

Best Choice Plan

The following procedures are covered benefits only when provided by a participating General Dentist:

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER COPAYMENT</u>	<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER COPAYMENT</u>
<u>DIAGNOSTIC</u>			<u>ENDODONTICS</u>		
	Office Visit	\$ 5.00	3110,20	Direct or Indirect Pulp Capping w/out Final Restoration	\$ 15.00
120	Periodic Oral Exam.	No Charge	3220	Therapeutic Pulpotomy, Exclud. Final Restoration	\$ 25.00
140	Limited Oral Exam/Problem. Focused	No Charge	Root Canal Therapy, w/ Treatment Plan, Clinical Procedures & Follow Up Care		
150	Comprehensive Exam	No Charge	3310	One Canal w/out Final Restoration	\$ 125.00
Radiographs			3320	Two Canals, w/out Final Restoration	\$ 150.00
210	Intraoral,Complete Series w/ Bitewings	No Charge	3330	Three Canals, w/out Final Restoration	\$ 185.00
220	Intraoral,Periapical, First Film	No Charge	Apicoectomy/Periradicular Surgery		
230	Intraoral,Periapical,Each Addittional Film	No Charge	3410,21,25	Anterior,Bicuspid First Root or Molar First Root	\$ 90.00
240	Intraoral,Occlusal Film	No Charge	3426	Each Additional Root	\$ 90.00
270	Bitewings, Single Film	No Charge	3430	Retrograde Filling, Per Tooth	\$ 65.00
272	Bitewings, Two Films	No Charge	Other Endodontic Procedures		
274	Bitewings, Four Films	No Charge	3950	Canal Preparation & Fitting of Pre-Formed Dowel or Post	\$ 70.00
330	Panoramic Film	No Charge	<u>PERIODONTICS</u>		
Tests & Laboratory Examinations			Surgical Services, w/Usual Post-Operative Services		
460	Pulp Vitality Tests	No Charge	4210	Gingivectomy or Gingivoplasty, Per Quadrant	\$ 150.00
470	Diagnostic Casts-Non-Ortho	\$ 10.00	4211	Gingivectomy or Gigivoplasty, Per Tooth	\$ 20.00
471	Diagnostic Photographs	No Charge	4240	Gingival Flap Procedure, w/Root Planning Per Quadrant	\$ 150.00
501	Histopathologic Examinations	\$ 5.00	4261	Bone Replacement Graft, Single Site w/ Flap Entry & Closure	\$ 300.00
<u>PREVENTIVE</u>			Other Periodontal Services		
1110,20	Prophylaxis,Child or Adult	No Charge	4341	Root Planning, Per Quadrant	\$ 40.00
1201,03	Topical Application of Fluoride, Child, w/ or w/ out Prophylaxis	No Charge	4910	Periodontic Recall, w/Prophylaxis	\$ 25.00
1310	Nutritional Counseling for Control of Dental Disease	No Charge	4920	Unscheduled Dressing Change by Dental Assistant	No Charge
1330	Oral Hygiene Instruction	No Charge	<u>REMOVABLE PROSTHODONTICS</u>		
<u>RESTORATIVE</u>			Complete Dentures, w/ Routine Post-Delivery Care		
Amalgam Restorations, with Polishing			5110,20	Upper or Lower	\$ 350.00
2110	One Surface, Primary	\$ 10.00	5130,40	Immediate Upper or Lower	\$ 350.00
2120	Two Surfaces, Primary	\$ 10.00	Partial Dentures, w/ Routine Post-Delivery Care		
2130	Three Surfaces, Primary	\$ 20.00	5211,12	Upper or Lower, Resin Base, Conventional Clasps & Rests	\$ 300.00
2131	Four or More Surfaces, Primary	\$ 34.00	5213,14	Upper or Lower, Cast Metal Base w/ Acrylic Saddles	\$ 350.00
2140	One Surface, Permanent	\$ 10.00	Adjustments to Dentures		
2150	Two Surfaces, Permanent	\$ 15.00	5410,11	Complete Upper or Lower	\$ 25.00
2160	Three Surfaces, Permanent	\$ 20.00	5421,22	Partial Upper or Lower	\$ 20.00
2161	Four or More Surfaces, Permanent	\$ 25.00	Repairs to Complete Dentures		
Resin Restorations, Anterior			5510	Broken Base	\$ 50.00
2330,			5520	Missing or Broken Teeth, Per Tooth	\$ 25.00
31,32	One, Two or Three Surfaces	\$ 25.00	Repairs to Partial Dentures		
2335	Four or More Surfaces, or Involving Incisal Angle	\$ 40.00	5610,20	Acrylic Saddle, Base or Cast Framework	\$ 50.00
Crowns, Single Restoration Only #			5630	Repair or Replace Broken Clasp	\$ 25.00
2710	Resin, Laboratory	\$ 145.00	5640	Replace Broken Teeth, Per Tooth	\$ 25.00
2720,21,22	Resin with Metal	\$ 175.00	5650,60	Add Tooth or Clasp	\$ 50.00
2750,51,52	Porcelain Fused to Metal For Molars	\$ 275.00	Denture Relines Procedures		
2790,91,92	Full Cast Metal	\$ 250.00	5730,31	Complete, Upper or Lower, Chairside	\$ 65.00
2810	% Cast Metal	\$ 250.00	5740,41	Partial, Upper or Lower, Chairside	\$ 65.00
Other Restorative Services #			5750,51	Complete, Upper or Lower, Laboratory	\$ 100.00
2920	Recement Crown	\$ 12.00	5760,61	Partial, Upper or Lower, Laboratory	\$ 100.00
2930	Prefabricated Stainless Steel Crown, Primary Tooth	\$ 50.00	<u>FIXED PROSTHODONTICS</u>		
2931	Prefabricated Stainless Steel Crown, Permanent tooth, when suggested by Dentist	\$ 45.00	Bridge Pontics #		
2940	Temporary Sedative Filling	\$ 10.00	6210,11,		
2950	Crown Build-Up w/Any Pins	No Charge	12	Cast Metal	\$ 200.00
2951	Pin Retention, Per Tooth In Addition to Restoration	\$ 18.00	6240,41,		
2952	Cast Post & Core In Addition to crown	\$ 75.00	42	Porcelain Fused to Metal	\$ 200.00
2954	Prefabricated Post & Core In Addition to Crown	\$ 70.00			
2970	Temporary Crown, w/Fractured Tooth, When Not Part of Crown Preparation	\$ 20.00			

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6250,51,52	Resin w/ Metal	\$ 175.00
Bridge Retainer-Crowns #		
6720,21,22	Resin w/ Metal	\$ 175.00
6750,51,52	Porcelain Fused To Metal	\$ 275.00
6780	Cast Metal	\$ 200.00
6790,91,92	Full Cast Metal	\$ 200.00
Other Fixed Prosthetic Services		
6930	Recent Bridge	\$ 25.00
6970	Cast Post & Core, In Addition to Bridge Retainer	\$ 75.00
6971	Cast Post, As Part of Bridge Retainer	\$ 70.00
6972	Prefabricated Post & Core, In Addition to Bridge Retainer	\$ 70.00
6973	Core Build-Up for Retainer, Including Any Pins	No Charge
6975	Coping Metal	No Charge

ORAL SURGERY

Extractions, Local Anesthesia, Routine Post-Op Care		
7110	Single Tooth	\$ 25.00
7120	Each Additional Tooth	\$ 20.00
7130	Root Removal, Exposed Roots	\$ 45.00
Surgical Extractions, local Anesthesia Routine Post-Op		
7210	Surgical Removal of Erupted Tooth, Requiring Elevation of Mucoperiosteal Flap	\$ 45.00
7220	Removal of Impacted Tooth, Soft Tissue	\$ 60.00
7230	Removal of Impacted Tooth, Partially Bony	\$ 75.00
7510	Surgical Incision w/ Drainage of Abscess, Intraoral Soft Tissue	\$ 40.00

ADJUNCTIVE GENERAL SERVICES

9110	Unclassified Treatment, Minor Palliative (Emergency) Treatment of Pain Surgical Procedure	\$ 20.00 No Charge
9215	Local Anesthesia	No Charge
Professional Visits		
9430	Office Visit for Observation, No Other Services Performed	\$ 8.00
9440	Office Visit, After Regularly Scheduled Hours	\$ 25.00

The member is responsible for the co-payment plus the actual lab cost of gold.

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Miscellaneous Services		
9930	Treatment of Complication, Post-Surgical Unusual Circumstances	No Charge
9951	Occlusal Adjustment, Limited	No Charge

ORTHODONTICS

The following procedures are covered benefits only when provided by a participating Network Orthodontist:

Standard 24 Month Case *

Full Banded, Upper & Lower, Children to Age 19	\$ 1,775.00
Full Banded, Upper & Lower Adults	\$ 1,975.00
Banded Upper or Lower, Children & Adults	\$ 1,000.00

Retention After Treatment

Full Banded, Children & Adults	UCR***
Banded, Upper or Lower, Children & Adults	UCR***

Other Fees

Consultation	\$ 25.00
Diagnosis & Records **	UCR***
Appliances (Head Gear)	UCR***
Broken Appointments, w/out 24 Hr. Notice	\$ 25.00

* Orthodontist may charge members an additional fee for the costs of cases over 24 months, based upon the difference in orthodontists UCR fees for the needed treatment period, less the orthodontists UCR fees for a 24 month treatment period.

** Includes x-rays, tracings, photographs and study models.

*** Means the orthodontist's Usual, Customary & Reasonable Fees.

SPECIALTY REFERRALS

Not all general dentists are capable of performing each of the services listed herein and, based upon the member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, the general dentist will refer the member to a Network participating dental specialist, who will give the Member a 25% discount from their regular fees.

The ratio of premium costs to health services paid, for plan contracts with individuals and groups of 25 or fewer members, during the preceding fiscal year was 0%.