

**2018 ATTACHMENT FOR QUALIFIED DENTAL PLANS IN THE CALIFORNIA HEALTH
BENEFIT EXCHANGE**

CDT Code	Description	Pediatric Copay	Adult Copay	Limitation/Exclusion for Pediatric enrollee
<i>D0120*</i>	<i>Periodic Oral Evaluation – established patient</i>	<i>No cost</i>	<i>No Cost</i>	<i>1 in 6 months per dentist</i>

**example*