



Western Dental[®]

BENEFITS DIVISION

LAUSD Dental Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERED BENEFITS AND IS A SUMMARY ONLY. THE BENEFIT DESCRIPTION SECTION OF THE EVIDENCE OF COVERAGE BOOKLET SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERED BENEFITS AND LIMITATIONS.

BENEFITS*	SERVICES	COST TO MEMBER
Diagnostic and Preventive Care	Initial and periodic oral examinations, Consultations, including specialist consultations, Topical fluoride treatment, X-rays, Prophylaxis services (cleanings), Space maintainers, Dental sealant treatments.	No charge
Restorative Dentistry (Fillings)	Amalgam and composite resin, acrylic, synthetic or plastic restorations – anterior teeth Composite restorations – posterior teeth Use of pins and pin build-up in conjunction with a restoration, Sedative base and sedative fillings.	No charge \$85-\$140 per tooth No charge No charge
Oral Surgery	Extractions, including surgical extractions, Removal of impacted teeth, Biopsy of oral tissues, Frenectomy, Post-operative services, including exams, suture removal and treatment of complications.	No charge
Endodontic	Pulp capping and Pulpotomy, Root amputation, Root canal therapy, Retreatment of previous root canal therapy, Apicoectomy.	No charge \$20-\$60 No charge No charge
Periodontics	Periodontal scaling and root planing, and subgingival curettage, Gingivectomy, Osseous surgery.	No charge



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Crown and Fixed Bridge	Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, onlay or three quarter crown, and stainless steel, Related dowel pins and pin build-up, Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold, Recementation of crowns and bridges Post and core, including cast retention under crowns.	\$0-\$165 per unit No charge \$40-\$165 per unit No charge No charge
Removable Prosthetics	Complete and partial dentures, Teeth and clasps Office or laboratory relines or rebases, Denture repair, Denture adjustment, Tissue conditioning, Stayplates.	\$25-\$63 per denture No charge \$0-\$15 per denture \$0-\$36 No charge No charge \$25
Dental Implant Services	Includes a device specifically designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement. Please refer to the Schedule of Benefits for a listing of covered services applicable to Implant Services	Please refer to the Schedule of Benefits for copayments applicable to Implant Services. Please note that there are no annual or lifetime maximums applicable to Dental Implant Services.
Orthodontic Services	24 months of standard, comprehensive orthodontic treatment (for children and adults) Orthodontic retention Orthodontic visits beyond 24 months of active treatment.	There is a \$1,000 copayment for 24 months of active orthodontic treatment.

Providers	Participants must use a network provider to receive covered services. Each member of the family may select their own network dentist.
Deductibles	No deductibles will be charged for covered benefits under this program.
Lifetime Maximums	No lifetime maximum limits on benefits apply under this program.

* Benefits are provided if the Plan determines them to be medically necessary.