

Plan LAUSD

| ADA CODE | Description | Member Copay |
|-----------------------------|---|---|
| DIAG/PREV | Office Visit | No Charge |
| D0120 or D0150 | Oral Exam | No Charge |
| D1110/D1120 | Teeth Cleaning (Limit 3 per year) | No Charge |
| RESTORATIVE | Restorative | |
| D2140 -D2161 | Fillings (Amalgam) | \$0 |
| CROWN | Crown and Bridge | |
| D2750 | Porcelain with Metal | \$0 |
| D2751 | Porcelain with Predominantly Base Metal | \$0 |
| ENDO | Root Canal Treatment | |
| D3310 | Anterior | \$0 |
| D3320 | Bicuspid | \$0 |
| D3330 | Molar | \$0 |
| PERIO | Periodontics | |
| D4341 | Scaling per quad | \$0 |
| D4921 | Gingival irrigation - per quad | \$0 |
| PROSTHO | Prosthodontics | |
| D5110 or D5120 | Complete Dentures | \$0 |
| D5211 or D5212 | Partial Dentures | \$0 |
| ORAL SURGERY | Oral Surgery | |
| D7111 | Single Extract | \$0 |
| D7220 | Impaction - soft tissue | \$0 |
| D9222 | General Anesthesia - first 15 mins | \$0 |
| | Implants | Covered at members benefit copayment. Refer to members benefit booklet for complete details |
| ORTHODONTIC BENEFITS | | |
| ORTHODONTIA | Orthodontia | |
| | Children and adults | \$1,000 |
| | Material upgrade - gold or clear brackets | \$250 |
| | Invisalign or any similar product | \$350 |
| | Pre orthodontic treatment visits | \$0 |
| | Orthodontic retention | \$250 |
| | Start up fees | \$275 |

This Benefit At A Glance provides a general overview of benefits available under your dental plan. Consult the evidence of coverage booklet for detailed information and plan limitations. No deductibles will be charged for covered benefits under this dental plan. No lifetime maximum limits on benefits apply under this dental plan.



Do I have to select a dental office?

As a member, you can select a contracted private contracted provider by visiting www.westerndentalbenefits.com

Can I change my dental office?

Yes, with Plan approval, you may change your dental office. Simply call us toll free at 1-866-901-4416.

Do my family members have to receive treatment from the same contracted provider?

You and your eligible dependents may receive care from the same network dentist, or we also allow multiple provider choices per family member.

Does my dental program cover specialty services?

Yes, your network provider will coordinate your specialty care needs for oral surgery, endodontics, periodontic or pediatric dentistry with Plan approval.

Does my Western Dental Plan cover tooth-colored fillings and crowns?

Porcelain and other tooth-colored materials are included as a benefit under your dental plan. The copayment shows what your out-of-pocket cost will be.

What if I lose my ID card?

Simply call our Member Services, toll free at 1-866-901-4416 to request a replacement.

What if I have an emergency?

Please contact your selected contracted provider, if you cannot reach your provider and it's after hours, please call 1-866-901-4416. If you experience a dental emergency and are unable to contact your providers office, you will be reimbursed for emergency treatment, up to a maximum of \$100 for each occurrence for services rendered by a nonparticipating dentist.

What if I have questions regarding my benefits?

You can reach our Member Services Department at 1-866-901-4416

Member Services Department 1-866-901-4416



Benefits at a Glance