

# AffordableDentalPlanUSA

DENTAL FEE SCHEDULE  
Effective from February 2007

CODE	DESCRIPTION	FEE	CODE	DESCRIPTION	FEE
<b>DIAGNOSTIC</b>			<b>RESTORATIVE</b>		
D0120	Periodic Oral Evaluation	\$0.00	D2782	Crown- 3/4 cast Noble Metal	\$588.00
D0140	Limited Oral Evaluation	\$0.00	D2783	Crown - 3/4 porcelain / ceramic	\$661.75
D0150	Comprehensive Oral Evaluation	\$38.00	D2790	Crown - Full Cast (High Noble)	\$588.00
D0210	Intraoral - complete series (FMX)	\$68.50	D2791	Crown - Full Cast (Base Metal)	\$441.00
D0220	Intraoral - periapical first film	\$18.50	D2792	Crown - Full Cast (Noble Metal)	\$514.75
D0230	Intraoral - PA each additional film	\$15.00	D2799	Provisional Crown	\$220.75
D0270	1 - Bite Wing	\$15.00	D2910	Recement Inlay	\$55.25
D0272	2 - Bite Wings	\$22.25	D2920	Recement Crown	\$55.25
D0274	4 - bite Wings	\$32.75	D2930	Prefab S.S.Crown-Primary (child)	\$147.00
D0330	Panoramic film	\$58.00	D2931	Prefab S.S.Crown-Permanent tooth (adult)	\$184.00
D0340	Cephalometric film	\$110.50	D2940	Sedative Filling	\$55.25
D0460	Pulp vitality tests	\$29.50	D2950	Core/Crown Buildup (including any pins)	\$121.00
D0470	Diagnostic casts / study models	\$55.25	D2951	Pin Retention-per tooth	\$37.00
<b>PREVENTIVE</b>			D2952	CAST Post and Core (Under Single Crown)	\$220.75
D1110	Prophylaxis – ADULT	\$42.00	D2953	Each additional cast post - same tooth	\$73.75
D1120	Prophylaxis - CHILD	\$30.50	D2954	Prefab. post and core (Under Single Crown)	\$184.00
D1351	Sealant - per tooth	\$31.50	D2955	Post removal (not in conj. With endo Tx)	\$147.00
D1510	Space Maintainer - Fixed –Unilateral	\$184.00	D2957	Each additional prefab. post - same tooth	\$37.00
D1515	Space Maintainer - Fixed – bilateral	\$257.50	D2960	Labial Veneer (Resin Laminate)-Chairside	\$294.00
D1550	Recementation of space maintainer	\$44.00	D2961	Labial Veneer (Resin Laminate)- Lab.	\$541.00
D8691	Repair of orthodontic appliance	\$184.00	D2962	Labial Veneer (Porcelain Laminate)- Lab.	\$614.75
D8692	Replacement of lost / broken retainer	\$220.75	D2970	Temporary Crown (Fractured tooth)	\$184.00
<b>RESTORATIVE</b>			D2980	Crown Repair	\$147.00
D2140	Amalgam - one surface	\$51.50	<b>ENDODONTICS</b>		
D2150	Amalgam - two surfaces	\$73.75	D3110	Pulp Cap -Direct (Exclude Final Restoration)	\$37.00
D2160	Amalgam - three surfaces,	\$88.25	D3120	Pulp Cap -Indirect (Exclude Final Restoration)	\$37.00
D2161	Amalgam - four or more surfaces	\$103.00	D3220	Therapeutic Pulpotomy	\$110.50
D2330	Composite - 1 Surface, anterior	\$72.50	(Primary/Perm. Teeth)		
D2331	Composite - 2 Surfaces, anterior	\$92.00	D3221	Gross pulpal debridement	\$110.50
D2332	Composite - 3 Surfaces, anterior	\$110.50	(Primary/Perm teeth)		
D2335	Composite - 4/more Surfaces, anterior	\$128.75	D3230	Pulpal Therapy - Primary - Anterior	\$147.00
D2390	Resin-Based Composite Crown, Anterior	\$184.00	D3240	Pulpal Therapy - Primary - Posterior	\$184.00
D2391	Composite - 1 Surface, posterior	\$88.25	D3310	Root Canal ANTERIOR	\$349.25
D2392	Composite - 2 Surfaces, posterior	\$110.50	D3320	Root Canal BICUSPID	\$422.75
D2393	Composite - 3 Surfaces, posterior	\$132.25	D3330	Root Canal MOLAR	\$496.25
D2394	Composite - 4 or more Surf, post. – perm.	\$184.00	D3333	Internal root repair of perforation defects	\$128.75
D2510	Inlay - metallic - 1 surface	\$367.75	D3346	Retreatment - anterior	\$441.00
D2520	Inlay - metallic - 2 surfaces	\$404.50	D3347	Retreatment - bicuspid	\$514.75
D2530	Inlay - metallic - 3 or more surfaces	\$441.00	D3348	Retreatment - molar	\$588.00
D2542	Onlay - metallic - 2 surfaces	\$441.00	D3351	Apexification - Initial	\$147.00
D2543	Onlay - metallic - 3 surfaces	\$478.00	D3352	Apexification - Interim	\$147.00
D2544	Onlay - metallic - 4 or more surfaces	\$514.75	D3353	Apexification - Final	\$294.00
D2610	Inlay - Porcelain - 1 Surface	\$367.75	D3410	Apicoectomy/Periradicular Surgery - Anterior	\$331.00
D2620	Inlay - Porcelain - 2 Surfaces	\$441.25	D3421	Apicoectomy/Periradicular Surgery	\$404.50
D2630	Inlay - Porcelain - 3 or more Surfaces	\$514.75	(Bicuspid - first root)		
D2642	Onlay - Porcelain - 2 Surfaces	\$514.75	D3425	Apicoectomy/Periradicular Surgery	\$478.00
D2643	Onlay - Porcelain - 3 Surfaces	\$588.00	(Molar- first root)		
D2644	Onlay - Porcelain - 4 or more Surfaces	\$661.75	D3426	Apicoectomy/Periradicular Surgery	\$147.00
D2650	Inlay - composite - 1 Surface	\$367.75	(Each Additional root)		
D2651	Inlay - composite - 2 Surfaces	\$404.50	D3430	Retrograde filling - per root	\$147.00
D2652	Inlay - composite - 3 or more Surfaces	\$441.00	D3450	Root amputation - per tooth	\$257.50
D2662	Onlay - composite - 2 surfaces	\$404.50	(root only,not crown portion)		
D2663	Onlay - composite - 3 surfaces	\$441.00	D3910	Surgical proc. for isolation of tooth	\$110.50
D2664	Onlay - composite - 4 or more surfaces	\$478.00	(w/rubber dam)		
D2710	Crown - Resin-based composite(Indirect)	\$551.50	D3920	Hemisection - Per Root	\$239.00
D2720	Crown - Resin with High Noble Metal	\$661.75	D3950	Canal Prep. and fitting of prefab. Post	\$110.50
D2721	Crown - Resin with Base metal	\$551.50	<b>PERIODONTICS</b>		
D2722	Crown - Resin with Noble metal	\$588.00	D4210	Gingivectomy/Gingivoplasty	\$331.00
D2740	Crown - Full Porcelain / METAL FREE	\$798.50	(4 or more contiguous teeth)		
D2750	Crown - PFM (High Noble Metal)	\$687.00	D4211	Gingivectomy/Gingivoplasty	\$110.50
D2751	Crown - PFM (Base Metal)	\$614.75	(1 - 3 cont. teeth per quad)		
D2752	Crown - PFM (Noble Metal)	\$555.50	D4240	Gingival Flap - 4 or more cont. teeth	\$404.50
D2780	Crown - 3/4 cast - High noble metal	\$625.00	(incl. root planning)		
D2781	Crown- 3/4 cast Base Metal	\$514.75	D4241	Gingival Flap - 1-3 teeth, incl. root planning	\$367.75

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<b>PERIODONTICS</b>		
D4245	Apically positioned flap	\$441.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$220.25
D4260	Osseous surgery (4 or more cont. teeth-per quad)	\$588.00
D4261	Osseous surgery -1-3 cont. teeth - per quad.	\$514.75
D4263	Bone replacement graft-first site in quad.	\$404.75
D4264	Bone replacement graft - each add. (Site in quad.)	\$220.75
D4265	Biologic material to aid in soft/osseous tissue	\$147.00
D4266	Guided tissue regeneration (Resorbable barrier per site.)	\$514.75
D4267	Guided tissue - regen-nonresorbable-persite-incd. Removal	\$588.00
D4268	Surgical revision procedure, per tooth	\$404.50
D4270	Pedicle soft tissue graft procedure	\$404.50
D4271	Free soft tissue graft procedure (inc. donor site surgery)	\$441.00
D4273	Subepithelial connective tissue graft proc.	\$551.50
D4274	Distal or proximal wedge procedure	\$367.75
D4275	Soft tissue allograft	\$294.00
D4276	Comb. Connec. tissue & double pedicle graft	\$441.00
D4320	Provisional Splinting – Intracoronal	\$257.50
D4321	Provisional Splinting – Extracoronal	\$220.75
D4341	Perio. SC and RP - per quad. (4 or more contiguous teeth)	\$123.00
D4342	Perio. SC and RP - per quadrant (1-3 teeth, per quadrant)	\$110.50
D4355	Full mouth debridement to enable comp. (Eval. & Diagnosis)	\$103.00
D4381	Localized delivery of antimicrobial agents	\$34.00
D4910	Periodontal Maintenance	\$66.25
<b>PROSTHODONTICS (REMOVABLE)</b>		
D5110	Complete Denture - Upper (maxillary)	\$809.00
D5120	Complete Denture - Lower (mandibular)	\$809.00
D5130	Immediate Denture - Upper (maxillary)	\$957.00
D5140	Immediate Denture - Lower (mandibular)	\$957.00
D5211	Partial Upper Denture - Resin Base*	\$661.75
D5212	Partial Lower Denture - Resin Base*	\$736.75
D5213	Partial Upper - Metal Base with Claps	\$736.75
D5214	Partial Lower - Metal Base with Claps	\$661.75
D5225	Maxillary partial denture -flexible base	\$1102.75
D5226	Mandibular partial denture -flexible base	\$1102.75
D5281	Partial Denture -Unilateral (One Side only)	\$331.00
D5410	Adjust Full Upper Denture	\$37.00
D5411	Adjust Full Lower Denture	\$37.00
D5421	Adjust Partial Upper Denture	\$37.00
D5422	Adjust Partial Lower Denture	\$37.00
D5510	Repair Broken Denture Base	\$88.25
D5520	Replace missing/Broken Tooth - each tooth	\$66.25
D5610	Repair resin denture base	\$88.25
D5620	Repair cast frame work	\$110.50
D5630	Repair or replace broken clasp	\$110.50
D5640	Replace broken teeth - per tooth	\$66.25
D5650	Add tooth to existing partial denture	\$110.50
D5660	Add claps to existing partial denture	\$110.50
D5670	Replace all teeth & acrylic (on cast metal framework-upper)	\$220.75
D5671	Replace all teeth & acrylic (on cast metal framework-lower)	\$220.75
D5710	Rebase-complete upper denture	\$257.50
D5711	Rebase-complete lower denture	\$257.50
D5720	Rebase-upper partial denture	\$257.50
D5721	Rebase-lower partial denture	\$257.50

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<b>PROSTHODONTICS (REMOVABLE)</b>		
D5730	Reline-complete upper denture (chairside)	\$147.00
D5731	Reline-complete lower denture (chairside)	\$147.00
D5740	Reline-upper partial denture (chairside)	\$147.00
D5741	Reline-lower partial denture (chairside)	\$147.00
D5750	Reline complete-upper denture (lab)	\$220.75
D5751	Reline-complete lower denture (lab)	\$220.75
D5760	Reline-upper partial denture (laboratory)	\$220.75
D5761	Reline-lower partial denture (laboratory)	\$220.75
D5810	Interim Complete Denture - Upper	\$331.00
D5811	Interim Complete Denture - Lower	\$331.00
D5820	Interim Partial Denture - Upper	\$331.00
D5821	Interim Partial Denture - Lower	\$331.00
D5850	Tissue Conditioning - Upper	\$139.75
D5851	Tissue Conditioning - Lower	\$139.75
D5860	Overdenture - Upper	\$882.00
D5861	Overdenture - Lower	\$882.00
D5862	Precision Attachment (Each set of Attachment)	\$294.00
D5867	Replacement of Attachment - any part	\$147.00
D5875	Mod. of Dentures following Implant Surgery	\$184.00
D6210	PONTIC-Full Cast(High Noble Metal)	\$588.00
<b>PROSTHODONTICS (FIXED)</b>		
D6211	PONTIC - Full Cast (Base Metal)	\$441.00
D6212	PONTIC - Full Cast (Noble Metal)	\$514.75
D6214	PONTIC - Titanium	\$552.50
D6240	PONTIC - PFM (High Noble Metal)	\$687.00
D6241	PONTIC - PFM (Base Metal)	\$614.75
D6242	PONTIC - PFM (Noble Metal)	\$555.50
D6245	PONTIC - Porcelain/Ceramic	\$719.50
D6250	Pontic - resin with High Noble	\$661.75
D6251	Pontic - resin with Base metal	\$551.50
D6252	Pontic - resin with Noble	\$588.00
D6519	Inlay / Onlay - Porcelain / Ceramic	\$588.00
D6520	Inlay - Metallic - 2 Surfaces	\$404.50
D6530	nlay - Metallic - 3 or more surfaces	\$441.00
D6543	Onlay - Metallic - 3 surfaces	\$478.00
D6544	Onlay - Metallic - 4 or surfaces	\$514.75
D6545	Retainer - Cast metal (Resin Bonded Bridge)	\$331.00
D6548	Retainer - Porc/Ceramic (Resin bonded Bridge)	\$441.00
D6710	Crown - indirect resin based composite	\$514.75
D6720	Crown - resin with High noble metal	\$661.75
D6721	Crown - resin with Base metal	\$551.50
D6722	Crown - resin with Noble metal	\$588.00
D6740	Abutm.Crown - Porcelain / Ceramic	\$698.50
D6750	Abutm.Crown PFM(High Noble Metal)	\$687.00
D6751	Abutm.Crown PFM(Base Metal)	\$614.75
D6752	Abutm.Crown PFM(Noble Metal)	\$555.50
D6780	Abutm.Crown 3/4 Cast(High Noble)	\$625.00
D6781	Abutm.Crown 3/4 Cast(Base Metal)	\$514.75
D6782	Abutm.Crown 3/4 Cast(Noble Metal)	\$588.00
D6783	Abutm.Crown 3/4 Porcelain / Ceramic	\$698.50
D6790	Abutm.Crown-Full Cast(High Noble Metal)	\$588.00
D6791	Abutm.Crown-Full Cast(Base Metal)	\$441.00
D6792	Abutm.Crown-Full Cast(Noble Metal)	\$514.75
D6793	Provisional retainer crown	\$441.00
D6794	Crown - Titanium	\$514.75
D6920	Connector Bar	\$514.75
D6930	Recement FPD (Bridge)	\$73.75
D6940	Stress Breaker (Non - rigid)	\$294.00
D6950	Precision Attachment (per attachment)	\$367.75
D6970	Cast Post & Core in addition to Bridge	\$220.75

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CODE	DESCRIPTION	FEE
<b>PROSTHODONTICS (FIXED)</b>		
D6972	Prefab. post & core in add. to FPD (Bridge)	\$184.00
D6973	Core build up for retainer, including pin	\$184.00
D6975	Coping - Metal	\$294.00
D6976	Each additional Cast Post - same tooth	\$73.75
D6977	Each add. Prefab. Post - same tooth	\$37.00
D6980	Fixed Bridge Repair - by report	\$220.75
D6985	Pediatric partial denture, fixed	\$367.75
<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
D7111	Extraction, Coronal remnants - deciduous tooth	\$37.00
D7140	Extraction, erupted tooth or exposed root	\$68.50
D7210	Surgical removal of erupted tooth	\$147.00
D7220	Removal of Impacted tooth - soft tissue	\$184.00
D7230	Removal of Impacted tooth - partially bony	\$220.75
D7240	Removal of Impacted tooth - completely bony	\$257.50
<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
D7241	Removal of impacted tooth- completely bony	\$294.00
D7250	Surgical Removal of residual tooth roots	\$147.00
D7260	Oroantral fistula closure	\$386.00
D7261	Primary closure of a sinus perforation	\$411.75
D7270	Tooth reimplantation and/or stabilization	\$388.75
D7272	Tooth transplantation	\$404.50
D7280	Surgical access of an unerupted tooth	\$257.50
D7281	Surg. exposure of impacted/unerupted tooth	\$215.50
D7282	Mobilization of erupted/malpositioned tooth	\$294.00
D7285	Biopsy of oral tissue-hard (bone, tooth)	\$220.75
D7286	Biopsy of oral tissue- soft (all others)	\$206.00
D7287	Cytology sample collection	\$66.25
D7288	Brush biopsy - (transepithelial sample collection)	\$216.25
D7290	Surgical repositioning of teeth	\$250.00
D7291	Trasseptal fibrotomy/supra crestal fiber.	\$165.00
D7310	Alveoloplasty in conjunction with extractions	\$184.00
D7311	Alveoloplasty in conjunction with extractions	\$184.00
D7320	Alveoloplasty not in conjunction w/extraction	\$315.00
D7321	Alveoloplasty not in conjunction w/extraction	\$294.00
D7340	Vestibuloplasty-ridge extention (secondary epithelialization)	\$514.75
D7350	Vestibuloplasty-ridge extension	\$1176.00
D7410	Excision of benign lesion up to 1.25 cm	\$220.75
D7411	Exc. of benign lesion greater than 1.25 cm	\$349.25
D7510	Incision & drain. of abcess-intraoral soft tiss.	\$147.00
D7520	Incision & drain. of abcess-extraoral soft tiss.	\$220.75
D7521	Incision & drain. of abcess-extraoral soft tiss.	\$294.00
D7530	Removal of foreign body	\$200.75
D7540	Rem. of reaction producing foreign bodies	\$367.75
D7550	Partial ostectomy/sequestrectomy (for removal of non-vital bone)	\$294.00
D7560	Maxillary sinusotomy for removal of tooth fragment/foreign body	\$588.00
D7910	Suture of recent small wounds upto 5 cm	\$147.00
D7960	Frenulectomy (frenectomy or frenectomy)	\$257.50
D7970	Excision of hyper plastic tissue-per arch	\$294.00
D7971	Excision of pericoronal gingival	\$110.50
D7997	Appliance rem., includes removal of archbar	\$110.50
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (emergency) (treatment of dental pain)	\$54.75
D9210	Local anesthesia	\$37.00
D9211	Regional Block Anesthesia	\$54.75
D9212	Trigeminal division Block Anesthesia	\$110.50
D9215	Local anesthesia	\$37.00
D9410	House Call (upto 60 min)	\$110.50
D9430	Office visit for observation	\$37.00

CODE	DESCRIPTION	FEE
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9440	Office visit-after or before regular hours	\$110.50
D9450	Case presentation, (detailed & extensive treatment planning)	\$73.75
D9610	Therapeutic drug injection, by report	\$55.25
D9630	Other drugs and/or medicaments, by report	\$22.25
D9910	Application of desensitizing medicaments	\$37.00
D9911	Application of desensitizing resin - (for cervical/root surface)	\$37.00
D9920	Behavior management- every 15 minute	\$37.00
D9930	Treatment of complications - (post-surgical) i.e. dry socket)	\$73.75
D9940	Occlusal Guard / Bruxism Guard	\$367.75
D9941	Fabrication of athletic mouthguard	\$128.75
D9942	Repair and /or reline of occlusal guard	\$82.00
D9950	Occlusion analysis-mounted case	\$110.50
D9951	Occlusal Adjustment - limited	\$73.75
D9952	Occlusal Adjustment - complete	\$367.75
D9970	Enamel microabrasion	\$110.50
D9971	Odontoplasty 1- 2 teeth	\$73.75
D9972	External bleaching - per arch	\$147.00
D9973	External bleaching - per tooth	\$128.75
D9974	Internal bleaching - per tooth	\$128.75
D9999	Unspecified adjunctive procedure, by report	\$10.75
<p>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.</p> <p>It is the member's responsibility to verify that the dentist is a participating provider (general or specialist dentist) before seeking any treatment.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Affordable Dental Plan can not 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.</p> <p>Any procedure involving lab fees will incur additional costs. All applicable lab fees are the responsibility of the member.</p> <p>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:</p> <p>Affordable Dental Plan USA, LLC, Attn. Provider Relations, 456 School Lane, Suite 103, Harleysville, PA 19438. Please call: 1 888 303 0600 if you have any further questions.</p>		