

The Dental Network 



City of Baltimore

2010 Dental Information

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More to feel good about.SM

Now and into the future..

Welcome to The Dental Network, Inc. We are one of the fastest growing organizations in the dental benefit industry. We are very pleased to have been selected by the City of Baltimore and look forward to meeting your dental benefit needs. The Dental Network strives to make dental care more affordable for you and your family. We make it simple for you to realize your savings now and into the future.

The Dental Network keeps it simple. There are no annual or lifetime benefit maximums. You and your dentist are not hassled with preauthorizations or filing claims. The Dental Network does not impose any limitations for pre-existing conditions (except orthodontic treatment in progress). You simply select a participating general dentist and include this on your Enrollment Application. The Dental Network will mail a membership card to each enrollee. You simply contact your participating general dentist to make an appointment. The Dental Network and its dentists make dental care easy now and into the future.

The Dental Network specializes in making your dental care more affordable. You may take advantage of these savings by selecting any one of the hundreds of participating dental providers who have been carefully selected by The Dental Network.

The Dental Network takes quality seriously. Each participating dental office is a willing participant in our innovative quality assessment program. From its careful selection process, to its follow-up credentialing of all dental professionals, to its on-going office audit and dental record review, The Dental Network monitors dental delivery to its members. Dental benefits are available from among the finest dental providers in the area. We believe that quality of care is the ultimate measure of success now and into the future.



Questions & Answers

What are some of the features offered through The Dental Network, Inc.?

The Dental Network offers you significant savings on the cost of dental services when you receive care from your participating dentist.

The plan is also very easy for you to use:

- Limited charge for exams, cleanings, x-rays, and fillings*.
- Fixed Copayment amounts for all covered dental services. You know exactly how much the service will cost you in advance.
- Orthodontic coverage for children and adults.
- No deductibles.
- No annual or Lifetime Benefit Maximum.
- No claim forms.
- Benefits available from the hundreds of carefully selected participating dentists.

** Teeth cleaning (Prophylaxis) twice a year (see limitations on fee schedule).*

If I waive health insurance coverage offered by the City of Baltimore, will I still be covered by The Dental Network plan offered by the City?

Yes. All benefit-eligible, permanent full-time or part-time employees will be automatically covered.

How do I know if my dentist is participating with The Dental Network, Inc.?

Review the Participating Dentist Directory to see if your dentist is currently listed. If your dentist is not listed contact The Dental Network's Customer Service Department at 410-847-9060 or 1-888-833-8464 Monday - Friday between the hours of 8:30 am – 5:00 pm for the most up-to-date status.

Can more than one provider be chosen for family members?

Yes. Each family member is free to select a different participating general dentist.



Questions & Answers

What happens if I do not select a participating dentist?

The plan will assign a dentist for you and your covered family members. You must receive care from your participating general dentist to receive the City of Baltimore dental benefits.

How do I receive care from a specialist?

You must have a referral from your participating general dentist to see a participating specialist.

What if I want to change my participating general dentist?

Contact The Dental Network's Customer Service Department Monday - Friday at 410-847-9060 or 1-888-833-8464 between the hours of 8:30 am - 5:00 pm to change to another participating general dentist. Our representatives will be happy to assist you. The only requirement is that you satisfy any outstanding balance before transferring from one office to another. All changes prior to the 10th will be effective the first day of the following month.

What happens if I have a dental emergency when I am away from home?

If you experience a dental emergency when you are more than fifty miles from home, simply go to any dentist for immediate assistance. The Dental Network will cover the cost of diagnostic and therapeutic procedures up to \$50.00 per emergency, minus copayment for covered work.

How do I enroll in the City of Baltimore dental plan?

1. Complete the City of Baltimore Employee Benefits Selection Form. Please check the benefit and level of coverage for which you are enrolling or making a change.
2. Select a Participating Dentist from the Participating Dentist Directory for each eligible family member.
3. Return the completed form to the Employee Benefits Office.



Plan 4008

Complete listing of member copayments

ADA CODE	Procedure Name	Member Copayment
CLINICAL ORAL EVALUATIONS		
0120	Periodic oral evaluation	5
0140	Limited oral evaluation - Problem focused	5
0150	Comprehensive oral evaluation – New or established patient	5
0170	Re-evaluation – Limited, problem focused (Established patient; not post-operative visit)	5
0180	Comprehensive periodontal evaluation – New or established patient	15
RADIOGRAPHS		
0210	Intraoral - Complete Series (including bitewings)	25
0220	Intraoral - Periapical - First film	4
0230	Intraoral - Periapical - Each Additional Film	3
0240	Intraoral - Occlusal film	4
0270	Bitewing - Single film	4
0272	Bitewings - Two films	5
0274	Bitewings - Four films	7
0277	Bitewings – Vertical (seven or eight films)	10
0330	Panoramic film	20
0340	Cephalometric Film	20
TESTS AND LABORATORY EXAMINATIONS		
0460	Pulp Vitality Tests	10
0470	Diagnostic Casts 10	
0471	Diagnostic Photographs	10
DENTAL PROPHYLAXIS		
1110	Prophylaxis – adult	10
1120	Prophylaxis – child	10
TOPICAL FLUORIDE TREATMENT		
1203	Topical Application of Fluoride (prophylaxis not included) - Child	5
1204	Topical Application of Fluoride (prophylaxis not included) - Adult	5
OTHER PREVENTIVE SERVICES		
1330	Oral Hygiene Instructions	0
1351	Sealant - Per Tooth	5
SPACE MAINTENANCE (Passive Appliances)		
1510	Space Maintainer - Fixed Unilateral	68
1515	Space Maintainer - Fixed Bilateral	112
1520	Space Maintainer - Removable Unilateral	55
1525	Space Maintainer - Removable Bilateral	112
1550	Recementation of space maintainer	20

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ADA CODE	Procedure Name	Member Copayment
AMALGAM RESTORATIONS (Including Polishing)		
2140	Amalgam - one surface, primary or permanent	28
2150	Amalgam - two surfaces, primary or permanent	35
2160	Amalgam - three surfaces, primary or permanent	45
2161	Amalgam - four or more surfaces, primary or permanent	55
RESIN RESTORATIONS		
2330	Resin - one surface, anterior	35
2331	Resin - two surfaces, anterior	45
2332	Resin - three surfaces, anterior	55
2335	Resin - four or more surfaces or involving incisal angle (anterior)	80
2391	Resin-based composite – one surface, posterior	40
2392	Resin-based composite – two surfaces, posterior	50
2393	Resin-based composite – three surfaces, posterior	60
2394	Resin-based composite – four or more surfaces, posterior	80
INLAY/ONLAY RESTORATIONS		
2510	Inlay metallic - one surface	84
2520	Inlay - metallic - two surfaces	165
2530	Inlay - metallic - three or more surfaces	210
2543	Onlay - metallic - three surfaces	50
2544	Onlays - metallic - four or more surfaces	75
2610	Inlay - porcelain/ceramic – one surface	250
2620	Inlay - porcelain/ceramic – two surfaces	275
CROWNS - SINGLE RESTORATION ONLY		
2710	Crown – resin-based composite (Indirect)	122
2740	Crown - porcelain/ceramic substrate	273
2750	Crown - porcelain fused to high noble metal	390
2751	Crown - porcelain fused to predominantly base metal	370
2752	Crown - porcelain fused to noble metal	380
2790	Crown - full cast high noble metal	390
2791	Crown - full cast predominantly base metal	370
2792	Crown - full cast noble metal	380
2799	Provisional Crown – at least six months	88
OTHER RESTORATIVE SERVICES		
2910	Recement inlay, onlay, or partial coverage restoration	15
2920	Recement crown	25
2930	Prefabricated stainless steel crown - primary tooth	70

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ADA CODE	Procedure Name	Member Copayment
2931	Prefabricated stainless steel crown - permanent tooth	88
2933	Prefabricated stainless steel crown with resin window	120
2940	Sedative filling	28
2950	Core buildup, including any pins	60
2951	Pin retention - per tooth in addition to restoration	8
2952	Post and core in addition to crown, indirectly fabricated	100
2953	Each additional indirectly fabricated post – same tooth	50
2954	Prefabricated post and core in addition to crown	70
2957	Each additional prefabricated post – same tooth (To be used with 2954)	35
2970	Temporary crown (fractured tooth)	100
PULP CAPPING		
3110	Pulp Cap - Direct (excluding final restoration)	10
3120	Pulp Cap - Indirect (excluding final restoration)	10
PULPOTOMY		
3220	Therapeutic Pulpotomy (excluding final restoration)	55
ENDODONTIC THERAPY ON PRIMARY TEETH		
3230	Pupal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	80
3240	Pupal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	95
ROOT CANAL/ ENDODONTIC THERAPY INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE		
3310	Anterior (excluding final restoration)	200
3320	Bicuspid (excluding final restoration)	300
3330	Molar (excluding final restoration)	425
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	132
ENDODONTIC RETREATMENT		
3346	Retreatment of previous root canal therapy – anterior	275
3347	Retreatment of previous root canal therapy - bicuspid	375
3348	Retreatment of previous root canal therapy - molar	500
APICOECTOMY/PERIAPICAL SERVICES		
3410	Apicoectomy/Periradicular surgery – anterior	198
3421	Apicoectomy/Periradicular surgery – bicuspid (first root)	205
3425	Apicoectomy/Periradicular surgery – molar (first root)	215
3426	Apicoectomy/Periradicular surgery - (each additional root)	50
3430	Retrograde Filling - per root	70
3450	Root amputation - per root	84

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ADA CODE	Procedure Name	Member Copayment
OTHER ENDODONTIC PROCEDURES		
3910	Surgical procedure for isolation of tooth with rubber dam	100
3920	Hemisection (incl. any root removal) not including root canal therapy	111
SURGICAL SERVICES (Including Usual Postoperative Services)		
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	200
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	45
4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	157
4249	Clinical crown lengthening - hard tissue	200
4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	450
4263	Bone replacement graft - first site in quadrant	100
4264	Bone replacement graft - each additional site in quadrant	40
4270	Pedicle soft tissue graft procedure	154
4271	Free soft tissue graft procedure - including donor site surgery	150
4273	Subepithelial connective tissue graft procedures, per tooth	154
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	70
ADJUNCTIVE PERIODONTAL SERVICES		
4320	Provisional splinting - intracoronal	35
4321	Provisional splinting - extracoronal	35
4341	Periodontal scaling and root planing – four or more teeth per quadrant	60
4342	Periodontal scaling and root planing – one to three teeth, per quadrant	40
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35
OTHER PERIODONTAL SERVICES		
4910	Periodontal maintenance	50
COMPLETE DENTURES (Including Routine Post-Delivery Care)		
5110	Complete denture - maxillary	350
5120	Complete denture - mandibular	350
5130	Immediate denture - maxillary	400
5140	Immediate denture - mandibular	400
PARTIAL DENTURES (Including Routine Post-Delivery Care)		
5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	200
5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	200

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ADA CODE	Procedure Name	Member Copayment
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	425
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	425
5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	125
ADJUSTMENTS TO REMOVABLE PROSTHESIS		
5410	Adjust complete denture - maxillary	9
5411	Adjust complete denture - mandibular	9
5421	Adjust partial denture - maxillary	14
5422	Adjust partial denture - mandibular	14
REPAIRS TO COMPLETE DENTURES		
5510	Repair broken complete denture base	48
5520	Replace missing or broken teeth - complete denture (each tooth)	40
REPAIRS TO PARTIAL DENTURES		
5610	Repair resin denture base	45
5620	Repair cast framework	48
5630	Repair or replace broken clasp	38
5640	Replace broken teeth - per tooth	40
5650	Add tooth to existing partial denture	50
5660	Add clasp to existing partial denture	75
DENTURE REBASE PROCEDURES		
5710	Rebase complete maxillary denture	110
5711	Rebase complete mandibular denture	110
5720	Rebase maxillary partial denture 50	
5721	Rebase mandibular partial denture	50
DENTURE RELINE PROCEDURES		
5730	Reline complete maxillary denture (chairside)	55
5731	Reline complete mandibular denture (chairside)	55
5740	Reline maxillary partial denture (chairside)	55
5741	Reline mandibular partial denture (chairside)	55
5750	Reline complete maxillary denture (laboratory)	80
5751	Reline complete mandibular denture (laboratory)	80
5760	Reline maxillary partial denture (laboratory)	80
5761	Reline mandibular partial denture (laboratory)	80
OTHER REMOVABLE PROSTHETIC SERVICES		
5810	Interim complete denture (maxillary)	175

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ADA CODE	Procedure Name	Member Copayment
5811	Interim complete denture (mandibular)	175
5820	Interim partial denture (maxillary)	120
5821	Interim partial denture (mandibular)	120
5850	Tissue conditioning - maxillary	45
5851	Tissue conditioning - mandibular	45
FIXED PARTIAL DENTURE PONTICS		
6210	Pontic - cast high noble metal	390
6211	Pontic - cast predominantly base metal	370
6212	Pontic - cast noble metal	380
6240	Pontic - porcelain fused to high noble metal	390
6241	Pontic - porcelain fused to predominantly base metal	370
6242	Pontic - porcelain fused to noble metal	380
RETAINERS		
6545	Retainers - cast metal for resin bonded fixed prosthesis	150
FIXED PARTIAL DENTURE RETAINERS - CROWN		
6750	Crown - porcelain fused to high noble metal	390
6751	Crown - porcelain fused to predominantly base metal	370
6752	Crown - porcelain fused to noble metal	380
6780	Crown - 3/4 cast high noble metal	390
6790	Crown - full cast high noble metal	390
6791	Crown - full cast predominantly base metal	370
6792	Crown - full cast noble metal	380
OTHER FIXED PARTIAL DENTURE SERVICES		
6930	Recement Fixed Partial Denture	32
6940	Stress breaker	75
6950	Precision attachment	100
6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	100
6972	Prefabricated Post and Core in addition to fixed partial denture retainer	70
6973	Core build up for retainer, including any pins	60
6976	Each additional indirectly fabricated post – same tooth	50
6977	Each additional prefabricated post – same tooth (To be used with 6972)	35
EXTRACTIONS (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)		
7111	Extraction, coronal remnants – deciduous tooth	25
7140	Extraction, erupted tooth or exposed root (Elevation and/or forceps removal)	35

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ADA CODE	Procedure Name	Member Copayment
SURGICAL EXTRACTIONS (Includes Local Anesthesia, Suturing, if needed, and Routine Post-Operative Care)		
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	60
7220	Removal of impacted tooth - soft tissue	85
7230	Removal of impacted tooth - partially bony	110
7240	Removal of impacted tooth - completely bony	150
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	175
7250	Surgical removal of residual tooth roots (cutting procedure)	85
OTHER SURGICAL PROCEDURES		
7280	Surgical access of an unerupted tooth	145
7286	Biopsy of oral tissue - soft	60
ALVEOLOPLASTY - Surgical Preparation of Ridge for Dentures		
7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces per quadrant	60
7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	77
SURGICAL INCISION		
7510	Incision & drainage of abscess - intraoral soft tissue	46
7520	Incision & drainage of abscess - extraoral soft tissue	36
OTHER REPAIR PROCEDURES		
7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	88
7971	Excision of pericoronal gingiva	78
LIMITED ORTHODONTIC TREATMENT		
8010	Limited orthodontic treatment of the primary dentition	500
8020	Limited orthodontic treatment of the transitional dentition	525
8030	Limited orthodontic treatment of the adolescent dentition	550
8040	Limited orthodontic treatment of the adult dentition	575
INTERCEPTIVE ORTHODONTIC TREATMENT		
8050	Interceptive orthodontic treatment of the primary dentition	800
8060	Interceptive orthodontic treatment of the transitional dentition	900
COMPREHENSIVE ORTHODONTIC TREATMENT		
8070	Comprehensive orthodontic treatment of the transitional dentition	2200
8080	Comprehensive orthodontic treatment of the adolescent dentition	2200
8090	Comprehensive orthodontic treatment of the adult dentition	2200

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ADA CODE	Procedure Name	Member Copayment
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
8210	Removable appliance therapy	195
8220	Fixed appliance therapy	175
OTHER ORTHODONTIC SERVICES		
8660	Pre-orthodontic treatment visit	125
8670	Periodic orthodontic treatment visit (as part of contract)	75
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	200
UNCLASSIFIED TREATMENT		
9110	Palliative (emergency) treatment of dental pain - minor procedure	10
ANESTHESIA		
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	28
9241	Intravenous conscious sedation/analgesia – first 30 minutes	88
9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	30
PROFESSIONAL CONSULTATION		
931	Consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician	25
PROFESSIONAL VISITS		
9400	Broken appointment charge – per 15 minutes (without 24 hours prior notice)	10
MISCELLANEOUS SERVICES		
9910	Application of desensitizing medicament	7
9911	Application of desensitizing resin for cervical and/or root surface, per tooth	7
9940	Occlusal guard, by report	130
9941	Fabrication of athletic mouthguard	5
9950	Occlusal analysis - mounted case	100
9951	Occlusal adjustment – limited	46
9952	Occlusal adjustment – complete	119
9974	Internal Bleaching – per tooth	88

Exclusions and Limitations

Plan Limitations

The following exclusions and limitations shall apply:

- Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws;
- Services which are provided without cost to the Covered Employee and/or Dependent(s) by any municipality, county or other political subdivision (with the exception of Medicaid);
- Services which, in the opinion of the participating DENTIST, are not necessary for the Covered Employee and/or Dependent(s) health;
- Payment of any claim or bill will not be made for prohibited referrals;
- Cosmetic, elective, or aesthetic dentistry, which in the opinion of the participating DENTIST are not necessary for the patient's dental health;
- Oral surgery requiring the setting of fractures or dislocations;
- Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations;
- Dispensing of drugs, except those used as a local anesthetic;
- Hospitalization for any dental procedure;
- Loss or theft of bridgework or dentures previously supplied under the PLAN;
- Replacement of a bridge, crown, or denture within five (5) years after the date it was originally installed;
- Any implantation;
- General anesthesia;
- Services that cannot be performed because of the general health of the patient;
- Teeth Cleaning (Prophylaxis) at intervals of less than six (6) months;

- Unlisted procedures will be provided at the dentist's usual and customary fees;
- Services which are obtained outside the dental office in which enrolled and which are not pre-authorized by the PLAN. This does not apply to out-of-area emergency dental services;
- Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Covered Employee's and/or Dependent(s) General Participating DENTIST;
- All services listed on the Schedule of Benefits and Member Copayments will be provided by a general Participating Dentist or an approved Specialist; provided, however, that a general DENTIST will refer the Covered Employee and/or Dependent(s) to an approved Specialist or recommend that the Covered Employee and/or Dependent(s) contact an approved Specialist if it is the judgment of the DENTIST that the service or procedure must be provided by an approved Specialist, with an exception for out-of-area emergency care, and a referral to a non-participating general dentist or specialist;
- Services which cannot be performed in the dental office of the "Personal Participating DENTIST" or "Approved Specialist" due to the special needs or health related conditions of the Covered Employee and/or Dependent(s).

Out-Of-Area Emergency Care:

Covered Employees and/or Dependent(s) are covered for emergency dental treatment to alleviate acute pain, along with treatment arising from accidental injury or illness while temporarily more than 50 miles from their "Personal Participating DENTIST." Limited to \$50 per Covered Employee and/or Dependent(s) per emergency.

ALL PRICES ARE EXCLUSIVE OF GOLD



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Para información o preguntas en Español, por favor llame al número del servicio al cliente que aparece en su tarjeta de membresía para su plan Dental.

For information or questions in Spanish, please call the Customer Service number on your Dental Network Membership Card for your dental plan.

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