cost
Fillings (composite for molars)	Up to \$140
Root Canal - molar	\$40
Periodontics (scaling and root planing; per quadrant)	No Cost
Osseous Surgery-4 or more contiguous teeth per quadrant	No Cost (once every 36 months)
<b>Major Services</b>	<b>Enrollee Pays</b>
Crown	\$20 - \$165 (Cost varies based on metal chosen. No cost for Clinical Crown Lengthening)
Full denture, upper or lower	\$50
Partial denture, upper or lower	\$50 - \$63
Bridge (3 unit)	\$165 per unit (Includes high noble and noble metal charge) Limitations may apply
<b>Orthodontia - 24 Month Treatment Plan</b>	<b>Enrollee Pays</b>
Children (to age 19)	\$1,000 copay for comprehensive treatment only.
Adults	
<b>Additional Benefits</b>	<b>Enrollee Pays</b>
Deep sedation/general anesthesia - 1st 30 minutes	\$160
External bleaching, per arch	Not Covered
Occlusal guards	Not Covered

*If there is any discrepancy between this chart and the Plan documents will govern. Copies of the Plan documents are on file in Benefits Administration.*