

GOLDEN WEST DENTAL PLAN

Exhibit A

PACESETTER PLAN

Principal Benefits and Coverages

Copayment Schedule and Matrix

All Procedures as performed by your Golden West Network General Dentist. All procedures exclusive of Gold. Services not listed are available on a fee-for-service basis at your dental office.

ADA CODE	PROCEDURE	MEMBER COPAYMENT	ADA CODE	PROCEDURE	MEMBER COPAYMENT
EXAMS			CROWNS		
0120	Periodic oral evaluation	No Charge	2740	Porcelain/ceramic substrate	150
0140	Limited oral evaluation	No Charge	2751	Porcelain with base metal	250
0150	Comprehensive oral evaluation	No Charge	2781	3/4 cast base metal	200
X-RAYS			2791	Full cast base metal	200
0210	Intraoral, complete series	No Charge	2910	Recent inlay	No Charge
0220	Intraoral, periapical, first film	No Charge	2920	Recent crown	No Charge
0230	Intraoral, periapical, each add'l film	No Charge	2930	Stainless steel (primary teeth)	75
0270	Bitewing, single film	No Charge	2940	Sedative filling	No Charge
0272	Bitewings, two films	No Charge	2950	Core build-up (including pins)	50
0274	Bitewings, four films	No Charge	2951	Pin retention in addition to restoration, per tooth	50
0330	Panoramic film	No Charge	2952	Cast post and core in addition to crown	50
CLEANINGS			2954	Prefabricated post and core in addition to crown	50
1110	Prophylaxis - adult	No Charge	OTHER RESTORATIVE SERVICES		
1120	Prophylaxis - child	No Charge	2960	Labial veneer, chairside	100
1201	Fluoride treatment including prophylaxis, child	No Charge	ENDODONTICS		
SEALANTS			3110	Pulp cap, direct	No Charge
1351	Sealant (per tooth)	20	3120	Pulp cap, indirect	No Charge
SPACE MAINTAINERS			3220	Therapeutic pulpotomy	10
1510	Space maintainer, unilateral, fixed	75	3310	Root canal, anterior	100
1515	Space maintainer, bilateral, fixed	75	3320	Root canal, bicuspid	150
1550	Recent space maintainer	No Charge	3330	Root canal, molar	200
RESTORATIONS			3346	Retreatment root canal, anterior	100
2110	Amalgam, primary, one surface	6	3347	Retreatment root canal, bicuspid	150
2120	Amalgam, primary, two surfaces	12	3348	Retreatment root canal, molar	200
2130	Amalgam, primary, three surfaces	18	3351	Apexification, recalcification	No Charge
2131	Amalgam, primary, four or more surfaces	24	3410	Apicoectomy, anterior, first root	130
2140	Amalgam, permanent, one surface	8	3421	Apicoectomy, bicuspid, first root	130
2150	Amalgam, permanent, two surfaces	16	3425	Apicoectomy, molar, first root	130
2160	Amalgam, permanent, three surfaces	24	3426	Apicoectomy, each additional root	65
2161	Amalgam, permanent, four or more surfaces	32	PERIODONTICS		
2330	Resin, one surface, anterior (permanent teeth)	25	4210	Gingivectomy/gingivoplasty, per quadrant	100
2331	Resin, two surfaces, anterior (permanent teeth)	50	4211	Gingivectomy/gingivoplasty, per tooth	25
2332	Resin, three surfaces, anterior (permanent teeth)	75	4220	Gingival curettage, surgical, per quadrant	60
2335	Resin, four or more surfaces/incisal angle, anterior (permanent teeth)	100	4260	Osseous surgery, per quadrant	200
			4341	Periodontal scaling and root planing, per quad	60
			4355	Full mouth debridement	45
			4381	Actisite® per site	90
			4910	Perio maintenance	50

ADA CODE	PROCEDURE	MEMBER COPAYMENT
PROSTHODONTICS, REMOVABLE		
5110/5120	Complete denture, upper or lower	250
5211/5212	Partial denture, resin base, upper or lower	200
5213/5214	Partial denture, cast metal framework, upper or lower	250
5410/5411	Adjust complete denture, upper or lower	No Charge
5421/5422	Adjust partial denture, upper or lower	No Charge
5510	Repair broken complete denture base	20
5520	Replace missing or broken teeth (per tooth)	15
5610	Repair resin denture base	No Charge
5620	Repair cast framework	10
5630	Repair or replace broken clasp	10
5640	Replace broken teeth, per tooth	10
5650/5660	Add tooth or clasp to existing partial denture	10
5730/5731	Reline complete upper or lower denture, chairside	No Charge
5740/5741	Reline partial upper or lower denture, chair	No Charge
5750/5751	Reline complete upper or lower denture, lab	95
5760/5761	Reline partial upper or lower denture, lab	95
5850/5851	Tissue conditioning, upper or lower	20

ADA CODE	PROCEDURE	MEMBER COPAYMENT
PROSTHODONTICS, FIXED		
6211	Pontic, cast base metal	200
6241	Pontic, porcelain with base metal	250
6545	Retainer, cast metal	100
6751	Crown, porcelain with base metal	250
6791	Crown, full cast base metal	200
6930	Recement bridge	No Charge
ORAL SURGERY		
7110	Extraction, single tooth	10
7120	Extraction, each additional tooth	8
7210	Surgical removal of erupted tooth	30
7220	Removal of impacted tooth, soft tissue	70
7230	Removal of impacted tooth, partially bony	90
7240	Removal of impacted tooth, completely bony	120
7510	Incise & drain	No Charge
ADJUNCTIVE GENERAL SERVICES		
9110	Palliative treatment, emergency	20
9210	Local anesthesia	No Charge
9430	Office visit for observation, regular office hrs, no services rendered	No Charge
9440	Office visit after regularly scheduled hours	40
9630	16 oz. Rx Peridex	19

DEDUCTIBLE	None
LIFETIME MAXIMUM	See Benefit Summary
OUTPATIENT SERVICES*	None
HOSPITALIZATION SERVICES*	None
EMERGENCY HEALTH COVERAGE*	None
AMBULANCE SERVICES*	None
PRESCRIPTION DRUG COVERAGE*	None
DURABLE MEDICAL EQUIPMENT*	None
MENTAL HEALTH SERVICES*	None
CHEMICAL DEPENDENCY SERVICES*	None
HOME HEALTH SERVICES*	None

*Golden West is required by regulation to provide this information. Golden West provides Dental, Orthodontic, and Vision benefits only.