



TIJUANA

PASEO RIO TIJUANA 406
 PRIMER PISO
 EDIFICIO SIMNSA
 TIJUANA, B.C.
 Tel: 979-2201, 979-2203 ó 979-2204 ó 979-2199
 Lunes-Viernes 8 A.M. – 8 P.M.
 Sábado 8 A.M. – 5 P.M.
 Domingo 10 A.M.-2P.M.

MEXICALI

AV. REFORMA #925-20; 3ER PISO, 2DA SECCION
 MEXICALI, BC 21100
 TEL: (686) 554-2623, 555-6388, 555-6322, 555-6448
 Lunes – Viernes 10 A.M. – 3 P.M. y 4 P.M. – 7 P.M.
 Sábado 10 A.M. – 3 P.M.

COVERED SERVICES

CO-PAY

DIAGNOSTIC AND PREVENTIVE SERVICES

01100	Oral examination, diagnostic, consultation	No Charge
01120	Office visit & periodic oral examinations	No Charge
01130	Emergency oral examinations	No Charge
01210	Complete series x-rays	No Charge
	Infection control - per visit	No Charge
00220	Single periapical film	No Charge
00230	Each additional film	No Charge
00460	Pulp vitality tests	No Charge
	Teeth cleaning (prophylaxis-treatment to include basic scaling and polishing/eligible every six months):	No Charge
01110	Adult	No Charge
01120	Child	No Charge
01203	Topical fluoride (up to age 18)	No Charge

SPACE MAINTAINERS:

01510	Unilateral fixed	\$25.00
01520	Unilateral removable	25.00
08210	Removable appliance therapy (thumb-sucking appliance)	25.00

AMALGAM RESTORATIONS, PRIMARY TEETH:

02110	Cavities involving one tooth surface	No Charge
02120	Cavities involving two tooth surfaces	No Charge
02130	Cavities involving three surfaces	No Charge

AMALGAM RESTORATIONS, PERMANENT TEETH:

02140	Cavities involving one tooth surface	\$ 3.00
02150	Cavities involving two tooth surfaces	5.00
02160	Cavities involving three tooth surfaces	7.00
02161	Cavities involving four or more tooth surfaces	10.00
02210	Silicate cement - per restoration	5.00
02330	Acrylic or plastic restoration (Anterior teeth)	7.00

RESIN RESTORATIONS (POSTERIOR TEETH ONLY)

2330	Resin-one surface	24.00
2331	Resin-two surfaces	30.00
2332	Resin-three surfaces	37.00
2210	Silicate cement- per restoration	5.00

CROWNS - PER UNIT: PLUS ADDITIONAL COST OF NOBLE METAL (GOLD)

02740	Porcelain (molars not included)	\$60.00
02751	Porcelain with non-precious metal (molars not included)	70.00
02753	Acrylic	40.00
02754	Acrylic with metal	50.00
02791	Full cast non-precious metal	50.00
02810	3/4 Crown	50.00
02910	Recement inlay	5.00
02920	Recement crown	5.00
02930	Prefabricated stainless steel crown - primary	25.00
02931	Prefabricated stainless steel crown - permanent	25.00
02950	Pin build-up	7.00
02952	Cast metal post	25.00

ENDODONTICS

03110	Pulp capping direct (no final restoration)	No Charge
03120	Pulp cap indirect (no final restoration)	No Charge
03220	Vital pulpotomy	5.00
03310	1 canal	40.00
03320	2 canals	60.00
03330	3 canals	80.00
03410	Apicoectomy/anterior (per root) (periapical)	40.00
03411	Apicoectomy/per tooth, each additional root	25.00
03940	Recalcification	5.00
03999	Culturing canal	4.00

PERIODONTICS:

09110	Palliative (emergency) treatment	\$ 7.00
04210	Gingivectomy/gingivoplasty - per quadrant	35.00
04211	Gingival or gingivoplasty, per tooth	7.00
04220	Gingival curettage - per quad	10.00
04250	Mucogingival surgery - per quad	45.00
04260	Osseous surgery - per quad	45.00

PROSTHETICS:

05110	Complete upper	\$80.00
05120	Complete lower	80.00
05211	Upper partial - resin base (including any conventional clasps, rests and teeth)	60.00
05212	Lower partial - resin base (including any conventional clasps, rests and teeth)	60.00
05213	Partial upper - cast metal with resin saddles (include any conventional clasps, rests and teeth)	80.00
05214	Partial lower - cast metal base with resin saddles (include any conventional clasps, rests & teeth)	80.00
05410	Adjust complete denture - upper	5.00
05411	Adjust complete denture - lower	5.00
05421	Adjust partial denture - upper	5.00
05422	Adjust partial denture - lower	5.00
05510	Repair broken complete denture base	15.00
05520	Replace missing or broken teeth	5.00
05610	Repair resin acrylic saddle or base	20.00
05630	Repair or replace broken clasp	20.00
05640	Replace broken teeth - per tooth	5.00
05650	Add tooth to existing partial denture (first tooth)	15.00
	Each additional tooth	5.00
05660	Add clasp to existing partial denture	5.00
05730	Reline complete upper denture (Chairside)	15.00
05731	Reline complete lower denture (Chairside)	15.00
05740	Reline upper partial denture (Chairside)	15.00
05741	Reline lower partial denture (Chairside)	15.00
05750	Reline complete upper denture (Laboratory)	30.00
05751	Reline complete lower denture (Laboratory)	30.00
05760	Reline upper partial denture (Laboratory)	30.00
05761	Reline lower partial denture (Laboratory)	30.00
	Reconstruction (jump per denture, including impression)	35.00
05820	Stayplate - upper or lower	15.00

06940	Stressbreakers	10.00
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BRIDGES - PER UNIT (PLUS ADDITIONAL COST OF NOBLE METAL)

06211	Pontic - Cast predominantly base metal	\$60.00
06241	Pontic - Porcelain fused to predominantly base metal	70.00
06251	Pontic - Resin with predominantly base metal	60.00
06930	Recement bridge	10.00
05281	Removable (unilateral) bridges:	
	One piece casting, per unit	15.00
	Steel facing	50.00

ORAL SURGERY:

07110	Single tooth	No Charge
07120	Each additional tooth	No Charge
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone/or section of tooth	15.00
07220	Removal of impacted tooth - Soft tissue	25.00
07230	Removal of impacted tooth - Partially bony	50.00
07240	Removal of impacted tooth - Completed bony	50.00
07285	Biopsy of oral tissue - Hard	No Charge
07286	Biopsy of oral tissue - Soft	No Charge
07310	Alveoplasty in conjunction with extractions per quadrant	15.00
07960	Frenulectomy (Frenectomy or Frenotomy) - separate procedure	25.00
07510	Incision and drainage of abscess-intraoral soft tissue	No Charge

ADJUNCTIVE GENERAL SERVICES

09110	Palliative (Emergency) treatment of dental pain	\$ 5.00
09215	Local anesthesia	No Charge
09241	Sedative base	No Charge
09310	Consultation (Diagnostic service provided by dentist other than practitioner providing treatment)	No Charge
09430	Post operative visit	No Charge
09440	Office visit - after regularly scheduled hours	15.00
09999	Broken appointment (Less than 24-hour notice)	5.00

ORTHODONTICS:

03000	Full banded case - adult	\$1,200.00
03001	full banded case - child	1,200.00

(plus start-up fees and retention) Two-year orthodontic treatment plan. Non-listed services will be provided using co-payments for a listed procedure that is similar in value.

Exclusiones y limitaciones

- a. Servicios que, en la opinión del dentista encargado, no son necesarios para la salud dental del paciente. En todos los casos en que el paciente seleccione un plan de tratamiento que el dentista encargado considere innecesario, cualquier gasto adicional correrá por cuenta del paciente;
- b. Implantes;
- c. Estética: servicios cuyo único fin es mejorar la apariencia o corregir defectos congénitos;
- d. Terapia miofuncional: procedimientos para entrenamiento, tratamiento o desarrollo de músculos dentro o cerca de la mandíbula o la boca
- e. Tratamiento de malignidades o neoplasias (tumores);
- f. Expendio de medicamentos que normalmente no se proveen en un consultorio dental;
- g. Cualquier procedimiento o servicio dental que se preste mientras el paciente se encuentra hospitalizado;
- h. Protodoncia – se sustituirá un aparato existente (dentaduras postizas, etc.) sólo si no es satisfactorio. Los aparatos protodónticos se sustituirán sólo después de transcurridos cinco años desde la fecha de entrega. Los aparatos perdidos o robados serán responsabilidad del miembro;
- i. Los servicios cubiertos bajo el Seguro de Compensación al Trabajador o las Leyes de Responsabilidad del Empleado pueden estar sujetos a reembolso;
- j. Los servicios suministrados o pagados por cualquier entidad gubernamental o cubiertos bajo cualquier programa o ley gubernamental, salvo en lo que respecta a los cargos que son obligación legal de la persona. La excepción se extiende a cualquier beneficio suministrado bajo el Decreto del Seguro Social de EE. UU. Y sus Enmiendas;
- k. Cargos por servicios suministrados para disfunciones de la articulación temporomandibular;
- l. Cargos por servicios anteriores a la fecha en que la persona inició su cobertura y fue elegible para recibir beneficios bajo este plan, o por cargos "incurridos" después de la terminación de la cobertura;
- m. Ortodoncia – el copago se basa en un plan de tratamiento estándar de dos años, y puede variar si el tratamiento se prolonga más allá de este plazo. Los siguientes servicios no se incluyen bajo los beneficios de ortodoncia:
 - 1. Modelos de estudios
 - 2. Rayos-X para servicios de ortodoncia
 - 3. Trazos y fotografía
 - 4. Tratamiento de Fase 1 para ortodoncia (antes de poner las bandas)
- n. Servicios que no son de emergencia que hayan sido prestados por dentistas no participantes;
- o. Procedimientos, aparatos o restauración que sean necesarios para alterar una oclusión, o efectuar una rehabilitación bucal completa.