

Summary of Benefits For:
Box Elder School District

Co-Pay Plan		
Gold Network- 2405 Providers		
PREVENTIVE	Contracted Dentist	Non-Contracted Dentist
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
BASIC	Fixed Co-Pays, Refer to Co-Pay Schedule	See Out of Network Payment
Fillings, extractions, oral surgery		
MAJOR	Fixed Co-Pays, Refer to Co-Pay Schedule	See Out of Network Payment
Crowns, bridges, dentures, endodontics, periodontics		
ORTHODONTICS	20% Discount No Waiting Period No Maximum	No Benefit
All Members Waiting Periods Lifetime Maximum		
MAXIMUM BENEFIT	No Maximum	
Applies to Preventive, Basic and Major Services <u>Per Year:</u>		
DEDUCTIBLE	No Deductible	
Applies to Basic and Major Services <u>Per Calendar Year:</u>		
SPECIALISTS	20% Discount	No Discount
Endodontists, Oral Surgeons, Pediatric, Periodontists, Prosthodontists. For pediatric specialists see schedule of co-payments.		





SUMMARY SCHEDULE OF CO-PAYMENTS

FOR CONTRACTED GENERAL DENTISTS

PHONE: 800-999-9789 FAX: 888-673-5328 WWW.DENTALSELECT.COM

This summary includes a list of the most common procedures.		GOLD NETWORK - UTAH REGION 3		
PROCEDURE CODE	PROCEDURE DESCRIPTION	MEMBER CO-PAY IN-NETWORK	PLAN PAYMENT IN & OUT-OF-NETWORK*	PEDIATRIC CO-PAY IN-NETWORK
PREVENTIVE				
D0120	PERIODIC ORAL EXAMINATION	\$0	\$18	\$0
D0150	COMPREHENSIVE ORAL EXAMINATION	\$0	\$22	\$0
D0210	X-RAYS, COMPLETE SET	\$0	\$40	\$0
D0220	X-RAYS, PERIAPICAL, 1ST FILM	\$0	\$9	\$0
D0272	X-RAYS, BITEWING, 2 FILMS	\$0	\$15	\$0
D0274	X-RAYS, BITEWING, 4 FILMS	\$0	\$22	\$0
D0330	X-RAYS, PANORAMIC FILM	\$0	\$41	\$0
D1110	CLEANING - ADULT	\$0	\$38	\$0
BASIC				
D0140	LIMITED ORAL EXAMINATION	\$0	\$20	20% Discount*
D1351	SEALANT - PER TOOTH (AGE 14 AND UNDER)	\$14	\$9	20% Discount*
AMALGAM (SILVER) FILLINGS				
D2140	AMALGAM - 1 SURFACE	\$18	\$33	20% Discount*
D2150	AMALGAM - 2 SURFACE	\$25	\$35	20% Discount*
D2160	AMALGAM - 3 SURFACE	\$31	\$39	20% Discount*
D2161	AMALGAM - 4+ SURFACES	\$39	\$38	20% Discount*
ANTERIOR COMPOSITE (WHITE) FILLINGS				
D2330	COMPOSITE - 1 SURFACE ANTERIOR	\$37	\$33	20% Discount*
D2331	COMPOSITE - 2 SURFACE ANTERIOR	\$41	\$41	20% Discount*
D2332	COMPOSITE - 3 SURFACE ANTERIOR	\$49	\$45	20% Discount*
D2335	COMPOSITE - 4+ SURFACES ANTERIOR	\$56	\$53	20% Discount*
POSTERIOR COMPOSITE (WHITE) FILLINGS				
D2391	COMPOSITE - 1 SURFACE POSTERIOR	\$36	\$33	20% Discount*
D2392	COMPOSITE - 2 SURFACE POSTERIOR	\$56	\$40	20% Discount*
D2393	COMPOSITE - 3 SURFACE POSTERIOR	\$66	\$46	20% Discount*
D2394	COMPOSITE - 4+ SURFACES POSTERIOR	\$71	\$46	20% Discount*
CROWNS				
D2750	CROWN - PORCELAIN, HIGH NOBLE METAL	\$315	\$177	20% Discount*
D2751	CROWN - PORCELAIN, PREDOMINANTLY BASE METAL	\$310	\$153	20% Discount*
D2752	CROWN - PORCELAIN, NOBLE METAL	\$310	\$160	20% Discount*
ENDODONTICS (ROOT CANALS)				
D3310	PULP CAP - DIRECT, EXCLUDING FINAL RESTORATION	\$187	\$84	20% Discount*
D3320	ROOT CANAL - BICUSPID, EXCLUDING FINAL RESTORATION	\$245	\$90	20% Discount*
D3330	ROOT CANAL - MOLAR, EXCLUDING FINAL RESTORATION	\$332	\$93	20% Discount*
PERIODONTICS				
D4341	PERIODONTAL ROOT PLANING, 4+ PER QUAD	\$87	\$21	20% Discount*
D4910	PERIODONTAL MAINTENANCE PROCEDURE	\$61	\$18	20% Discount*
PROSTHODONTICS (DENTURES)				
D5110	COMPLETE DENTURE - UPPER	\$412	\$110	20% Discount*
D5120	COMPLETE DENTURE - LOWER	\$412	\$110	20% Discount*
ORAL SURGERY				
D7210	SURGICAL EXTRACTION	\$68	\$27	20% Discount*
D7220	SURGICAL EXTRACTION, IMPACTED	\$87	\$28	20% Discount*
D7230	SURGICAL EXTRACTION, PARTIAL BONY	\$117	\$37	20% Discount*
D7240	SURGICAL EXTRACTION, COMPLETELY BONY	\$141	\$38	20% Discount*
MISCELLANEOUS				
D9440	OFFICE VISIT FOR OBSERVATION - AFTER HOURS	\$48	\$0	20% Discount*

* For services rendered by out-of-network providers the patient is responsible for the difference between the plan payment and the provider's standard fee. No balance billing for services rendered by an in-network provider. This sample is not a complete list of procedures.

Region 3 includes: Beaver, Box Elder, Carbon, Cache, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, and Wayne counties.

Summary of Benefits For:
Box Elder School District

Co-Pay Plan		
Platinum Network- 3068 Providers		
PREVENTIVE	Contracted Dentist	Non-Contracted Dentist
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
BASIC	Fixed Co-Pays, Refer to Co-Pay Schedule	See Out of Network Payment
Fillings, extractions, oral surgery		
MAJOR	Fixed Co-Pays, Refer to Co-Pay Schedule	See Out of Network Payment
Crowns, bridges, dentures, endodontics, periodontics		
ORTHODONTICS	20% Discount No Waiting Period No Maximum	No Benefit
All Members Waiting Periods Lifetime Maximum		
MAXIMUM BENEFIT	No Maximum	
Applies to Preventive, Basic and Major Services <u>Per Year:</u>		
DEDUCTIBLE	No Deductible	
Applies to Basic and Major Services <u>Per Calendar Year:</u>		
SPECIALISTS	20% Discount	No Discount
Endodontists, Oral Surgeons, Pediatric, Periodontists, Prosthodontists		





SUMMARY SCHEDULE OF CO-PAYMENTS

FOR CONTRACTED GENERAL DENTISTS

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This summary includes a list of the most common procedures.		PLATINUM NETWORK - UTAH REGION 3		
PROCEDURE CODE	PROCEDURE DESCRIPTION	MEMBER CO-PAY IN-NETWORK	PLAN PAYMENT IN & OUT-OF-NETWORK*	PEDIATRIC CO-PAY IN-NETWORK
PREVENTIVE				
D0120	PERIODIC ORAL EXAMINATION	\$0	\$30	\$0
D0150	COMPREHENSIVE ORAL EXAMINATION	\$0	\$40	\$0
D0210	X-RAYS, COMPLETE SET	\$0	\$61	\$0
D0220	X-RAYS, PERIAPICAL, 1ST FILM	\$0	\$16	\$0
D0272	X-RAYS, BITEWING, 2 FILMS	\$0	\$28	\$0
D0274	X-RAYS, BITEWING, 4 FILMS	\$0	\$35	\$0
D0330	X-RAYS, PANORAMIC FILM	\$0	\$51	\$0
D1110	CLEANING - ADULT	\$0	\$47	\$0
BASIC				
D0140	LIMITED ORAL EXAMINATION	\$0	\$34	20% Discount*
D1351	SEALANT - PER TOOTH (AGE 14 AND UNDER)	\$17	\$11	20% Discount*
AMALGAM (SILVER) FILLINGS				
D2140	AMALGAM - 1 SURFACE	\$12	\$42	20% Discount*
D2150	AMALGAM - 2 SURFACE	\$22	\$46	20% Discount*
D2160	AMALGAM - 3 SURFACE	\$31	\$51	20% Discount*
D2161	AMALGAM - 4+ SURFACES	\$45	\$55	20% Discount*
ANTERIOR COMPOSITE (WHITE) FILLINGS				
D2330	COMPOSITE - 1 SURFACE ANTERIOR	\$37	\$36	20% Discount*
D2331	COMPOSITE - 2 SURFACE ANTERIOR	\$41	\$44	20% Discount*
D2332	COMPOSITE - 3 SURFACE ANTERIOR	\$47	\$54	20% Discount*
D2335	COMPOSITE - 4+ SURFACES ANTERIOR	\$58	\$61	20% Discount*
POSTERIOR COMPOSITE (WHITE) FILLINGS				
D2391	COMPOSITE - 1 SURFACE POSTERIOR	\$46	\$44	20% Discount*
D2392	COMPOSITE - 2 SURFACE POSTERIOR	\$54	\$48	20% Discount*
D2393	COMPOSITE - 3 SURFACE POSTERIOR	\$66	\$52	20% Discount*
D2394	COMPOSITE - 4+ SURFACES POSTERIOR	\$79	\$60	20% Discount*
CROWNS				
D2750	CROWN - PORCELAIN, HIGH NOBLE METAL	\$349	\$196	20% Discount*
D2751	CROWN - PORCELAIN, PREDOMINANTLY BASE METAL	\$330	\$177	20% Discount*
D2752	CROWN - PORCELAIN, NOBLE METAL	\$338	\$182	20% Discount*
ENDODONTICS (ROOT CANALS)				
D3310	PULP CAP - DIRECT, EXCLUDING FINAL RESTORATION	\$232	\$114	20% Discount*
D3320	ROOT CANAL - BICUSPID, EXCLUDING FINAL RESTORATION	\$291	\$119	20% Discount*
D3330	ROOT CANAL - MOLAR, EXCLUDING FINAL RESTORATION	\$389	\$123	20% Discount*
PERIODONTICS				
D4341	PERIODONTAL ROOT PLANING, 4+ PER QUAD	\$122	\$27	20% Discount*
D4910	PERIODONTAL MAINTENANCE PROCEDURE	\$77	\$24	20% Discount*
PROSTHODONTICS (DENTURES)				
D5110	COMPLETE DENTURE - UPPER	\$532	\$142	20% Discount*
D5120	COMPLETE DENTURE - LOWER	\$532	\$142	20% Discount*
ORAL SURGERY				
D7210	SURGICAL EXTRACTION	\$78	\$34	20% Discount*
D7220	SURGICAL EXTRACTION, IMPACTED	\$110	\$39	20% Discount*
D7230	SURGICAL EXTRACTION, PARTIAL BONY	\$132	\$46	20% Discount*
D7240	SURGICAL EXTRACTION, COMPLETELY BONY	\$163	\$49	20% Discount*
MISCELLANEOUS				
D1450	OSHA INFECTION AND STERILIZATION	0	0	\$0
D9440	OFFICE VISIT FOR OBSERVATION - AFTER HOURS	\$55	\$0	20% Discount*

* For services rendered by out-of-network providers the patient is responsible for the difference between the plan payment and the provider's standard fee. No balance billing for services rendered by an in-network provider. This sample is not a complete list of procedures.

Region 3 includes: Box Elder, Duchesne, Kane, Millard, and Sevier counties.

Summary of Benefits For:
Box Elder School District
 80th R&C

		Indemnity Classic Plan- MaxRewards	
		Platinum Network- 3068 Providers	
		Contracted Dentist	Non-Contracted Dentist
PREVENTIVE	Routine exams, cleanings (2 per year), topical fluoride, x-rays	80%	80% of R&C
BASIC	Composite fillings, extractions, oral surgery, sealants, space maintainers	80%	60% of R&C
		3 Month Waiting Period	
MAJOR	Crowns, bridges, dentures, endodontics, periodontics	50%	40% of R&C
		12 Month Waiting Period	
ORTHODONTICS	Children under 19 Waiting Period Lifetime Maximum All Members	20% Discount No Waiting Period No Maximum 20% Discount	No Benefit
MAXIMUM BENEFIT	Applies to Preventive, Basic and Major Services Benefit Period is: Per Member's Effective Date	\$1000.00	
DEDUCTIBLE	Applies to Basic and Major Services Per Benefit Period Per Person: Family Maximum:	\$75.00 \$225.00	\$75.00 \$225.00

