

Code	Description	You Pay
D0120	periodic oral evaluation - established patient	No Charge
D0140	limited oral evaluation – problem focused	No Charge
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	comprehensive oral evaluation – new or established patient	No Charge
D0160	detailed and extensive oral evaluation – problem focused, by report	No Charge
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	No Charge
D0171	re-evaluation-post-operative office visit	No Charge
D0180	comprehensive periodontal evaluation – new or established patient	No Charge
D0190	screening of a patient	No Charge
D0191	assessment of a patient	No Charge
D0210	intraoral - complete series of radiographic images	No Charge
D0220	intraoral - periapical first radiographic image	No Charge
D0230	intraoral - periapical each additional radiographic image	No Charge
D0240	intraoral - occlusal radiographic image	No Charge
D0250	extraoral - first radiographic image	No Charge
D0251	extra-oral posterior dental radiographic image	No Charge
D0270	bitewing - single radiographic image	No Charge
D0272	bitewings - two radiographic images	No Charge
D0273	bitewings - three radiographic images	No Charge
D0274	bitewings - four radiographic images	No Charge
D0277	vertical bitewings - 7 to 8 radiographic images	No Charge
D0290	posterior - anterior or lateral skull and facila bone survey radiographic image	No Charge
D0310	sialography	No Charge
D0320	temporomandibular joint arthrogram, including injection	No Charge
D0321	other temporomandibular joint films, by report	No Charge
D0322	tomographic survey	No Charge
D0330	panoramic radiographic image	No Charge
D0340	cephalometric radiographic image	No Charge
D0350	oral/facial photographic images	No Charge
D0470	diagnostic casts	No Charge
D1110	prophylaxis – adult	\$69.00
D1120	prophylaxis – child	\$59.00
D1206	topical application of fluoride varnish	\$52.00
D1330	oral hygiene instructions	No Charge
D1351	sealant – per tooth	\$49.00
D1510	space maintainer-fixed – unilateral	\$285.00
D1520	space maintainer-removable – unilateral	\$299.00
D2140	amalgam – one surface, primary or permanent	\$120.00
D2150	amalgam – two surfaces, primary or permanent	\$130.00
D2160	amalgam – three surfaces, primary or permanent	\$170.00
D2161	amalgam – four or more surfaces, primary or permanent	\$200.00
D2330	resin-based composite – one surface, anterior	\$160.00
D2331	resin-based composite – two surfaces, anterior	\$199.00
D2332	resin-based composite – three surfaces, anterior	\$230.00
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$285.00
D2391	resin-based composite – one surface, posterior	\$185.00

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D2392	resin-based composite – two surfaces, posterior	\$255.00
D2393	resin-based composite – three surfaces, posterior	\$285.00
D2394	resin-based composite – four or more surfaces, posterior	\$315.00
D2610	inlay – porcelain/ceramic – one surface	\$695.00
D2642	onlay – porcelain/ceramic – two surfaces	\$695.00
D2740	crown – porcelain/ceramic substrate	\$1,200.00
D2750	crown – porcelain fused to high noble metal	\$900.00
D2751	crown – porcelain fused to predominantly base metal	\$689.00
D2920	recement crown	\$100.00
D2962	Veneer -Standard per tooth	\$1,000.00
D2962	Veneer - Lumineers per tooth	\$1,200.00
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament	\$185.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$650.00
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$750.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$900.00
D4341	periodontal scaling and root planing – four or more teeth per quadrant	\$165.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$99.00
D4910	periodontal maintenance	\$140.00
D4921	gingival irrigation- per quadrant	\$150.00
D5110	complete denture – maxillary	\$1,100.00
D5120	complete denture – mandibular	\$1,100.00
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$1,000.00
D5225	maxillary partial denture - flexible base (including any conventional clasps, rests, and teeth)	\$1,600.00
D5510	repair broken complete denture base	\$170.00
D5730	reline complete denture (chairside)	\$190.00
D5731	reline complete denture (chairside)	\$190.00
D5740	reline maxillary partial denture (chairside)	\$190.00
D5741	reline mandibular partial denture (chairside)	\$190.00
D5750	reline complete denture (laboratory)	\$399.00
D5761	reline partial denture (laboratory)	\$350.00
D5820	interim partial denture -stay plate	\$450.00
D7111	extraction, coronal remnants – deciduous tooth	\$140.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$160.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$230.00
D7220	removal of impacted tooth – soft tissue	\$265.00
D7230	removal of impacted tooth – partially bony	\$365.00
D7240	removal of impacted tooth – completely bony	\$465.00
D8030	limited orthodontic treatment (child)	\$2,800.00
D8040	limited orthodontic treatment (adult)	\$2,800.00
D8080	comprehensive orthodontic treatment 18 - 24 months	\$4,299.00
D8080	comprehensive orthodontic treatment 24 - 30 months	\$4,699.00
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$350.00
D8692	Replacement of lost or broken retainer	\$400.00
D9940	occlusal guard, by report	\$450.00
D9982	Broken/canceled appointment	\$35.00

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