

**GOLDEN WEST DENTAL PLAN  
INCENTIVE DENTAL PLAN 89L**

Exhibit A

Principal Benefits and Coverages  
Copayment Schedule

Services as performed and deemed necessary by your Golden West Network General Dentist for proper oral health are subject to the following copayments.

SERVICES	LEVEL1 (Year 1) MEMBER PAYS	LEVEL2 (Year 2) MEMBER PAYS	LEVEL3 (Year 3) MEMBER PAYS
<b>VISITS AND DIAGNOSTIC</b>			
Oral examination	No Charge	No Charge	No Charge
Emergency oral exam (regular office hours)	No Charge	No Charge	No Charge
Office visits	No Charge	No Charge	No Charge
Single X-ray	No Charge	No Charge	No Charge
Each additional film	No Charge	No Charge	No Charge
Intra-oral, occlusal X-rays	No Charge	No Charge	No Charge
Bitewings	No Charge	No Charge	No Charge
Full mouth X-rays	No Charge	No Charge	No Charge
Panorex (excluding orthodontic X-rays)	No Charge	No Charge	No Charge
<b>CLEANINGS AND PREVENTIVE DENTISTRY</b>			
Prophylaxis to age 14 (two per year)	No Charge	No Charge	No Charge
Prophylaxis adult (two per year)	No Charge	No Charge	No Charge
Topical fluoride to age 18	No Charge	No Charge	No Charge
Topical fluoride adult	7	6	5
Oral hygiene instruction	No Charge	No Charge	No Charge
Pit & fissure sealant (per tooth)	11	9	7
<b>RESTORATIVE DENTISTRY</b>			
Amalgam, primary teeth, per surface	9	7	No Charge
Amalgam, permanent teeth, per surface	9	7	No Charge
Silicate cement restoration, per surface	13	10	8
Acrylic, plastic, or composite restoration, per surface	13	10	8
Pin retention, additional per tooth when final restoration is amalgam, plastic, or composite	13	10	8
Chairside labial veneer, per tooth	80	70	60
Sedative base	No Charge	No Charge	No Charge
<b>SPACE MAINTAINERS*</b>			
Fixed space maintainers (band type, anterior)	50	40	30
Removable acrylic spacer	55	45	40
Clasps, each additional	15	10	No Charge
<b>CROWN AND PONTICS*</b>			
Acrylic crown	70	60	50
Acrylic with metal crown	90	80	60
Porcelain crown	150	140	100
Porcelain crown fused to metal	170	150	120
Porcelain crown fused to metal, molars	270	250	220
Full cast crown	150	140	100
3/4 cast crown	150	140	100
Crown buildup (with pins and posts)	40	30	20
Stainless steel crown (primary)	25	20	10
Stainless steel crown (permanent)	40	30	15
Cast dowel core	40	30	20
Maryland type bridge (each lingual retentive wing)	90	80	70
Porcelain with metal pontic	170	150	120
Cast metal pontic	150	140	100
True pontic type pontic	150	140	100
Acrylic with metal pontic	90	75	60
Composite facing with metal pontic	90	75	60
<b>RECEMENTATION</b>			
Recement crown	No Charge	No Charge	No Charge
Recement bridge	No Charge	No Charge	No Charge
Recement inlay	No Charge	No Charge	No Charge
Recement onlay	No Charge	No Charge	No Charge

<b>SERVICES</b>	<b>LEVEL1 (Year 1) MEMBER PAYS</b>	<b>LEVEL2 (Year 2) MEMBER PAYS</b>	<b>LEVEL3 (Year 3) MEMBER PAYS</b>
<b>PERIODONTICS</b>			
Emergency periodontal treatment (Palliative)	No Charge	No Charge	No Charge
Periodontal Scaling in the presence of gingival inflammation (bleeding gums)	35	30	20
‡16 oz. Rx Peridex®	19	19	19
‡Actisite® per site	90	90	90
Scale, curettage and root planing with probing, per quadrant	35	30	20
Gingivectomy, per quadrant	80	70	40
Osseous & mucogingival surgery, per quadrant	180	160	100
Gingivectomy, per tooth (fewer than 6 teeth)	10	8	No Charge
Hyperplastic tissue removal	45	35	25
<b>ENDODONTICS</b>			
Culture Canal	No Charge	No Charge	No Charge
Apicoectomy, includes filling canal	80	70	50
Apicoectomy, separate procedure	40	30	20
Direct pulp capping	No Charge	No Charge	No Charge
Indirect pulp capping	No Charge	No Charge	No Charge
Therapeutic pulpotomy	No Charge	No Charge	No Charge
Open and drain tooth	25	20	16
Vital pulpotomy	No Charge	No Charge	No Charge
Anterior root canal therapy	80	75	50
Bicuspid root canal therapy	140	125	100
Molar root canal therapy	195	175	150
<b>PROSTHETICS*</b>			
Complete maxillary denture	190	175	150
Complete mandibular denture	190	175	150
Partial denture with cast palatal bars	220	195	175
Partial denture with cast lingual bar	220	195	175
Maxillary or mandibular acrylic partial denture with metal clasps	150	130	120
Teeth and clasps extra per unit	10	8	5
Simple stress breakers	20	15	10
Stayplate-flipper	50	40	20
Denture adjustments, first two visits	No Charge	No Charge	No Charge
Denture adjustments, subsequent visits	10	9	8
Office reline (maxillary or mandibular) cold cure	No Charge	No Charge	No Charge
Denture reline (maxillary or mandibular), laboratory	60	50	30
Tissue conditioning (per denture)	No Charge	No Charge	No Charge
Denture repair-no teeth involved	20	15	No Charge
Replace or repair missing or broken teeth, per unit	15	10	5
Teeth and/or clasps, extra per unit	10	8	5
<b>ORAL SURGERY</b>			
Simple extraction single tooth	10	8	No Charge
Simple extraction each additional tooth	8	6	No Charge
Surgical extraction erupted tooth	30	20	15
Post operative visit (suture removal)	No Charge	No Charge	No Charge
Soft tissue impaction	40	30	20
Partial bony impaction	75	60	30
Complete bony impaction	95	70	50
Local anesthesia	No Charge	No Charge	No Charge
Alveolectomy (edentulous), per quadrant	70	60	50
Alveoplasty with ridge extension, per quadrant	70	60	50
Removal of palatal torus	50	40	No Charge
Removal of mandibular tori, per quadrant	40	30	No Charge
Frenectomy	No Charge	No Charge	No Charge
<b>EMERGENCY TREATMENT TO RELIEVE PAIN</b>			
Regular office hours	5	5	No Charge
After hours visit	35	30	25
<b>FAILED APPOINTMENTS</b>			
Failure to cancel appointment (24 hours prior)	20	20	20

**SEE PRINCIPAL EXCLUSIONS AND LIMITATIONS ON BENEFITS**

All services as performed by a Golden West Network General Dentist. Any procedure not listed and provided by the general dentist is available on a fee for service basis. All procedures exclusive of gold. ‡May be available in selected offices only. \*Plus actual dental lab fee, where applicable. Payment due at time services are rendered. Out of area emergency reimbursement limited to \$50.00 per calendar year.