

# Individual Dental Plan

*Available in Select California Counties*

**PacifiCare®**  
Dental



## Taking Care of the Individual, Too

PacifiCare Dental's Individual Plan (the 511 Plan) is a dental HMO, the simplest type of plan to use. There are no claim forms, no deductibles. Just predictable, budgetable copayments at the time of service.

Whether coverage is for an individual or for a growing family, everyone will appreciate PacifiCare Dental's comprehensive benefits. Routine exams are covered at no charge. And the plan covers a comprehensive range of preventive, routine, and major services at affordable copayments. There's even a discounted orthodontic benefit.

With the PacifiCare Dental Individual Plan, a

member selects a dentist from our network who will then manage all their dental care. All dentists are rigorously screened before they're added to our network and are audited on an ongoing basis, so we have great confidence in them. But if the dentist-patient relationship doesn't work out – for whatever reason – members can change dentists simply by calling our Member Service department. If they make the change by the 20th of the month, they can see their new dentist the 1st of the following month.

We know that coverage is important, but it's only of value if our customers are getting the care they deserve.

## Can We Answer Any Questions?

Please call our Member Service department to confirm dentist availability in an area or with any questions about joining PacifiCare Dental at **1-800-22-TEETH** (1-800-228-3384).

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## Individual Dental Plan Rates (511 Plan)

The rates for our Individual Plan are comparable to our employer group rates, thanks to our strong relationships with the dentists in our network.

Members can choose to make monthly payments via monthly automatic bank withdrawal, or pay annually, whatever works best for their budget.

### Monthly Auto Pay

- ▶ Single: \$15.50
- ▶ Couple: \$24.53
- ▶ Family with dependents: \$34.61

### Annual Pay

- ▶ Single: \$179.40
- ▶ Couple: \$283.80
- ▶ Family with dependents: \$399.36

Call Member Services for an Enrollment Brochure **1-800-22-TEETH** (1-800-228-3384).

## 511 Dental Plan benefit and copayment highlights† \*\*\*

### Preventive Services

#### **Preventive Services**

Office visit . . . . .	No Charge
X-rays, full mouth . . . . .	No Charge
Single film . . . . .	No Charge
Each additional film. . . . .	No Charge
Prophylaxis . . . . .	No Charge
Topical fluoride (under age 18). . . . .	No Charge
Sealants (per tooth; under age 18). . . . .	Not Covered
Diagnostic casts (non-orthodontic) . . . . .	\$ 10.00
Emergency treatment (palliative) . . . . .	\$ 10.00
Office visit (after hours) . . . . .	\$ 20.00

### Routine Services

#### **Restorative Dentistry**

Amalgam restorations (cavities involving primary and permanent teeth)****	
One tooth surface . . . . .	\$ 15.00
Two tooth surfaces . . . . .	\$ 20.00
Three tooth surfaces . . . . .	\$ 26.00
Resin restorations	
on anterior teeth (3 surfaces) . . . . .	\$ 25.00
As above, involving incisal edge . . . . .	\$ 28.00
Pin retention in addition to final restoration, per tooth . . . . .	\$ 5.00
Sedative filling . . . . .	\$ 7.00

#### **Oral Surgery**

Extraction (uncomplicated) . . . . .	\$ 16.00
Each additional tooth (same visit) . . . . .	\$ 10.00
Soft tissue impaction . . . . .	\$ 50.00
Partially bony impaction . . . . .	Not Covered
Completely bony impaction . . . . .	Not Covered
Biopsy of oral tissue (soft) . . . . .	\$ 10.00
Biopsy of oral tissue (hard) . . . . .	\$ 16.00
Surgical removal of an erupted tooth. . . . .	\$ 40.00
Alveoplasty (not in conjunction with extractions), per quadrant . . . . .	\$ 90.00
Alveoplasty (in addition to tooth extraction), per quadrant . . . . .	\$ 80.00
Drain abscess (soft tissue) . . . . .	\$ 30.00
Drain abscess (hard tissue). . . . .	\$ 30.00
Frenectomy . . . . .	\$ 50.00

### Member Pays:

### Routine Services

#### **Endodontics**

Pulp capping (direct) . . . . .	\$ 10.00
Pulp capping (indirect) . . . . .	\$ 24.00
Therapeutic pulpotomy . . . . .	\$ 22.00
Root canals (per tooth)	
Anterior . . . . .	\$ 100.00
Bicuspid. . . . .	\$ 130.00
Molar . . . . .	\$ 175.00
Prefabricated post . . . . .	\$ 50.00
Cast post and core . . . . .	\$ 65.00

#### **Periodontics**

Periodontal scaling and root planing, per quadrant . . . . .	\$ 40.00
Gingivectomy, per quadrant . . . . .	\$ 115.00
Mucogingival surgery, per quadrant . . . . .	Not Covered
Gingivectomy, per tooth . . . . .	\$ 20.00
Periodontal maintenance (once every 6 months) . . . . .	\$ 20.00
Occlusion adjustment . . . . .	No Charge

### Major Services

#### **Crowns and pontics**

Stainless steel, primary tooth . . . . .	\$ 30.00
Resin crown (not for molars) . . . . .	\$ 85.00
Full metal crown** . . . . .	\$ 145.00
3/4 metal crown** . . . . .	\$ 140.00
Porcelain crown (not for molars) . . . . .	\$ 130.00
Porcelain with metal crown** (not for molars) . . . . .	\$ 165.00
Porcelain with metal crown** (for molars) . . . . .	\$ 165.00
Cast post & core, in addition to crown. . . . .	\$ 65.00
Pontic, cast metal (base) . . . . .	\$ 145.00
Pontic, porcelain with metal** . . . . .	\$ 165.00
Inlay recementation . . . . .	\$ 12.00
Crown recementation . . . . .	\$ 12.00
Bridge recementation . . . . .	\$ 18.00

### Member Pays:

† Refer to the Evidence of Coverage and Disclosure Form booklet and the Orthodontic Information Sheet for complete details of benefits, exclusions, limitations, and plan description.

\*\* Member is responsible for copayment, plus actual lab cost of precious metal.

\*\*\* There is no specialty referral benefit for this plan.

\*\*\*\* Primary copayments vary.

**Major Services (cont')**

**Prosthetics**

Denture adjustment . . . . .	\$ 12.00
Replace tooth, per tooth . . . . .	\$ 22.50
Denture repair . . . . .	\$ 28.00
Denture reline (office) . . . . .	\$ 35.00
Denture reline (lab processed) . . . . .	\$ 65.00
Interim partial denture . . . . .	\$ 60.00
Partial denture, upper or lower (including any conventional clasps, rests, and teeth) . . . .	\$ 255.00
Complete upper or lower denture . . . . .	\$ 250.00
Teeth and/or clasps, extra, per unit . . . . .	\$ 31.00
Fixed space maintainer (band type) . . . . .	\$ 55.00
Removable acrylic space maintainer . . . . .	\$ 55.00
Clasps each, additional . . . . .	No Charge

*Dentist may charge \$20.00 for broken appointments  
if not notified at least 24 hours in advance.*

**Orthodontics**

The orthodontic benefit covers: consultation, all necessary appliances, banding, and monthly office visits for 24 months.

Start up services . . . . .	\$ 250.00
Class I (teeth straightening) . . . . .	\$1,895.00
Class II (correction of overbite) . . . . .	\$1,895.00
Class III (correction of underbite) . . . . .	\$1,895.00
Post treatment stabilization (retainers) if applied after the 24-month treatment period	
...to age 18 . . . . .	\$ 250.00
...adults 18 and over . . . . .	\$ 300.00
Final records . . . . .	\$ 150.00

Orthodontic treatment must be provided by a PacifiCare Dental Panel Orthodontist. Orthodontic referrals must be submitted by the patient's assigned dental provider to PacifiCare Dental.

**Member Pays:**

**Dentist Practice Profile Rewards  
Quality With Dollars**

We have a large number of conveniently located dentists for members to choose from. To help ensure that each dentist is providing the type of care our members want – and need – we conduct the Dentist Practice Profile. This important tool gives the dentists in our network the opportunity to earn money for the quality service they provide our members. Using the results of a Dentist Practice Profile, PacifiCare Dental financially rewards those contracting dentists who score the highest. Members help provide the data on 63 criteria related to service, access, quality of care and overall satisfaction.

2099 S. State College Blvd., #500  
Anaheim, California 92806

For California sales call:  
800-228-3384

[www.pacificare.com/dentalvision](http://www.pacificare.com/dentalvision)

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