

ADULT DENTAL PLAN

Specialist

April 1, 2017

DIAGNOSTIC SECTION

EXAMINATIONS

| | | | | | |
|---|-------|-------|-------|-------|-------|
| 85501 - Limited oral (new patient) | 50.47 | 10.09 | 15.14 | 20.19 | 25.24 |
| 85503 - Emergency (Remarks Code required) | 61.12 | 12.22 | 18.34 | 24.45 | 30.56 |

RADIOGRAPHS

Bitewing

| | | | | | |
|----------------------------|-------|------|------|-------|-------|
| 85507 - One (see Preamble) | 24.27 | 4.85 | 7.28 | 9.71 | 12.14 |
| 85509 - Two (see Preamble) | 31.83 | 6.37 | 9.55 | 12.73 | 15.92 |

Periapical

| | | | | | |
|-------------------------------------|-------|------|------|-------|-------|
| 85511 - One (Remarks Code required) | 24.27 | 4.85 | 7.28 | 9.71 | 12.14 |
| 85512 - Two (Remarks Code required) | 31.83 | 6.37 | 9.55 | 12.73 | 15.92 |

Panoramic

| | | | | | |
|---|-------|-------|-------|-------|-------|
| 85513 - One (Restricted to Oral Surgeon) (Remarks Code required) | 91.00 | 18.20 | 27.30 | 36.40 | 45.50 |
|---|-------|-------|-------|-------|-------|

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 | 109.36 | 21.87 | 32.81 | 43.74 | 54.68 |
|---|--------|-------|-------|-------|-------|

DENTAL RESTORATIONS

Primary Canine and Molar Teeth

| | | | | | |
|-----------------------|--------|-------|-------|-------|--------|
| 85515 - One surface | 106.76 | 21.35 | 32.03 | 42.70 | 53.38 |
| 85517 - Two surface | 156.34 | 31.27 | 46.90 | 62.54 | 78.17 |
| 85519 - Three surface | 181.91 | 36.38 | 54.57 | 72.76 | 90.96 |
| 85521 - Four surface | 220.49 | 44.10 | 66.15 | 88.20 | 110.25 |

Permanent Anteriors and Premolars

| | | | | | |
|------------------------------|--------|-------|-------|--------|--------|
| 85523 - One surface | 140.45 | 28.09 | 42.14 | 56.18 | 70.23 |
| 85525 - Two surface | 188.03 | 37.61 | 56.41 | 75.21 | 94.02 |
| 85527 - Three surface | 217.14 | 43.43 | 65.14 | 86.86 | 108.57 |
| 85529 - Four surface or more | 281.28 | 56.26 | 84.38 | 112.51 | 140.64 |

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Permanent Molars - Amalgam Fillings

| | | | | | |
|-----------------------|--------|-------|-------|--------|--------|
| 85531 - One surface | 109.90 | 21.98 | 32.97 | 43.96 | 54.95 |
| 85533 - Two surface | 160.01 | 32.00 | 48.00 | 64.00 | 80.01 |
| 85535 - Three surface | 202.54 | 40.51 | 60.76 | 81.02 | 101.27 |
| 85537 - Four surface | 253.15 | 50.63 | 75.95 | 101.26 | 126.58 |
| 85539 - Five surface | 288.78 | 57.76 | 86.63 | 115.51 | 144.39 |

Permanent Molars - Tooth Colored Bonded Fillings

| | | | | | |
|-----------------------|--------|-------|--------|--------|--------|
| 85541 - One surface | 152.73 | 30.55 | 45.82 | 61.09 | 76.37 |
| 85543 - Two surface | 224.51 | 44.90 | 67.35 | 89.80 | 112.26 |
| 85545 - Three surface | 268.76 | 53.75 | 80.63 | 107.50 | 134.38 |
| 85547 - Four surface | 325.29 | 65.06 | 97.59 | 130.12 | 162.65 |
| 85549 - Five surface | 374.94 | 74.99 | 112.48 | 149.98 | 187.47 |

Retentive Pins

| | | | | | |
|--------------------------|-------|------|-------|-------|-------|
| 85551 - One pin | 29.56 | 5.91 | 8.87 | 11.82 | 14.78 |
| 85553 - Two or more pins | 46.70 | 9.34 | 14.01 | 18.68 | 23.35 |

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ORAL SURGERY SECTION

REMOVALS

| | | | | | |
|---|--------|-------|-------|-------|--------|
| 85555 - Single tooth removal, uncomplicated | 119.55 | 23.91 | 35.87 | 47.82 | 59.78 |
| 85557 - Each additional tooth removed in the same quadrant | 91.26 | 18.25 | 27.38 | 36.50 | 45.63 |
| 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) | 249.11 | 49.82 | 74.73 | 99.64 | 124.56 |

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 |

