

AffordableDentalPlanUSA

DENTAL FEE SCHEDULE

Effective from 2012

CODE	DESCRIPTION	FEE	CODE	DESCRIPTION	FEE
DIAGNOSTIC			RESTORATIVE (cont)		
D0120	Periodic Oral Evaluation	\$0.00	D2970	Temporary Crown (Fractured tooth)	\$300.00
D0140	Limited Oral Evaluation	\$0.00	D2980	Crown Repair	\$150.00
D0150	Comprehensive Oral Evaluation	\$40.00	ENDODONTICS		
D0210	Intraoral - complete series (FMX)	\$70.00	D3110	Pulp Cap -Direct (Exclude Final Restoration)	\$45.00
D0220	Intraoral - periapical first film	\$20.00	D3120	Pulp Cap -Indirect (Exclude Final Restoration)	\$45.00
D0230	Intraoral - PA each additional film	\$15.00	D3220	Therapeutic Pulpotomy (Primary/Perm. Teeth)	\$147.00
D0270	1- Bite Wing	\$15.00	D3221	Gross pulpal debridement (Primary/Perm teeth)	\$147.00
D0272	2 - Bite Wings	\$25.00	D3230	Pulpal Therapy - Primary - Anterior	\$196.00
D0274	4 - bite Wings	\$35.00	D3240	Pulpal Therapy - Primary - Posterior	\$245.00
D0330	Panoramic film	\$70.00	D3310	Root Canal ANTERIOR	\$425.00
D0340	Cephalometric film	\$126.00	D3320	Root Canal BICUSPID	\$500.00
D0460	Pulp vitality tests	\$30.00	D3330	Root Canal MOLAR	\$590.00
D0470	Diagnostic casts / study models	\$60.00	D3333	Internal root repair of perforation defects	80%
PREVENTIVE			D3346	Retreatment - anterior	80%
D1110	Prophylaxis - ADULT	\$45.00	D3347	Retreatment - bicuspid	80%
D1120	Prophylaxis - CHILD	\$35.00	D3348	Retreatment - molar	80%
D1351	Sealant - per tooth	\$35.00	D3351	Apexification-Initial	80%
D1510	Space Maintainer-Fixed -Unilateral	\$200.00	D3352	Apexification-Interim	80%
D1515	Space Maintainer - fixed - bilateral	\$275.00	D3353	Apexification-Final	80%
D1550	Recementation of space maintainer	\$45.00	D3410	Apicoectomy/Periradicular Surgery-Anterior	80%
D8691	Repair of orthodontic appliance	80%	D3421	Apicoectomy/Periradicular Surgery-Bicuspid- first root	80%
D8692	Replacement of lost / broken retainer	80%	D3425	Apicoectomy/Periradicular Surgery-Molar- first root	80%
RESTORATIVE			D3426	Apicoectomy/Periradicular Surgery- Each Additional root	80%
D2140	Amalgam - one surface	\$60.00	D3430	Retrograde filling - per root	80%
D2150	Amalgam - two surfaces	\$85.00	D3450	Root amputation- per tooth (root only, not crown portion)	80%
D2160	Amalgam - three surfaces,	\$100.00	D3910	Surgical procedure for isolation of tooth with rubber dam	80%
D2161	Amalgam - four or more surfaces	\$120.00	D3920	Hemisection-Per Root	80%
D2330	Composite - 1 Surface, anterior	\$75.00	D3950	Canal Prep. And fitting of prefab. post	80%
D2331	Composite - 2 Surfaces, anterior	\$90.00	PERIODONTICS		
D2332	Composite - 3 Surfaces, anterior	\$100.00	D4210	Gingivectomy/Gingivoplasty-4 or more contiguous teeth	80%
D2335	Composite - 4/more Surfaces, anterior	\$130.00	D4211	Gingivectomy/Gingivoplasty-1 - 3 cont. teeth per quad	80%
D2390	Resin-Based Composite Crown, Anterior	\$375.00	D4240	Gingival Flap-4 or more cont. teeth, incl. root planning	80%
D2391	Composite - 1 Surface, posterior	\$100.00	D4241	Gingival Flap - 1-3 teeth, incl. root planning	80%
D2392	Composite - 2 Surfaces, posterior	\$120.00	D4245	Apically positioned flap	80%
D2393	Composite - 3 Surfaces, posterior	\$1150.00	D4249	Clinical Crown Lengthening-Hard Tissue	\$500.00
D2394	Composite - 4 or more Surf, post. - perm.	\$190.00	D4260	Osseous surgery-4 or more cont. teeth-per quad.	80%
D2510	Inlay - metallic - 1 surface	\$455.00	D4261	Osseous surgery-1-3 cont. teeth - per quad.	80%
D2520	Inlay - metallic - 2 surfaces	\$525.00	D4263	Bone replacement graft-first site in quad.	80%
D2530	Inlay - metallic - 3 or more surfaces	\$595.00	D4264	Bone replacement graft-each add. Site in quad.	80%
D2542	Onlay - metallic - 2 surfaces	\$525.00	D4265	Biologic material to aid in soft and osseous tissue regen.	80%
D2543	Onlay - metallic - 3 surfaces	\$595.00	D4266	Guided tissue regeneration-Resorbable barrier per site.	80%
D2544	Onlay - metallic - 4 or more surfaces	\$665.00	D4267	Guided tissue regen-nonresorbable-persite-incd. Removal	80%
D2610	Inlay - Porcelain - 1 Surface	\$525.00	D4268	Surgical revision procedure, per tooth	80%
D2620	Inlay - Porcelain - 2 Surfaces	\$595.00	D4270	Pedicle soft tissue graft procedure	80%
D2630	Inlay - Porcelain - 3 or more Surfaces	\$665.00	D4271	Free soft tissue graft procedure (inc. donor site surgery)	80%
D2642	Onlay - Porcelain - 2 Surfaces	\$595.00	D4273	Subepithelial connective tissue graft procedure	80%
D2643	Onlay - Porcelain - 3 Surfaces	\$665.00	D4274	Distal or proximal wedge procedure	80%
D2644	Onlay - Porcelain - 4 or more Surfaces	\$770.00	D4275	Soft tissue allograft	80%
D2650	Inlay - composite - 1 Surface	\$420.00	D4276	Combined connective tissue and double pedicle graft	80%
D2651	Inlay - composite - 2 Surfaces	\$490.00	D4320	Provisional Splinting- Intracoronal	80%
D2652	Inlay - composite - 3 or more Surfaces	\$560.00	D4321	Provisional Splinting- Extracoronal	80%
D2662	Onlay - composite - 2 surfaces	\$490.00	D4341	Perio. SC and RP-per quad. (4 or more contiguous teeth)	\$150.00
D2663	Onlay - composite - 3 surfaces	\$560.00	D4342	Perio. SC and RP - per quadrant (1-3 teeth, per quadrant)	\$120.00
D2664	Onlay - composite - 4 or more surfaces	\$630.00	D4355	Full mouth debridement to enable comp. Eval.& Diagnosis	\$115.00
D2710	Crown - Resin-based composite(Indirect)	\$595.00	D4381	Localized delivery of antimicrobial agents	\$75.00
D2720	Crown-Resin with High Noble Metal	\$750.00	D4910	Periodontal Maintenance	\$75.00
D2721	Crown- Resin with Base metal	\$550.00	PROSTHODONTICS (REMOVABLE)		
D2722	Crown- Resin with Noble metal	\$700.00	D5110	Complete Denture - Upper (maxillary)	\$840.00
D2740	Crown - Full Porcelain / METAL FREE	\$700.00	D5120	Complete Denture - Lower (mandibular)	\$840.00
D2750	Crown - PFM(High Noble Metal)	\$750.00	D5130	Immediate Denture - Upper (maxillary)	\$975.00
D2751	Crown - PFM(Base Metal)	\$550.00	D5140	Immediate Denture - Lower (mandibular)	\$975.00
D2752	Crown - PFM(Noble Metal)	\$700.00	D5211	Partial Upper Denture - Resin Base*	\$750.00
D2780	Crown - 3/4 cast - High noble metal	\$750.00	D5212	Partial Lower Denture - Resin Base*	\$750.00
D2781	Crown- 3/4 cast Base Metal	\$550.00	D5213	Partial Upper - Metal Base with Claps	\$750.00
D2782	Crown- 3/4 cast Noble Metal	\$700.00	D5214	Partial Lower - Metal Base with Claps	\$775.00
D2783	Crown - 3/4 porcelain / ceramic	\$750.00	D5225	Maxillary partial denture -flexible base	\$1125.00
D2790	Crown - Full Cast (High Noble)	\$750.00	D5226	Mandibular partial denture -flexible base	\$1125.00
D2791	Crown - Full Cast (Base Metal)	\$550.00	D5281	Partial Denture -Unilateral (One Side only)	\$450.00
D2792	Crown - Full Cast (Noble Metal)	\$700.00	D5410	Adjust Full Upper Denture	\$49.00
D2799	Provisional Crown	\$300.00	D5411	Adjust Full Lower Denture	\$49.00
D2910	Recement Inlay	\$55.00	D5421	Adjust Partial Upper Denture	\$49.00
D2920	Recement Crown	\$55.00	D5422	Adjust Partial Lower Denture	\$49.00
D2930	Prefab S.S.Crown-Primary (child)	\$175.00	D5510	Repair Broken Denture Base	\$280.00
D2931	Prefab S.S.Crown-Permanent tooth (adult)	\$200.00	D5520	Replace missing/Broken Tooth - each tooth	\$140.00
D2940	Sedative Filling	\$60.00	D5610	Repair resin denture base	\$140.00
D2950	Core/Crown Buildup (including any pins)	\$150.00	D5620	Repair cast frame work	\$126.00
D2951	Pin Retention-per tooth	\$40.00	D5630	Repair or replace broken clasp	\$126.00
D2952	CAST Post and Core (Under Single Crown)	\$240.00	D5640	Replace broken teeth - per tooth	\$126.00
D2953	Each additional cast post - same tooth	\$80.00	D5650	Add tooth to existing partial denture	\$126.00
D2954	Prefab. Post and core (Under Single Crown)	\$200.00	D5660	Add claps to existing partial denture	\$126.00
D2955	Post removal (not in conj. With endo TX)	80%	D5670	Replace all teeth & acrylic on cast metal framework-upper	\$525.00
D2957	Each additional prefab. Post - same tooth	\$75.00	D5671	Replace all teeth & acrylic on cast metal framework-lower	\$525.00
D2960	Labial Veneer (Resin Laminate)-Chairside	\$400.00	D5710	Rebase-complete upper denture	\$280.00
D2961	Labial Veneer (Resin Laminate)- Lab.	\$700.00	D5711	Rebase-complete lower denture	\$280.00
D2962	Labial Veneer (Porcelain Laminate)- Lab.	\$800.00			

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PROSTHODONTICS (REMOVABLE) cont.		
D5720	Rebase-upper partial denture	\$280.00
D5721	Rebase-lower partial denture	\$280.00
D5730	Reline-complete upper denture (chair side)	\$210.00
D5731	Reline-complete lower denture(chairside)	\$210.00
D5740	Reline-upper partial denture(chairside)	\$210.00
D5741	Reline-lower partial denture(chairside)	\$210.00
D5750	Reline complete-upper denture (lab.)	\$245.00
D5751	Reline-complete lower denture (lab.)	\$245.00
D5760	Reline-upper partial denture (laboratory)	\$245.00
D5761	Reline-lower partial denture (laboratory)	\$245.00
D5810	Interim Complete Denture - Upper	\$595.00
D5811	Interim Complete Denture - Lower	\$595.00
D5820	Interim Partial Denture - Upper	\$560.00
D5821	Interim Partial Denture - Lower	\$560.00
D5850	Tissue Conditioning - Upper	\$175.00
D5851	Tissue Conditioning - Lower	\$175.00
D5860	Overdenture - Upper	80%
D5861	Overdenture - Lower	80%
D5862	Precision Attachment - Each set of Attachment	80%
D5867	Replacement of Attachment - any part	80%
D5875	Modification of Dentures following Implant Surgery	80%
D6210	PONTIC-Full Cast (High Noble Metal)	\$750.00
PROSTHODONTICS (FIXED)		
D6211	PONTIC-Full Cast (Base Metal)	\$550.00
D6212	PONTIC-Full Cast (Noble Metal)	\$700.00
D6214	PONTIC-Titanium	\$700.00
D6240	PONTIC-PFM (High Noble Metal)	\$750.00
D6241	PONTIC-PFM (Base Metal)	\$550.00
D6242	PONTIC-PFM (Noble Metal)	\$700.00
D6245	PONTIC-Porcelain/Ceramic	\$700.00
D6250	Pontic-resin with High Noble	\$750.00
D6251	Pontic-resin with Base metal	\$550.00
D6252	Pontic-resin with Noble	\$700.00
D6253	Provisional pontic - further treatment	\$300.00
D6254	Interim pontic	\$350.00
D6545	Retainer - Cast metal for Resin Bonded Bridge	\$385.00
D6548	Retainer - Porc./Ceramic for Resin bonded Bridge	\$490.00
D6710	Crown-indirect resin based composite	\$550.00
D6720	Crown-resin with High noble metal	\$750.00
D6721	Crown-resin with Base metal	\$550.00
D6722	Crown-resin with Noble metal	\$700.00
D6740	Abutm.Crown - Porcelain / Ceramic	\$750.00
D6750	Abutm.Crown PFM (High Noble Metal)	\$750.00
D6751	Abutm.Crown PFM (Base Metal)	\$550.00
D6752	Abutm.Crown PFM (Noble Metal)	\$700.00
D6780	Abutm.Crown 3/4 Cast (High Noble)	\$750.00
D6781	Abutm.Crown 3/4 Cast (Base Metal)	\$550.00
D6782	Abutm.Crown 3/4 Cast (Noble Metal)	\$700.00
D6783	Abutm.Crown 3/4 Porcelain / Ceramic	\$750.00
D6790	Abutm.Crown-Full Cast (High Noble Metal)	\$750.00
D6791	Abutm.Crown-Full Cast (Base Metal)	\$550.00
D6792	Abutm.Crown-Full Cast (Noble Metal)	\$700.00
D6793	Provisional retainer crown	\$300.00
D6794	Crown- Titanium	\$750.00
D6920	Connector bar	80%
D6930	Recement FPD (Bridge)	\$100.00
D6940	Stress Breaker (Non - rigid)	80%
D6950	Precision Attachment (per attachment)	80%
D6970	Cast Post & Core in addition to Bridge	\$245.00
D6972	Prefab. Post and core in addition to FPD (Bridge)	\$210.00
D6973	Core build up for retainer, including pin	\$210.00
D6975	Coping - Metal	\$490.00
D6976	Each additional Cast Post - same tooth	\$80.00
D6977	Each add. Prefab. Post - same tooth	\$37.00
D6980	Fixed Bridge Repair - by report	\$300.00
D6985	Pediatric partial denture, fixed	\$300.00
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, Coronal remnants-deciduous tooth	\$70.00
D7140	Extraction, erupted tooth or exposed root	\$84.00
D7210	Surgical removal of erupted tooth	\$175.00
D7220	Removal of Impacted tooth -soft tissue	80%
D7230	Removal of Impacted tooth -partially bony	80%
D7240	Removal of Impacted tooth -completely bony	80%
D7241	Removal of impacted tooth-completely bony	80%
D7250	Surgical Removal of residual tooth roots	80%
D7260	Oroantral fistula closure	80%
D7261	Primary closure of a sinus perforation	80%
D7270	Tooth reimplantation and/or stabilization	80%
D7272	Tooth transplantation	80%
D7280	Surgical access of an unerupted tooth	80%
D7282	Mobilization of erupted or malpositioned tooth	80%
D7285	Biopsy of oral tissue-hard (bone, tooth)	80%

CODE	DESCRIPTION	FEE
ORAL AND MAXILLOFACIAL SURGERY cont.		
D7286	Biopsy of oral tissue- soft (all others)	80%
D7287	Cytology sample collection	80%
D7288	Brush biopsy - transepithelial sample collection	80%
D7290	Surgical repositioning of teeth	80%
D7291	Trasseptal fiberotomy/supra crestal fiberotomy, by report	80%
D7310	Alveoplasty in conjunction with extractions	\$350.00
D7311	Alveoplasty in conjunction with extractions	\$280.00
D7320	Alveoplasty not in conjunction with extraction	\$600.00
D7321	Alveoplasty not in conjunction with extraction	\$350.00
D7340	Vestibuloplasty-ridge extension (secondary epitheliazation)	80%
D7350	Vestibuloplasty-ridge extension	80%
D7410	Excision of benign lesion up to 1.25 cm	80%
D7411	Excision of benign lesion greater than 1.25 cm	80%
D7510	Incision and drainage of abscess-intraoral soft tissue	\$350.00
D7520	Incision and drainage of abscess-extraoral soft tissue	80%
D7521	Incision and drainage of abscess-extraoral soft tissue	80%
D7530	Removal of foreign body	80%
D7540	Removal of reaction producing foreign bodies	80%
D7550	Partial osteotomy/sequestrectomy for removal of non-vital bone	80%
D7560	Maxillary sinusotomy for removal of tooth fragment/foreign body	80%
D7910	Suture of recent small wounds up to 5 cm	80%
D7960	Frenulectomy (frenectomy or frenectomy)	80%
D7970	Excision of hyper plastic tissue-per arch	80%
D7971	Excision of pericoronal gingiva	80%
D7997	Appliance removal, includes removal of archbar	80%
ADJUNCTIVE GEERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain	\$55.00
D9210	Local anesthesia	\$50.00
D9211	Regional Block Anesthesia	\$60.00
D9212	Trigeminal division Block Anesthesia	\$119.00
D9215	Local anesthesia	\$50.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide-30 min	\$60.00
D9410	House Call (up to 60 min)	80%
D9430	Office visit for observation	\$50.00
D9440	Office visit-after or before regular hours	\$140.00
D9450	Case presentation, detailed and extensive treatment planning	\$84.00
D9610	Therapeutic drug injection, by report	80%
D9630	Other drugs and/or medicaments, by report	\$70.00
D9910	Application of desensitizing medicaments	\$50.00
D9911	Application of desensitizing resin for cervical/root surface	\$56.00
D9920	Behavior management- every 15 minute	\$100.00
D9930	Treatment of complications (post-surgical) i.e. dry socket	\$80.00
D9940	Occlusal Guard / Bruxism Guard	\$420.00
D9941	Fabrication of athletic mouth guard	\$210.00
D9942	Repair and /or reline of occlusal guard	\$105.00
D9950	Occlusion analysis-mounted case	\$280.00
D9951	Occlusal Adjustment - limited	\$140.00
D9952	Occlusal Adjustment - complete	\$500.00
D9970	Enamel microabrasion	\$100.00
D9971	Odontoplasty 1 - 2 teeth	\$75.00
D9972	External bleaching - per arch	\$350.00
D9973	External bleaching - per tooth	\$200.00
D9974	Internal bleaching - per tooth	\$225.00
D9999	Unspecified adjunctive procedure, by report	80%

This schedule applies to services provided by a participating general dentist in this plan. The purpose of this schedule is to establish the maximum fee that a general dentist will charge for each procedure. Member is responsible for all charges at the time of service. Participating specialists (Board certified or Advanced degree) will give up to 20% discount off of their normal fees. Fee schedule are subject to change without prior notice to members.

It is the member's responsibility to verify that the dentist is a participating provider (general or specialist dentist) before seeking any treatment.

Procedures not listed on this schedule will be discounted at 20% of the general dentist's normal fee. If any general dentist's normal fee for any procedure is less than the fee listed in our discounted fee schedule than that dentist fee i.e. lowest fee will apply.

The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment, many treatments may require more than one dental procedure. Please consult your Affordable Dental Plan provider for a detailed treatment plan prior to begin any work.

Implants and some whitening procedures will not be discounted by all participating Affordable Dental Plan Providers. These procedures will only be discounted if participating Affordable Dental Plan Provider has agreed for the same as a part of their contract. These services will be offered when applicable, at a 20% discount of the provider's normal fee.

Work in progress prior to enrollment of the dental plan must be completed by the dentist who started the work and is subject to no discount.

Affordable Dental Plan cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Affordable Dental Plan Provider. Not all types of dentists may be available in your area. Subscription Fees are non-refundable.

Any procedure involving lab fees will incur additional costs. All applicable lab fees are the responsibility of the member.

While all participating Affordable Dental Plan Providers are professionally licensed in the state in which they practice, Affordable Dental Plan Provider does not guarantee the quality of services of the providers. Any quality of care concerns involving any participating Affordable Dental Plan Provider should be directed in writing to: Affordable Dental Plan USA, LLC, Attn.: Provider Relations, 401 Commerce Drive,#108, Fort Washington, PA-19034 Please call: 1 888 303 0600 if you have any further questions.