

ADULT DENTAL PLAN

April 1, 2017

General Dentist

DIAGNOSTIC SECTION

EXAMINATIONS

85501 - Limited oral (new patient)	42.05	8.41	12.62	16.82	21.03
85503 - Emergency (Remarks Code required)	50.93	10.19	15.28	20.37	25.47

RADIOGRAPHS

Bitewing

85507 - One (see Preamble)	20.23	4.05	6.07	8.09	10.12
85509 - Two (see Preamble)	26.51	5.30	7.95	10.60	13.26

Periapical

85511 - One (Remarks Code required)	20.23	4.05	6.07	8.09	10.12
85512 - Two (Remarks Code required)	26.51	5.30	7.95	10.60	13.26

Panoramic

85513 - One (Restricted to Oral Surgeon) (Remarks Code required)					
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RESTORATIVE SECTION

85514 - Removal of carious lesion or existing restoration and the placement of sedative/protective dressing when not done the same day or within 42 days of the subsequent final restoration	93.93	18.79	28.18	37.57	46.97
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DENTAL RESTORATIONS

Primary Canine and Molar Teeth

85515 - One surface	88.93	17.79	26.68	35.57	44.47
85517 - Two surface	130.23	26.05	39.07	52.09	65.12
85519 - Three surface	151.52	30.30	45.46	60.61	75.76
85521 - Four surface	183.67	36.73	55.10	73.47	91.84

Permanent Anteriors and Premolars

85523 - One surface	117.05	23.41	35.12	46.82	58.53
85525 - Two surface	156.68	31.34	47.00	62.67	78.34
85527 - Three surface	180.95	36.19	54.29	72.38	90.48
85529 - Four surface or more	234.41	46.88	70.32	93.76	117.21

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Permanent Molars - Amalgam Fillings

85531 - One surface	97.07	19.41	29.12	38.83	48.54
85533 - Two surface	133.34	26.67	40.00	53.34	66.67
85535 - Three surface	177.90	35.58	53.37	71.16	88.95
85537 - Four surface	210.87	42.17	63.26	84.35	105.44
85539 - Five surface	247.54	49.51	74.26	99.02	123.77

Permanent Molars - Tooth Colored Bonded Fillings

85541 - One surface	134.89	26.98	40.47	53.96	67.45
85543 - Two surface	190.37	38.07	57.11	76.15	95.19
85545 - Three surface	237.36	47.47	71.21	94.94	118.68
85547 - Four surface	287.30	57.46	86.19	114.92	143.65
85549 - Five surface	331.13	66.23	99.34	132.45	165.57

Retentive Pins

85551 - One pin	24.64	4.93	7.39	9.86	12.32
85553 - Two or more pins	38.91	7.78	11.67	15.56	19.46

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ORAL SURGERY SECTION

REMOVALS

85555 - Single tooth removal, uncomplicated	106.45	21.29	31.94	42.58	53.23
85557 - Each additional tooth removed in the same quadrant	76.04	15.21	22.81	30.42	38.02
85559 - Odontectomy, surgical approach, requiring surgical flap and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions)	207.59	41.52	62.28	83.04	103.80

PROSTHODONTICS REMOVABLE

DENTIST:

Complete Dentures, Standard

85561 - Denture: complete, upper Including laboratory fees	750.00	150.00	225.00	300.00	375.00
85562 - Denture: complete, lower Including laboratory fees	750.00	150.00	225.00	300.00	375.00
85564 - Denture complete reline, upper Including laboratory fees	211.00	42.20	63.30	84.40	105.50
85565 - Denture complete reline, lower Including laboratory fees	211.00	42.20	63.30	84.40	105.50
85566 - Denture immediate post extraction Insertion including laboratory fees	532.00	106.40	159.60	212.80	266.00
85567 - Repairs - \$42/15 minutes to maximum of \$128 including laboratory fees – per denture					

PARTIAL DENTURES

85568 - Denture: partial – upper Including laboratory fees	503.00	100.60	150.90	201.20	251.50
85569 - Denture: partial – lower Including laboratory fees	503.00	100.60	150.90	201.20	251.50

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85570 - Denture: partial reline – upper Including laboratory fees	211.00	42.20	63.30	84.40	105.50
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85571 - Denture: partial reline– lower Including laboratory fees	211.00	42.20	63.30	84.40	105.50
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85572 - Repairs - \$42/15 minutes to maximum of
\$128 including laboratory fees – per denture

DENTURIST:

Complete Dentures, Standard

85573 - Denture: complete, upper Including laboratory fees	750.00	150.00	225.00	300.00	375.00
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85574 - Denture: complete, lower Including laboratory fees	750.00	150.00	225.00	300.00	375.00
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85576 – Denture: complete, reline, upper Including laboratory fees	211.00	42.20	63.30	84.40	105.50
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85577 - Denture complete, reline- lower Including laboratory fees	211.00	42.20	63.30	84.40	105.50
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85578 - Repairs - \$42/15 minutes to maximum of
\$98 including laboratory fees

PARTIAL DENTURES

85579 - Denture: partial – upper Including laboratory fees	503.00	100.60	150.90	201.20	251.50
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85580 - Denture: partial – lower Including laboratory fees	503.00	100.60	150.90	201.20	251.50
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85581 - Denture: partial reline – upper Including laboratory fees	211.00	42.20	63.30	84.40	105.50
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85582 - Denture: partial reline– lower Including laboratory fees	211.00	42.20	63.30	84.40	105.50
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85583 - Repairs - \$42/15 minutes to maximum of
\$98 including laboratory fees