Summary of Benefits and Member Co-insurance Costs ADA Billing Codes

Fees for Treatment by CASE School of Dental Medicine Dentists

		reesic	n rreatmer	GRAD		Dental Medi	cine Dentists			PRE-DC	CTORS	
		Case SDM	Basic	c Plan		ensive Plan		e SDM	Basic	c Plan		ensive Plan
Proced	ure	Allowable	Benefit	Member	Benefit	Member		wable •	Benefit	Member	Benefit	Member
ADA		Charge	Plan Pays	Pays	Plan Pays	Pays	Cha	arge	Plan Pays	Pays	Plan Pays	Pays
REGIS	<u> </u>											
0120	Periodic oral evaluation	30.00	100%	\$0.00	100%	\$0.00		30.00	100%	\$0.00	100%	\$0.00
0140	Limited oral evaluation - problem focused	35.00	100%	\$0.00	100%	\$0.00		33.00	100%	\$0.00	100%	\$0.00
0150	Comprehensive oral evaluation	40.00	100%	\$0.00	100%	\$0.00		38.00	100%	\$0.00	100%	\$0.00
0160	Detailed Extensive Oral Examination	40.00	100%	\$0.00	100%	\$0.00		38.00	100%	\$0.00	100%	\$0.00
0170	Re-Evaluation - Limited Problem	40.00	100%	\$0.00	100%	\$0.00		38.00	100%	\$0.00	100%	\$0.00
	Intraoral - complete series (including											
0210	bitewings)	50.00	100%	\$0.00	100%	\$0.00		50.00	100%	\$0.00	100%	\$0.00
0220	Intraoral - periapical first film	10.00	100%	\$0.00	100%	\$0.00		10.00	100%	\$0.00	100%	\$0.00
0230	Intraoral - periapical each additional film	8.00	100%	\$0.00	100%	\$0.00		8.00	100%	\$0.00	100%	\$0.00
0240	Intraoral Occlusal Film	15.00	100%	\$0.00	100%	\$0.00		15.00	100%	\$0.00	100%	\$0.00
0270	One Bitewing X-Ray	10.00	100%	\$0.00	100%	\$0.00		10.00	100%	\$0.00	100%	\$0.00
0272	Two Bitewing X-Rays	20.00	100%	\$0.00	100%	\$0.00		20.00	100%	\$0.00	100%	\$0.00
0274	Four Bitewing X-Rays	32.00	100%	\$0.00	100%	\$0.00		30.60	100%	\$0.00	100%	\$0.00
0277	Vertical Bitewings - 7 to 8 Films	40.00	100%	\$0.00	100%	\$0.00		40.00	100%	\$0.00	100%	\$0.00
0330	Panoramic film	50.00	100%	\$0.00	100%	\$0.00		45.00	100%	\$0.00	100%	\$0.00
0340	Cephalometric film (only with Ortho. coverage)	50.00	0%	\$50.00	50%	\$25.00		50.00	0%	\$50.00	50%	\$25.00
0460	Pulp vitality tests	10.00	100%	\$0.00	100%	\$0.00		10.00	100%	\$0.00	100%	\$0.00
PREVE		10.00	10076	ψ0.00	10076	ψ0.00		10.00	10070	ψ0.00	10076	ψ0.00
1110	Prophylaxis - adult	60.00	100%	\$0.00	100%	\$0.00		30.00	100%	\$0.00	100%	\$0.00
1120	Prophylaxis - child	40.00	100%	\$0.00	100%	\$0.00		15.00	100%	\$0.00	100%	\$0.00
	Topical application of fluoride (prophylaxis			· · · · · · · · · · · · · · · · · · ·		·						
1203	not included) - child	10.00	100%	\$0.00	100%	\$0.00		10.00	100%	\$0.00	100%	\$0.00
1351	Sealant - per tooth	28.00	100%	\$0.00	100%	\$0.00		25.00	100%	\$0.00	100%	\$0.00
1510	Space maintainer - fixed - unilateral	125.00	0%	\$125.00	50%	\$63.00		125.00	0%	\$125.00	50%	\$62.50
1515	Space maintainer - fixed - bilateral	175.00	0%	\$175.00	50%	\$87.00		175.00	0%	\$175.00	50%	\$87.50
1520	Space maintainer - removable - unilateral	330.00	0%	\$330.00	50%	\$165.00		175.00	0%	\$175.00	50%	\$85.00
1525	Space maintainer - removable - bilateral	400.00	0%	\$400.00		\$200.00		175.00	0%	\$175.00	50%	\$85.00
1550	Recementation of space maintainer	35.00	0%	\$35.00	50%	\$17.00		35.00	0%	\$35.00	50%	\$17.00
	RATIVE											
2140	Amalgam - one surface	70.00	0%	\$70.00	100%	\$0.00		65.00	0%	\$65.00	100%	\$0.00
2150	Amalgam - two surfaces	80.00	0%	\$80.00	100%	\$0.00		75.00	0%	\$75.00	100%	\$0.00
2160	Amalgam - three surfaces	99.00	0%	\$99.00	100%	\$0.00		85.00	0%	\$85.00	100%	\$0.00
2161	Amalgam - four or more surfaces	140.00	0%	\$140.00	100%	\$0.00		95.00	0%	\$95.00	100%	\$0.00
2330	Resin-based composite - one surface, anterior	90.00	0%	\$90.00	100%	\$0.00		60.00	0%	\$60.00	100%	\$0.00
2331	Resin-based composite - two surfaces, anterior	115.00	0%	\$115.00	100%	\$0.00		70.00	0%	\$70.00	100%	\$0.00

				GRAD	UATE		PRE-DOCTORS					
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan	Case SDM Allowable	Basi	c Plan	Comprehe	ensive Plan	
Proced	ure	Charge	Benefit	Member	Benefit	Member	Charge	Benefit	Member	Benefit	Member	
ADA		Onargo	Plan Pays	Pays	Plan Pays	Pays	Onargo	Plan Pays	Pays	Plan Pays	Pays	
	Resin-based composite - three surfaces,											
2332	anterior	135.00	0%	\$135.00	100%	\$0.00	90.00	0%	\$90.00	100%	\$0.00	
	Resin-based composite - four or more											
2335	surfaces or involving incisal angle (anterior)	150.00	0%	\$150.00		\$0.00	125.00	0%	\$125.00	100%	\$0.00	
2390	Resin-based composite crown, anterior	145.00	0%	\$145.00	100%	\$0.00	145.00	0%	\$145.00	100%	\$0.00	
2391	Composite - one surface posterior	102.00	0%	\$102.00	100%	\$0.00	75.00	0%	\$75.00	100%	\$0.00	
2392	Composite - two surface posterior	136.00	0%	\$136.00	100%	\$0.00	85.00	0%	\$85.00	100%	\$0.00	
2393	Composite - three surface posterior	168.00	0%	\$168.00	100%	\$0.00	95.00	0%	\$95.00	100%	\$0.00	
2394	Composite - four+ surface posterior	207.00	0%	\$207.00	100%	\$0.00	125.00	0%	\$125.00	100%	\$0.00	
2510	Inlay - metallic - one surface	320.00	0%	\$320.00	60%	\$128.00	125.00	0%	\$125.00	60%	\$50.00	
2520	Inlay - metallic - two surfaces	365.00	0%	\$365.00	60%	\$146.00	136.00	0%	\$136.00	60%	\$54.40	
2530	Inlay - metallic - three or more surfaces	450.00	0%	\$450.00	60%	\$180.00	350.00	0%	\$350.00	60%	\$140.00	
2542	Onlay-metallic-two surfaces	460.00	0%	\$460.00	60%	\$184.00	400.00	0%	\$400.00	60%	\$160.00	
2543	Onlay-metallic-three surfaces	500.00	0%	\$500.00	60%	\$200.00	475.00	0%	\$475.00	60%	\$190.00	
2544	Onlay-metallic-four or more surfaces	650.00	0%	\$650.00	60%	\$260.00	600.00	0%	\$600.00	60%	\$240.00	
2710	Crown - resin (laboratory)	320.00	0%	\$320.00		\$128.00	220.00	0%	\$220.00	60%	\$88.00	
2740	Crown - porcelain/ceramic substrate	530.00	0%	\$530.00	60%	\$212.00	450.00	0%	\$450.00	60%	\$180.00	
2750	Crown - porcelain fused to high noble metal	625.00	0%	\$625.00	0%	\$625.00	400.00	0%	\$400.00	0%	\$400.00	
	Crown - porcelain fused to predominantly											
2751	base metal	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00		\$160.00	
2752	Crown - porcelain fused to noble metal	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00	60%	\$160.00	
2780	Crown - 3/4 cast high noble metal	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00	60%	\$160.00	
2783	Crown - 3/4 porcelain/ceramic	530.00	0%	\$530.00	60%	\$212.00	450.00	0%	\$450.00	60%	\$180.00	
2790	Crown - full cast high noble metal(full gold)	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00	60%	\$160.00	
2791	Crown/non-precious	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00	60%	\$160.00	
2792	Crown - full cast noble metal	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00	60%	\$160.00	
2799	Provisional crown	225.00	0%	\$225.00	60%	\$90.00	180.00	0%	\$180.00	60%	\$72.00	
2910	Recement inlay	50.00	0%	\$50.00	60%	\$20.00	40.00	0%	\$40.00	60%	\$16.00	
2920	Recement crown	56.00	0%	\$56.00	60%	\$22.40	50.00	0%	\$50.00	60%	\$20.00	
	Prefabricated stainless steel crown -											
2930	primary tooth	120.00	0%	\$120.00	100%	\$0.00	80.00	0%	\$80.00	100%	\$0.00	
	Prefabricated stainless steel crown -											
2931	permanent tooth	130.00	0%	\$130.00	100%	\$0.00	80.00	0%	\$80.00	100%	\$0.00	
	Prefabricated stainless steel crown with											
2933	resin window	150.00		\$150.00		\$0.00	90.00	0%			\$0.00	
2940	Sedative filling	55.00	0%	\$55.00	100%	\$0.00	30.00	0%			\$0.00	
2950	Core buildup, including any pins	115.00	0%	\$115.00	60%	\$46.00	100.00	0%	\$100.00	60%	\$40.00	
2951	Pin retention - per tooth, in addition to restoration	30.00	0%	\$30.00	100%	\$0.00	20.00	0%	\$20.00	100%	\$0.00	
2052	Cast post and core in addition to crown(one	225.00		¢225.00	60%	\$00.00	150.00	00/	¢150.00	60%	\$60.00	
2952	post)	225.00	0%	\$225.00	00%	\$90.00	150.00	0%	\$150.00	00%	\$60.00	

				GRAD	UATE					PRE-DO	OCTORS	
		Case SDM Allowable	Basi	c Plan	Comprehe	ensive Plan		se SDM lowable	Basic	c Plan	Comprehensive Pl	
Proced	ure	Charge	Benefit	Member	Benefit	Member		Charge	Benefit	Member	Benefit	Member
ADA		Onargo	Plan Pays	Pays	Plan Pays	Pays	0.	riargo	Plan Pays	Pays	Plan Pays	Pays
	Prefabricated post and core in addition to											
2954	crown	50.00	0%	\$50.00	60%	\$20.00		50.00	0%	\$50.00	60%	\$20.00
	Each additional prefabricated post - same											
2957	tooth	45.00	0%	\$45.00	60%	\$18.00		25.00	0%	\$25.00	60%	\$10.00
2960	Labial veneer (resin laminate) - chairside	295.00	0%	\$295.00	60%	\$118.00		200.00	0%	\$200.00	60%	\$80.00
2004	Lakial Vancer (regin Laminata) Jaharatan	505.00	00/	Ф ГОГ ОО	600/	ФО4 O OO		400.00	00/	#400.00	600/	#400.00
2961	Labial Veneer (resin Laminate) - laboratory	525.00	0%	\$525.00	60%	\$210.00		400.00	0%	\$400.00	60%	\$160.00
2962	Labial veneer (porcelain laminate) - laboratory	525.00	0%	\$525.00	60%	\$210.00		400.00	0%	\$400.00	60%	\$160.00
2902	Temporary crown (fractured tooth)	150.00	0%	\$150.00		\$60.00		100.00	0%	\$100.00		\$40.00
2980	Crown repair, by report	125.00	0%	\$125.00	60%	\$50.00		75.00	0%	\$75.00	60%	\$30.00
	DONTICS	123.00	0 /6	φ125.00	00 /6	φ30.00		75.00	0 76	\$75.00	00 70	φ30.00
LINDOL												
	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the											
	dentinocemental junction and application of											
3220	medicament.	81.00	0%	\$81.00	60%	\$32.40		75.00	0%	\$75.00	60%	\$30.00
3230	Pulpal Therapy - Anterior primary tooth	80.00	0%	\$80.00		\$32.00		80.00	0%	\$80.00	60%	\$32.00
3240	Pulpal Therapy - Posterior primary tooth	110.00	0%	\$110.00		\$44.00		110.00	0%	\$110.00		\$44.00
3310	Anterior (excluding final restoration)	400.00	0%	\$400.00	60%	\$160.00		350.00	0%	\$350.00	60%	\$140.00
3320	Bicuspid (excluding final restoration)	500.00	0%	\$500.00		\$200.00		400.00	0%	\$400.00	60%	\$160.00
3330	Molar (excluding final restoration)	600.00	0%	\$600.00		\$240.00		500.00	0%	\$500.00	60%	\$200.00
3333	Internal Root repair-perforation defects	600.00	0%	\$600.00		\$240.00		600.00	0%	\$600.00	60%	\$240.00
	Retreatment of previous root canal therapy -			*						,		,
3346	anterior	500.00	0%	\$500.00	60%	\$200.00		500.00	0%	\$500.00	60%	\$200.00
	Retreatment of previous root canal therapy -					•						·
3347	bicuspid	600.00	0%	\$600.00	60%	\$240.00		600.00	0%	\$600.00	60%	\$240.00
	Retreatment of previous root canal therapy -											
3348	molar	700.00	0%	\$700.00	60%	\$280.00		700.00	0%	\$700.00	60%	\$280.00
	Apexification/recalcification - initial visit											
	(apical closure/calcific repair of											
3351	perforations, root resorption, etc.)	145.00	0%	\$145.00	60%	\$58.00		145.00	0%	\$145.00	60%	\$58.00
	Apexification/recalcification - interim											
	medication replacement (apical											
	closure/calcific repair of perforations, root											
3352	resorption, etc.)	95.00		\$95.00		\$38.00		95.00	0%	\$95.00		\$38.00
3353	Apexification/recalcification - final		0%	\$0.00	60%	\$0.00			0%	\$0.00	60%	\$0.00
3410	Apicoectomy/periradicular surgery - anterior	550.00	0%	\$550.00	60%	\$220.00		550.00	0%	\$550.00	60%	\$220.00
	Apicoectomy/periradicular surgery -										225	
3421	bicuspid (first root)	650.00	0%	\$650.00	60%	\$260.00		650.00	0%	\$650.00	60%	\$260.00
0.465	Apicoectomy/periradicular surgery- molar	750.00	20.1	Ф750 00	0007	# 000 00		750.00	201	Ф750 00	0004	#000
3425	(first root)	750.00	0%	\$750.00	60%	\$300.00		750.00	0%	\$750.00	60%	\$300.00
3426	Apicoectomy/periradicular surgery (each additional root)	200.00	0%	\$200.00	60%	\$80.00		200.00	0%	\$200.00	60%	\$80.00

				GRAD	UATE		PRE-DOCTORS					
		Case SDM	Basi	c Plan	Compreh	ensive Plan	Case	_	Basi	c Plan	Comprehe	ensive Plan
Proced	ure	Allowable Charge	Benefit	Member	Benefit	Member	Cha		Benefit	Member	Benefit	Member
ADA		Onlarge	Plan Pays	Pays	Plan Pays	Pays	Ona	ingo	Plan Pays	Pays	Plan Pays	Pays
3430	Retrograde filling - per root	150.00	0%	\$150.00	60%	\$60.00	15	50.00	0%	\$150.00	60%	\$60.00
3450	Root amputation - per root	425.00	0%	\$425.00	60%	\$170.00	42	25.00	0%	\$425.00	60%	\$170.00
3920	Hemisection (including any root removal), not including root canal therapy	388.00	0%	\$388.00	60%	\$155.20	38	88.00	0%	\$388.00	60%	\$155.20
PERIO	DONTICS											
4210	Gingivectomy or gingivoplasty - per quadrant	180.00	0%	\$180.00		\$72.00		80.00	0%		60%	\$72.00
4211	Gingivoplasty/tooth	130.00	0%	\$130.00	60%	\$52.00	13	30.00	0%	\$130.00	60%	\$52.00
4240	Gingival flap procedure, including root planing - per quadrant	308.00	0%	\$308.00		\$123.20		08.00	0%		60%	\$123.20
4241	Gingival flap, inc rt planing 1-3 teeth	230.00	0%	\$230.00		\$92.00		30.00	0%	\$230.00	60%	\$92.00
4245	Apically positioned flap	400.00	0%	\$400.00		\$160.00		00.00	0%	\$400.00	60%	\$160.00
4249	Clinical crown lengthening	397.00	0%	\$397.00	60%	\$158.80	39	97.00	0%	\$397.00	60%	\$158.80
4260	Osseous surgery (including flap entry and closure) - per quadrant	420.00	0%	\$420.00		\$168.00		20.00	0%	\$420.00	60%	\$168.00
4261	Oss surgery one to three teeth per quad	340.00	0%	\$340.00	60%	\$136.00	34	40.00	0%	\$340.00	60%	\$136.00
4263	Bone replacement graft - first site in quadrant	185.00	0%	\$185.00	60%	\$74.00	18	85.00	0%	\$185.00	60%	\$74.00
4264	Bone replacement graft - each additional site in quadrant	75.00	0%	\$75.00	60%	\$30.00	7	75.00	0%	\$75.00	60%	\$30.00
4265	Biologic materials regeneration	140.00	0%	\$140.00	60%	\$56.00	14	40.00	0%	\$140.00	60%	\$56.00
4266	Guided tissue regeneration - resorbable barrier, per site	180.00	0%	\$180.00	60%	\$72.00	18	80.00	0%	\$180.00	60%	\$72.00
4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)	180.00	0%	\$180.00	60%	\$72.00	22	25.00	0%	\$225.00	60%	\$90.00
4270	Pedicle soft tissue graft procedure	300.00	0%	\$300.00	60%	\$120.00	30	00.00	0%	\$300.00	60%	\$120.00
4271	Free soft tissue graft procedure (including donor site surgery)	315.00	0%	\$315.00	60%	\$126.00	31	15.00	0%	\$315.00	60%	\$126.00
4273	Subepithelial connective tissue graft procedure (including donor site surgery)	450.00	0%	\$450.00	60%	\$180.00	45	50.00	0%	\$450.00	60%	\$180.00
	Distal or proximal wedge procedure (when not performed in conjunction with surgical				9994	4					9994	
4274	procedures in the same anatomical area)	200.00		\$200.00		\$80.00		00.00	0%			\$80.00
4275	Soft tissue allograft	450.00	0%	\$450.00	60%	\$180.00	45	50.00	0%	\$450.00	60%	\$180.00
4276	Comb connective tissue/double pedicle graft	450.00	0%	\$450.00	60%	\$180.00	45	50.00	0%	\$450.00	60%	\$180.00
4341	Periodontal scaling and root planing, per quadrant (%40 disc for medicaid patients)	100.00	0%	\$100.00		\$40.00		75.00	0%			\$30.00
4342	Scaling & root planning - three or less teeth	70.00				\$28.00		55.00	0%			\$22.00

		GRADUATE							PRE-DC	CTORS	
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan	Case SDM Allowable	Basi	c Plan	Comprehe	ensive Plan
Proced	ure	Charge	Benefit	Member	Benefit	Member	Charge	Benefit	Member	Benefit	Member
ADA		Onargo	Plan Pays	Pays	Plan Pays	Pays	Onargo	Plan Pays	Pays	Plan Pays	Pays
4355	Debridement	160.00	0%	\$160.00	60%	\$64.00	100.00	0%	\$100.00	60%	\$40.00
	Periodontal maintenance procedures										
4910	(following active therapy)	80.00	0%	\$80.00	60%	\$32.00	80.00	0%	\$80.00	60%	\$32.00
PROST	HODONTICS, REMOVABLE										
5110	Complete denture - maxillary	625.00	0%	\$625.00	60%	\$250.00	500.00	0%	\$500.00	60%	\$200.00
5120	Complete denture - mandibular	625.00	0%	\$625.00	60%	\$250.00	500.00	0%	\$500.00	60%	\$200.00
5130	Immediate denture - maxillary	725.00	0%	\$725.00	60%	\$290.00	625.00	0%	\$625.00	60%	\$250.00
5140	Immediate denture - mandibular	725.00	0%	\$725.00	60%	\$290.00	625.00	0%	\$625.00	60%	\$250.00
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) Mandibular partial denture - resin base	450.00	0%	\$450.00	60%	\$180.00	420.00	0%	\$420.00	60%	\$168.00
5212	(including any conventional clasps, rests and teeth)	450.00	0%	\$450.00	60%	\$180.00	420.00	0%	\$420.00	60%	\$168.00
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	785.00	0%	\$785.00	60%	\$314.00	740.00	0%	\$740.00	60%	\$296.00
	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests										
5214	and teeth)	785.00	0%	\$785.00	60%	\$314.00	560.00	0%		60%	\$224.00
5410	Adjust complete denture - maxillary	55.00	0%	\$55.00		\$22.00	50.00	0%	\$50.00	60%	\$20.00
5411	Adjust complete denture - mandibular	55.00	0%	\$55.00	60%	\$22.00	50.00	0%	\$50.00	60%	\$20.00
5421	Adjust partial denture - maxillary	55.00	0%	\$55.00	60%	\$22.00	50.00	0%		60%	\$20.00
5422	Adjust partial denture - mandibular	55.00	0%	\$55.00	60%	\$22.00	50.00	0%	\$50.00	60%	\$20.00
5510	Repair broken complete denture base	225.00	0%	\$225.00	60%	\$90.00	160.00	0%	\$160.00	60%	\$64.00
	Replace missing or broken teeth - complete				000/	^		•••	^-	000/	
5520	denture (each tooth)	89.00	0%	\$89.00	60% 60%	\$35.60	70.00	0%	\$70.00	60%	\$28.00
5610	Repair resin denture base	185.00	0%	\$185.00		\$74.00	160.00	0%	\$160.00	60%	\$64.00
5620	Repair cast framework	250.00	0%	\$250.00	60%	\$100.00	130.00	0%	\$130.00	60%	\$52.00
5630	Repair or replace broken clasp	175.00	0%	\$175.00	60%	\$70.00	150.00	0%	\$150.00	60%	\$60.00
5640	Replace broken teeth - per tooth Add tooth to existing partial denture	89.00	0% 0%	\$89.00	60% 60%	\$35.60 \$66.00	75.00	0% 0%		60% 60%	\$30.00
5650		165.00		\$165.00			75.00				\$30.00
5660	Add clasp to existing partial denture- lab Reattatch clasp on denture	195.00		\$195.00	60% 60%	\$78.00	150.00	0%		60% 60%	\$60.00
5670	•	195.00	0%	\$195.00	00%	\$78.00	195.00	0%	\$195.00	00%	\$78.00
EG74	Replace all teeth and acrylic on cast metal framework, mandibular	275.00	00/	075.00	600/	0450.00	275.00	00/	#275.00	60%	¢450.00
5671	Rebase complete maxillary denture	375.00		\$375.00		\$150.00 \$150.00	375.00	0%		60%	\$150.00
5710	Rebase complete maxiliary denture Rebase complete mandibular denture	375.00	0%	\$375.00		\$150.00 \$150.00	225.00	0%			\$90.00
5711	Rebase maxillary partial denture	375.00	0%	\$375.00	60%	\$150.00 \$150.00	225.00 225.00	0%		60%	\$90.00
5720 5721	Rebase mandibular partial denture	375.00	0%	\$375.00	60%	\$150.00 \$150.00		0%	\$225.00		\$90.00
5721	Reline complete maxillary denture	375.00	0%	\$375.00	00%	\$150.00	225.00	0%	\$225.00	00%	\$90.00
5730	(chairside)	145.00	0%	\$145.00	60%	\$58.00	125.00	0%	\$125.00	60%	\$50.00

			GRADUATE							PRE-DO	OCTORS	
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan
Proced	ure	Charge	Benefit	Member	Benefit	Member		Charge	Benefit	Member	Benefit	Member
ADA		Onlargo	Plan Pays	Pays	Plan Pays	Pays		Onlargo	Plan Pays	Pays	Plan Pays	Pays
5731	Reline complete mandibular denture (chairside)	145.00	0%	\$145.00	60%	\$58.00		125.00	0%	\$125.00	60%	\$50.00
5740	Reline maxillary partial denture (chairside)	145.00	0%	\$145.00	60%	\$58.00		125.00	0%	\$125.00	60%	\$50.00
5741	Reline mandibular partial denture (chairside)	145.00	0%	\$145.00	60%	\$58.00		125.00	0%	\$125.00	60%	\$50.00
5750	Reline complete maxillary denture (laboratory)	265.00	0%	\$265.00	60%	\$106.00		250.00	0%	\$250.00	60%	\$100.00
5751	Reline complete mandibular denture (laboratory)	265.00	0%	\$265.00	60%	\$106.00		250.00	0%	\$250.00	60%	\$100.00
5760	Reline maxillary partial denture (laboratory)	265.00	0%	\$265.00	60%	\$106.00		250.00	0%	\$250.00	60%	\$100.00
5761	Reline mandibular partial denture (laboratory)	265.00	0%	\$265.00	60%	\$106.00		250.00	0%	\$250.00	60%	\$100.00
5850	Tissue conditioning, maxillary	70.00	0%	\$70.00	60%	\$28.00		50.00	0%	\$50.00	60%	\$20.00
5851	Tissue conditioning, mandibular	70.00	0%	\$70.00	60%	\$28.00		50.00	0%	\$50.00	60%	\$20.00
	HETICS, FIXED											
6210	Pontic - cast high noble metal (lab)	625.00	0%	\$625.00	60%	\$250.00		400.00	0%	\$400.00	60%	\$160.00
6212	Pontic - cast noble metal	625.00	0%	\$625.00	60%	\$250.00		400.00	0%	\$400.00	60%	\$160.00
6240	Pontic - porcelain fused to high noble metal	625.00	0%	\$625.00	60%	\$250.00		400.00	0%	\$400.00	60%	\$160.00
6241	Pontic - porcelain fused to predominantly base metal	500.00	0%	\$500.00		\$200.00		400.00	0%	\$400.00		\$160.00
6242	Pontic - porcelain fused to noble metal	625.00	0%	\$625.00	60%	\$250.00		400.00	0%	\$400.00	60%	\$160.00
6245	Pontic - porcelain/ceramic	625.00	0%	\$625.00	60%	\$250.00		400.00	0%	\$400.00	60%	\$160.00
6545	Retainer - cast metal for resin bonded fixed prosthesis	215.00	0%	\$215.00	60%	\$86.00		185.00	0%	\$185.00		\$74.00
6600	Inlay - porcelain/ceramic, 2 surfaces	425.00	0%	\$425.00	60%	\$170.00		340.00	0%	\$340.00	60%	\$136.00
6601	Inlay - porcelain/ceramic, 3 or more surfaces	455.00	0%	\$455.00	60%	\$182.00		364.00	0%	\$364.00	60%	\$145.60
6602	Inlay - cast high noble metal, 2 surfaces	410.00	0%	\$410.00	60%	\$164.00		328.00	0%	\$328.00	60%	\$131.20
6603	Inlay - cast high noble metal, 3 or more surfaces	455.00	0%	\$455.00	60%	\$182.00		364.00	0%	\$364.00	60%	\$145.60
6606	Inlay - cast noble metal, 2 surfaces	400.00	0%	\$400.00		\$160.00		320.00	0%	\$320.00		\$128.00
0000	iniay cast hobic metal, 2 surfaces	400.00	0 /6	φ400.00	0070	φ100.00		320.00	0 /6	φ320.00	0070	φ120.00
6607	Inlay - cast noble metal, 3 or more surfaces	455.00	0%	\$455.00	60%	\$182.00		364.00	0%	\$364.00	60%	\$145.60
6608	Onlay - porcelain/ceramic, 2 surfaces	440.00	0%	\$440.00	60%	\$176.00		352.00	0%	\$352.00	60%	\$140.80
6609	Onlay - porcelain/ceramic, 3 or more surfaces	480.00	0%	\$480.00	60%	\$192.00		384.00	0%	\$384.00	60%	\$153.60
6610	Onlay - cast high noble metal, 2 surfaces	440.00	0%	\$440.00	60%	\$176.00		352.00	0%	\$352.00	60%	\$140.80
6611	Onlay - cast high noble metal, 3 or more surfaces	470.00	0%	\$470.00	60%	\$188.00		376.00	0%	\$376.00	60%	\$150.40

				GRAD	UATE				PRE-DO	OCTORS	
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan	Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan
Procedu	ure	Charge	Benefit	Member	Benefit	Member	Charge	Benefit	Member	Benefit	Member
ADA		Onlargo	Plan Pays	Pays	Plan Pays	Pays	Onlargo	Plan Pays	Pays	Plan Pays	Pays
6612	Onlay - cast predominately noble metal, 2 surfaces	440.00	0%	\$440.00	60%	\$176.00	352.00	0%	\$352.00	60%	\$140.80
6613	Onlay - cast predominately noble metal, 3 or more surfaces	460.00	0%	\$460.00	60%	\$184.00	368.00	0%	\$368.00		\$147.20
6614	Onlay - cast noble metal, 2 surfaces	440.00	0%	\$440.00	60%	\$176.00	352.00	0%	\$352.00	60%	\$140.80
6615	Onlay - cast noble metal, 3 or more surfaces	465.00	0%	\$465.00	60%	\$186.00	372.00	0%	\$372.00	60%	\$148.80
6740	Crown - porcelain/ceramic	775.00	0%	\$775.00	60%	\$310.00	475.00	0%	\$475.00	60%	\$190.00
6750	Crown - porcelain fused to high noble metal	600.00	0%	\$600.00	60%	\$240.00	400.00	0%	\$400.00	60%	\$160.00
6751	Crown - porcelain fused to predominantly base metal	550.00	0%	\$550.00	60%	\$220.00	400.00	0%	\$400.00		\$160.00
6752	Crown - porcelain fused to noble metal	625.00	0%	\$625.00		\$250.00	400.00	0%	\$400.00		\$160.00
6780	Crown - 3/4 cast high noble metal	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00		\$160.00
6790	Crown - full cast high noble metal	775.00	0%	\$775.00	60%	\$310.00	400.00	0%	\$400.00		\$160.00
6792	Crown - full cast noble metal	625.00	0%	\$625.00	60%	\$250.00	400.00	0%	\$400.00		\$160.00
6930	Recement fixed partial denture	100.00	0%	\$100.00	60%	\$40.00	100.00	0%	\$100.00	60%	\$40.00
6970	Cast post and core - bridge retainer	175.00	0%	\$175.00	60%	\$70.00	140.00	0%	\$140.00	60%	\$56.00
6972	Pre-formed post and core - bridge retainer	150.00	0%	\$150.00	60%	\$60.00	130.00	0%	\$130.00		\$52.00
6973	Core build up for retainer	115.00	0%	\$115.00	60%	\$46.00	100.00	0%	\$100.00	60%	\$40.00
ORAL S	SURGERY										
7140	Extraction, erupted tooth or exposed root	75.00	100%	\$0.00	100%	\$0.00	75.00	100%	\$0.00	100%	\$0.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	100.00	0%	\$100.00	60%	\$40.00	100.00	0%	\$100.00	60%	\$40.00
7220	Removal of impacted tooth - soft tissue	120.00	0%	\$120.00	60%	\$48.00	120.00	0%	\$120.00	60%	\$48.00
7230	Removal of impacted tooth - partially bony	170.00	0%	\$170.00	60%	\$68.00	170.00	0%	\$170.00	60%	\$68.00
7240	Removal of impacted tooth - completely bony	175.00	0%	\$175.00	60%	\$70.00	175.00	0%	\$175.00		\$70.00
7241	Removal of impacted tooth-soft tissue	185.00	0%	\$185.00	60%	\$74.00	185.00	0%	\$185.00	60%	\$74.00
7050	Surgical removal of residual tooth roots	4 4 5 5 5		A4	0001	0	440.00	001	0440.00	0001	
7250	(cutting procedure)	110.00	0%	\$110.00	60%	\$44.00	110.00	0%	\$110.00	60%	\$44.00
	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth			A 4== -	0001	^	455.00	25.	6455 63	2001	
7270	and/or alveolus	155.00	0%	\$155.00	60%	\$62.00	155.00	0%	\$155.00	60%	\$62.00
7000	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)		004	#75.00	600/	# 20.00	75.00	00/	¢75 00	600/	# 20.00
7280	orthodontic attachments)	75.00	0%	\$75.00		\$30.00	75.00	0%	\$75.00		*
7281	Surgical exposure/impact Tth aid erupt.	75.00	0%	\$75.00	60%	\$30.00	75.00	0%	\$75.00	60%	\$30.00

		GRADUATE							PRE-DO	OCTORS	
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan	Case SDI Allowable		ic Plan	Compreh	ensive Plan
Proced	ure	Charge	Benefit	Member	Benefit	Member	Charge	Benefit	Member	Benefit	Member
ADA		Onlarge	Plan Pays	Pays	Plan Pays	Pays	Ghargo	Plan Pays	Pays	Plan Pays	Pays
7310	Alveoloplasty in conjunction with extractions - per quadrant	95.00	0%	\$95.00	60%	\$38.00	95.0	0 0%	\$95.00	60%	\$38.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant	110.00	0%	\$110.00	60%	\$44.00	110.0	0 0%	\$110.00	60%	\$44.00
7340	Vestibuloplasty - ridge extension (secondary epithelialization)	125.00	0%	\$125.00	60%	\$50.00	125.0	0 0%	\$125.00	60%	\$50.00
7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	By Report		By Report		By Report	Ву Керог		By Report		By Report
7410	Excision of benign lesion up to 1.25 cm	70.00	0%	\$70.00	60%	\$28.00	70.0	0 0%	\$70.00	60%	\$28.00
7430	Excision of benign tumor - lesion diameter up to 1.25 cm	350.00	0%	\$350.00	60%	\$140.00	350.0	0 0%	\$350.00	60%	\$140.00
7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	150.00	0%	\$150.00	60%	\$60.00	150.0	0 0%	\$150.00	60%	\$60.00
7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	150.00	0%	\$150.00	60%	\$60.00	150.0	0 0%			\$60.00
7471	Removal of exostosis	220.00	0%	\$220.00	60%	\$88.00	220.0	0%	\$220.00	60%	\$88.00
7472	Removal of torus palatinus	By Report	0%	By Report	60%	By Report	By Repor	t 0%	By Report	60%	By Report
7473	Removal of torus mandibularis	By Report	0%	By Report	60%	By Report	By Repor	t 0%	By Report	60%	By Report
7485	Surgical reduction of osseous tuberosity	By Report	0%	By Report	60%	By Report	By Repor	t 0%	By Report	60%	By Report
7510	Incision and drainage of abscess - intraoral soft tissue	68.00	0%	\$68.00	60% 60%	\$27.20	68.0 125.0		· ·		\$27.20
7530	Removal of foreign body Frenulectomy (frenectomy or frenotomy) -	125.00	0%	\$125.00	60%	\$50.00	125.0	0 0%	\$125.00	60%	\$50.00
7960	separate procedure	104.00	0%	\$104.00	60%	\$41.60	104.0	0 0%	\$104.00	60%	\$41.60
7970	Excision of hyperplastic tissue - per arch	73.00	0%	\$73.00	60%	\$29.20	73.0		i i		T -
7971	Excision of pericoronal gingiva	95.00	0%	\$95.00	60%	\$38.00	95.0		*		\$38.00
7972	Surgical reduction of fibrous tuberosity	200.00	0%	\$200.00	60%	\$80.00	200.0	0 0%	\$200.00	60%	\$80.00
ADJUN	CTIVE GENERAL SERVICES										
9110	Palliative (emergency) treatment of dental pain - minor procedure	73.00	0%	\$73.00	60%	\$29.20	65.0	0 0%	\$65.00	60%	\$26.00
9220	General anesthesia - first 30 minutes	125.00	0%	\$125.00	60%	\$50.00	125.0				\$50.00
9221	General anesthesia - each additional 15 minutes	50.00	0%	\$50.00		\$20.00	50.0				
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	50.00	0%	\$50.00		\$20.00	40.0		·		•
9241	Intravenous sedation/analgesia - first 30 minutes	108.00	0%	\$108.00	60%	\$43.20	108.0		·		•

				GRAD	UATE			PRE-DOCTORS				
					Comprehensive Plan		Case SDM Allowable	Basic Plan		Comprehe	ensive Plan	
Proced	ure	Allowable Charge	Benefit	Member	Benefit	Member	Charge	Benefit	Member	Benefit	Member	
ADA		Onargo	Plan Pays	Pays	Plan Pays	Pays	Onlargo	Plan Pays	Pays	Plan Pays	Pays	
9242	Intravenous sedation/analgesia - each additional 15 minutes	50.00	0%	\$50.00	60%	\$20.00	50.00	0%	\$50.00	60%	\$20.00	
	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30.00	0%	\$30.00	60%	\$12.00	30.00	0%	\$30.00	60%	\$12.00	