

# DENTAL SOLUTIONS PLUS

## SCHEDULE OF BENEFITS AND CO-PAY CHARGES

	ADA CODE	COST TO MEMBER
<b>APPOINTMENTS</b>		
Office Visit - Per Visit .....	9430	\$ 9.00
Infection Control.....	9999	No charge
Periodic Oral Evaluation.....	120	\$ 5.00
Limited Oral Evaluation / Problem Focus/Emergency Visit.....	140	\$ 25.00
Comprehensive Oral Evaluation.....	150	\$ 6.00
Consultation (2nd Opinion with Participating General Dentist).....	9310	\$ 25.00
Emergency Office Visit (after hours).....	9440	\$ 40.00
Missed Appointment without 24 hour notice (per 30 minutes, max 1 hour).....	9999	\$ 20.00
<b>DIAGNOSTIC DENTISTRY</b>		
X-Ray - Intraoral, Complete Series Including Bitewings.....	210	\$ 15.00
All X-Rays.....	220	No Charge
All X-Rays.....	230	No Charge
All X-Rays.....	240	No Charge
All X-Rays.....	250	No Charge
All X-Rays.....	260	No Charge
All X-Rays.....	270	No Charge
All X-Rays.....	272	No Charge
All X-Rays.....	274	No Charge
Panoramic.....	330	\$ 20.00
Pulp Vitality Test.....	460	No Charge
Study Models.....	470	No Charge
<b>PREVENTIVE DENTISTRY</b>		
Routine Prophylaxis/Cleaning - Adult (once every 6 mos.).....	1110	\$ 10.00
Routine Prophylaxis/Cleaning - Child (once every 6 mos.).....	1120	\$ 5.00
Topical Application of Fluoride - Up to 18 Years of Age.....	1201/1203	\$ 2.00
Nutritional Counseling.....	1310	No Charge
Oral Hygiene Instruction.....	1330	No Charge
Application of Sealant, Per Tooth.....	1351	\$ 12.00
Space Maintainer (fixed) - Unilateral.....	1510	\$ 50.00 + Lab Fee
Space Maintainer (fixed) - Bilateral.....	1515	\$ 50.00 + Lab Fee
Space Maintainer (removable) - Unilateral.....	1520	\$ 90.00 + Lab Fee
Space Maintainer (removable) - Bilateral.....	1525	\$ 90.00 + Lab Fee
Recent Space Maintainer.....	1550	\$ 15.00

(Routine cleaning does not apply to patients with periodontal disease)

	<b>ADA CODE</b>	<b>COST TO MEMBER</b>
<b>RESTORATIVE DENTISTRY (FILLINGS/CROWNS)</b>		
Amalgam Filling - One Surface, Primary or Permanent.....	2140	\$ 28.00
Amalgam Filling - Two Surfaces, Primary or Permanent.....	2150	\$ 34.00
Amalgam Filling - Three Surfaces, Primary or Permanent.....	2160	\$ 39.00
Amalgam Filling - Four or more Surfaces, Primary or Permanent.....	2161	\$ 44.00
Resin Filling - One Surface, Anterior.....	2330	\$ 35.00
Resin Filling - Two Surfaces, Anterior.....	2331	\$ 40.00
Resin Filling - Three Surfaces, Anterior.....	2332	\$ 50.00
Resin Filling - Four or More Surfaces, Anterior.....	2335	\$ 60.00
Resin Filling - One Surface, Posterior.....	2391	\$ 40.00
Resin Filling - Two Surfaces, Posterior.....	2392	\$ 45.00
Resin Filling - Three Surfaces, Posterior .....	2393	\$ 55.00
Resin Filling - Four or More Surfaces, Posterior.....	2394	\$ 65.00
Inlay - Metallic, One Surface.....	2510	\$ 200.00 + Lab Fee
Inlay - Metallic, Two Surfaces.....	2520	\$ 200.00 + Lab Fee
Inlay - Metallic, Three or more Surfaces.....	2530	\$ 200.00 + Lab Fee
Onlay - Metallic, Three Surfaces.....	2543	\$ 250.00 + Lab Fee
Onlay - Metallic, Four or More Surfaces.....	2544	\$ 295.00 + Lab Fee
Inlay - Porcelain/Ceramic, One Surface.....	2610	\$ 200.00 + Lab Fee
Inlay - Porcelain/Ceramic, Two Surfaces.....	2620	\$ 200.00 + Lab Fee
Inlay - Porcelain/Ceramic, Three or more Surfaces.....	2630	\$ 250.00 + Lab Fee
Crown - Porcelain/Ceramic.....	2740	\$ 295.00 + Lab Fee
Crown - Porcelain to High Noble Metal.....	2750	\$ 295.00 + Lab Fee
Crown - Porcelain to Base Metal.....	2751	\$ 295.00 + Lab Fee
Crown - Porcelain to Noble Metal.....	2752	\$ 295.00 + Lab Fee
Crown - Full Cast High Noble Metal.....	2790	\$ 295.00 + Lab Fee
Crown - Full Cast Base Metal.....	2791	\$ 295.00 + Lab Fee
Recement Inlay.....	2910	\$ 15.00
Recement Crown.....	2920	\$ 15.00
Prefabricated Stainless Steel Crown - Primary Tooth.....	2930	\$ 60.00
Sedative Filling.....	2940	\$ 5.00
Core Buildup, Including Any Pins.....	2950	\$ 80.00
Pin Retention (per tooth), in addition to Restoration.....	2951	\$ 15.00
Cast Post and Core, in addition to Crown.....	2952	\$ 100.00 + Lab Fee
Prefabricated Post and Core, in addition to Crown.....	2954	\$ 100.00
Repair Crown.....	2980	\$ 30.00 + Lab Fee
Temporary Filling.....	2999	\$ 10.00

**ENDODONTICS(ROOT CANALS)**

Pulp Cap - Direct.....	3110	\$ 20.00
Pulp Cap - Indirect.....	3120	\$ 20.00
Pulpotomy.....	3220	\$ 45.00
Root Canal Anterior(excluding final restoration).....	3310	\$ 195.00
Root Canal Bicuspид(excluding final restoration).....	3320	\$ 250.00
Root Canal Molar(excluding final restoration).....	3330	\$ 300.00
Apicoectomy - Anterior.....	3410	\$ 99.00
Apicoectomy - Bicuspид, First Root.....	3421	\$ 75.00
Apicoectomy - Molar, First Root.....	3425	\$ 100.00
Apicoectomy - Each Additional Root.....	3426	\$ 40.00
Root Amputation - Per Root.....	3450	\$ 75.00
Hemisection (including any root removal),Not Including Root Canal Therapy.....	3920	\$ 75.00

	<b>ADA CODE</b>	<b>COST TO MEMBER</b>
<b>PERIODONTICS</b>		
Gingivectomy or Gingivoplasty, Per Quadrant.....	4210	\$ 126.00
Periodontal Scaling and Root Planing, Per Quadrant.....	4341	\$ 60.00
Full Mouth Debridement (Complicated Cleaning).....	4355	\$ 65.00
Periodontal Maintenance Procedures.....	4910	\$ 45.00
Periodontal Hygiene Instruction.....	4999	No Charge
<b>REMOVABLE PROSTHODONTICS (Dentures)</b>		
Complete Upper Denture.....	5110	\$ 300.00 + Lab Fee
Complete Lower Denture.....	5120	\$ 300.00 + Lab Fee
Immediate Upper Denture(excluding reline).....	5130	\$ 300.00 + Lab Fee
Immediate Lower Denture(excluding reline).....	5140	\$ 300.00 + Lab Fee
Partial Denture – Upper (resin base, including clasps, etc.).....	5211	\$ 300.00 + Lab Fee
Partial Denture - Lower (resin base, including clasps, etc.).....	5212	\$ 300.00 + Lab Fee
Partial Denture - Upper (cast metal framework/acrylic base).....	5213	\$ 350.00 + Lab Fee
Partial Denture - Lower (cast metal framework/acrylic base).....	5214	\$ 350.00 + Lab Fee
Adjustment Complete Denture - Upper.....	5410	\$ 10.00
Adjustment Complete Denture - Lower.....	5411	\$ 10.00
Adjustment Partial Denture - Upper.....	5421	\$ 10.00
Adjustment Partial Denture - Lower.....	5422	\$ 10.00
Repair Broken Complete Denture Base.....	5510	\$ 25.00 + Lab Fee
Repair Resin Denture Base.....	5610	\$ 30.00
Repair Cast Framework.....	5620	\$ 30.00 + Lab Fee
Repair or Replace Broken Clasps.....	5630	\$ 30.00 + Lab Fee
Repair Broken Teeth, Per Tooth.....	5640	\$ 30.00 + Lab Fee
Add Tooth to Existing Partial Denture.....	5650	\$ 30.00 + Lab Fee
Add Clasp to Existing Partial Denture.....	5660	\$ 30.00 + Lab Fee
Reline Complete Upper Denture - Chairside.....	5730	\$ 75.00 + Lab Fee
Reline Complete Lower Denture - Chairside.....	5731	\$ 75.00 + Lab Fee
Reline Upper Partial Denture - Chairside.....	5740	\$ 75.00 + Lab Fee
Reline Lower Partial Denture - Chairside.....	5741	\$ 75.00 + Lab Fee
Reline Complete Upper Denture - Laboratory.....	5750	\$ 90.00 + Lab Fee
Reline Complete Lower Denture - Laboratory.....	5751	\$ 90.00 + Lab Fee
Reline Upper Partial Denture - Laboratory.....	5760	\$ 90.00 + Lab Fee
Reline Lower Partial Denture - Laboratory.....	5761	\$ 90.00 + Lab Fee
Tissue Conditioning - Upper Denture.....	5850	\$ 20.00
Tissue Conditioning - Lower Denture.....	5851	\$ 20.00

	<b>ADA CODE</b>	<b>COST TO MEMBER</b>
<b>FIXED PROSTHODONTICS</b>		
Pontic - Cast High Noble Metal, Per Unit.....	6210	\$ 295.00 + Lab Fee
Pontic - Cast Base Metal, Per Unit.....	6211	\$ 295.00 + Lab Fee
Pontic - Cast Noble Metal, Per Unit.....	6212	\$ 295.00 + Lab Fee
Pontic - Porcelain Fused to High Noble Metal, Per Unit.....	6240	\$ 295.00 + Lab Fee
Pontic - Porcelain Fused to Base Metal, Per Unit.....	6241	\$ 295.00 + Lab Fee
Pontic - Porcelain Fused to Noble Metal, Per Unit.....	6242	\$ 295.00 + Lab Fee
Pontic - Resin with Base Metal, Per Unit.....	6251	\$ 295.00 + Lab Fee
Crown - Porcelain Fused to High Noble Metal, Per Unit.....	6750	\$ 295.00 + Lab Fee
Crown - Porcelain Fused to Base Metal, Per Unit.....	6751	\$ 295.00 + Lab Fee
Crown - Porcelain Fused to Noble Metal, Per Unit.....	6752	\$ 295.00 + Lab Fee
Crown - 3/4 Cast High Noble Metal, Per Unit.....	6780	\$ 295.00 + Lab Fee
Crown - Full Cast High Noble Metal, Per Unit.....	6790	\$ 295.00 + Lab Fee
Crown - Full Cast Base Metal, Per Unit.....	6791	\$ 295.00 + Lab Fee
Crown - Full Cast Noble Metal, Per Unit.....	6792	\$ 295.00 + Lab Fee
Recement Bridge.....	6930	\$ 15.00
Bridge Repair.....	6980	\$ 45.00 + Lab Fee
<b>ORAL SURGERY</b>		
Single Tooth extraction, erupted tooth or exposed root .....	7140	\$ 35.00
Single Tooth Extraction, surgical removal.....	7210	\$ 65.00
Removal of Impacted Tooth - Soft Tissue.....	7220	\$ 60.00
Removal of Impacted Tooth - Partial Bony.....	7230	\$ 75.00
Removal of Impacted Tooth - Complete Bony.....	7240	\$ 95.00
Surgical Removal of Residual Roots.....	7250	\$ 65.00
Tooth Reimplantation/Stabilization.....	7270	\$ 40.00
Alveoloplasty in Conjunction with Extractions, Per Quadrant.....	7310	\$ 45.00
Alveoloplasty not in Conjunction with Extractions, Per Quadrant.....	7320	\$ 75.00
Incision and Drainage of Abscess - Intraoral.....	7510	\$ 30.00
Frenectomy.....	7960	\$ 60.00 + Lab Fee
<b>OTHER SERVICES</b>		
Local Anesthesia (without operative procedure).....	9210	No Charge
Local Anesthesia (with operative procedure).....	9215	No Charge
Analgesia - Nitrous Oxide (per 30 minutes).....	9230	\$ 20.00
Occlusal Guards.....	9940	\$ 90.00 + Lab Fee
Occlusal Adjustment (limited).....	9951	\$ 35.00
Occlusal Adjustment (complete).....	9952	\$ 160.00
Cosmetic Bleaching (per arch).....	9972	\$ 200.00

**DENTAL SOLUTIONS PLUS is a Membership based dental discount program. This IS NOT an insurance policy, and there are no circumstances under which claims for services are paid. The Member Costs shown above are discounted prices. They only apply when the Plan Dentist named on your Identification Card performs the dental services and procedures listed. All of the procedures listed may not be performed by your Plan Dentist. In some areas, discounts from dental specialists may be available. While treatment by an APPROVED specialist is provided at a Member cost that is lower than that charged to the public, it is normally higher than the above fees. If you need a specialist, please contact either your Plan Dentist or SOUTHEAST MANAGERS, INC. for information.**