

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
0120	Periodic Oral Exam	\$ 23	\$ 25	\$ 48
0140	Limited Oral Exam	\$ 28	\$ 32	\$ 60
0145	Oral evaluation 3 yrs of age or younger	\$ 38	\$ 15	\$ 53
0150	Comprehensive Exam	\$ 40	\$ 25	\$ 65
0160	Detailed Oral Evaluation by Periodontic Report	\$ 35	\$ 60	\$ 95
0170	Re-Evaluation	\$ 25	\$ 23	\$ 48
0180	Comprehensive Periodontic Evaluation	\$ 30	\$ 44	\$ 74
0210	X-Rays Complete Series	\$ 55	\$ 43	\$ 98
0220	X-Ray 1st film	\$ 8	\$ 14	\$ 22
0230	X-Rays each additional	\$ 8	\$ 12	\$ 20
0240	X-Ray Occlusal Film	\$ 8	\$ 39	\$ 47
0250	X-Ray Extra oral First Film	\$ 8	\$ 39	\$ 47
0260	X-Ray Extra oral Each Additional Film	\$ 8	\$ 28	\$ 36
0270	X-Ray Bitewing Single Film	\$ 8	\$ 14	\$ 22
0272	X-Ray Bitewing Two Films	\$ 15	\$ 21	\$ 36
0273	X-Ray Bitewing Three Films	\$ 18	\$ 22	\$ 40
0274	X-Ray Bitewing Four Films	\$ 20	\$ 28	\$ 48
0277	Vertical bitewings 7 to 8 films	\$ 49	\$ 26	\$ 75
0330	X-Ray Panoramic Film	\$ 50	\$ 37	\$ 87
0415	Collection of micro organisms for culture	\$ 49	\$ 26	\$ 75
0431	Oral Cancer Screening	\$ 45	\$ 20	\$ 65
0460	Pulp Vitality tests	\$ 21	\$ 15	\$ 36
0470	Diagnostic casts	\$ 45	\$ 15	\$ 60
0486	Accession of brush biopsy sample	\$ 177	\$ 43	\$ 220
0502	Other oral pathology procedures, by report	\$ 181	\$ 69	\$ 250

### **Preventive Procedures \*\* (Cleanings)**

These procedures are for preventing oral diseases.

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
1110	Adult Cleanings (Prophylaxis)	\$ 42	\$ 31	\$ 73
1120	Child Cleanings (Prophylaxis)	\$ 29	\$ 27	\$ 56
1201	Child Fluoride & (Prophylaxis)	\$ 45	\$ 27	\$ 72
1203	Fluoride Application (Child)	\$ 16	\$ 13	\$ 29
1204	Adult Fluoride Application	\$ 16	\$ 14	\$ 30
1205	Adult Fluoride & (Prophylaxis)	\$ 56	\$ 34	\$ 90
1206	Topical fluoride varnish	\$ 25	\$ 15	\$ 40
1310	Nutritional Counseling	FREE	\$ 54	\$ 54
1330	Oral Hygiene Instruction	FREE	\$ 35	\$ 35
1351	Sealant Per Tooth	\$ 26	\$ 16	\$ 42

### **Restorative Procedures \*\* (Fillings) to restore lost tooth structures.**

2330	Resin Composite 1 Surface Anterior	\$ 75	\$ 47	\$ 122
2331	Resin Composite 2 Surface Anterior	\$ 85	\$ 74	\$ 159
2332	Resin Composite 3 Surface Anterior	\$ 95	\$104	\$ 199
2335	Resin Composite 4 or More Surface Anterior	\$ 110	\$113	\$ 223
2390	Resin Based composite crown	\$ 291	\$ 59	\$ 350
2391	Resin Based Composite 1 Surface Posterior	\$ 90	\$ 70	\$ 160
2392	Resin Based Composite 2 Surface Posterior	\$ 115	\$ 54	\$ 169
2393	Resin Based Composite 3 Surface Posterior	\$ 140	\$ 69	\$ 209
2394	Resin Based Composite 4 or more Surface Posterior	\$ 185	\$ 68	\$ 253
2510	Inlay Metal 1 Surface	\$ 450	\$238	\$ 688

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
2520	Inlay Metal 2 Surface	\$ 540	\$ 202	\$ 742
2530	Inlay Metal 3 or more Surfaces	\$ 540	\$ 259	\$ 799
2542	On lay Metallic 2 Surfaces	\$ 625	\$ 213	\$ 838
2543	On lay Metallic 3 Surfaces	\$ 625	\$ 223	\$ 848
2544	On lay Metallic 4 or More Surfaces	\$ 625	\$ 233	\$ 858
2610	In lay Porcelain 1 Surfaces	\$ 675	\$ 175	\$ 850
2620	In lay Porcelain 2 Surfaces	\$ 675	\$ 175	\$ 850
2630	In lay Porcelain 3 or More Surfaces	\$ 675	\$ 150	\$ 825
2642	On lay Porcelain 2 Surfaces	\$ 675	\$ 175	\$ 850
2643	On lay Porcelain 3 Surfaces	\$ 675	\$ 175	\$ 850
2644	On lay Porcelain 4 or More Surfaces	\$ 600	\$ 275	\$ 875
2662	On lay Resin Composite 2 Surfaces	\$ 600	\$ 275	\$ 875
2663	On lay Resin Composite 3 Surfaces	\$ 600	\$ 275	\$ 875
2664	On lay Resin Composite 4 or More Surfaces	\$ 600	\$ 275	\$ 875

**Crown & Bridge Procedures \*\* (NOTE: Extra charge for GOLD)**

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
2740	Crown Porcelain / Ceramic Substrate	\$ 705	\$ 245	\$ 950
2750	Crown Porcelain High Noble Metal*	\$ 625	\$ 205	\$ 830
2751	Crown Porcelain Base Metal *	\$ 605	\$ 195	\$ 800
2752	Crown Porcelain Noble Metal *	\$ 620	\$ 205	\$ 825
2790	Full Cast Gold Crown *	\$ 625	\$ 205	\$ 830
2791	Crown full cast predominantly base metal	\$ 620	\$ 200	\$ 825
2792	Crown full cast noble metal	\$ 625	\$ 205	\$ 830
2910	Re-cement Inlay	\$ 49	\$ 32	\$ 81
2920	Re-cement Crown	\$ 49	\$ 32	\$ 81
2930	Stainless Steel Crown Prefab Primary	\$ 105	\$ 99	\$ 204
2931	Stainless Steel Crown Prefab Permanent	\$ 110	\$ 185	\$ 295
2932	Prefab Resin Crown	\$ 192	\$ 108	\$ 300
2933	Prefab stainless steel crown with resin window	\$ 202	\$ 98	\$ 300
2940	Sedative filling	\$ 75	\$ 10	\$ 85
2950	Core Build-Up / Pins	\$ 101	\$ 94	\$ 195
2951	Pin Retention per Tooth	\$ 38	\$ 27	\$ 65
2952	Cast Post & Core in Addition / Crown	\$ 165	\$ 169	\$ 334
2954	Prefab Post / Core in Addition / Crown	\$ 135	\$ 120	\$ 255
2960	Labial (Laminate) Veneer (Chair side)	\$ 340	\$ 210	\$ 550
2961	Labial Veneer (Resin) Lab	\$ 490	\$ 266	\$ 756
2962	Labial Veneer Porcelain Lab	\$ 560	\$ 138	\$ 698
2970	Temporary Crown	\$ 100	\$ 195	\$ 295
2971	Additional procedures to const. new crown	\$ 15	\$ 15	\$ 30
2975	Coping	\$ 60	\$ 20	\$ 80
2980	Crown Repair	\$ 85	\$ 80	\$ 165

**Endodontist Procedures \*\* (Root Canal Therapy) For disease of the dental pulp.**

3110	Pulp Cap Direct (excluding Final)	\$ 68	\$ 27	\$ 95
3220	Therapeutic Pulpotomy (excluding Final)	\$ 60	\$ 93	\$ 153
3221	Pulpal therapy (resorbable filling) anterior prim.	\$ 150	\$ 135	\$ 285
3310	Root Canal Anterior (excluding Final)	\$ 354	\$ 226	\$ 580
3320	Root Canal Bicuspid (excluding Final)	\$ 430	\$ 243	\$ 673
3330	Root Canal Molar (excluding Final)	\$ 525	\$ 330	\$ 855
3346	Root Canal Re-treatment Anterior	\$ 325	\$ 470	\$ 795
3347	Root Canal Re-treatment Bicuspid	\$ 355	\$ 440	\$ 795

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
3348	Root Canal Re-treatment Molar	\$ 590	\$ 250	\$ 840
3351	Apexification / Re-calcification Initial	\$ 95	\$ 195	\$ 290
3410	Apicoectomy / periodontic Surg-Anterior	\$ 345	\$ 365	\$ 710
3421	Apicoectomy / Bicuspid 1 <sup>st</sup> Root	\$ 390	\$ 405	\$ 795
3425	Apicoectomy / Molar 1 <sup>st</sup> Root	\$ 395	\$ 430	\$ 825
3426	Apicoectomy / Peri. Surgery Additional Root	\$ 140	\$ 131	\$ 271
3430	Retrograde Filling	\$ 80	\$ 135	\$ 215
3450	Root amputation – per tooth	\$ 196	\$ 89	\$ 284

**Periodontist Procedures \*\* (Gum Treatment) Treating diseases of the gingival tissues.**

4210	Gingivectomy / gingivoplasty Per Quad	\$ 228	\$ 248	\$ 476
4211	Gingiv / gingivoplasty per Tooth	\$ 85	\$ 100	\$ 185
4240	Gingival Flap Procedure incl. rt. planning per quad	\$ 250	\$ 385	\$ 635
4241	Gingival Flap Includes Root Plan 1-3	\$ 170	\$ 230	\$ 400
4249	Crown Length – Hard by report	\$ 275	\$ 435	\$ 710
4260	Osseous Surg. Inc. Flap Ent. Grafts & Closures	\$ 425	\$ 265	\$ 690
4263	Bone replacement graft first site in quadrant	\$ 380	\$ 95	\$ 475
4264	Bone replacement graft each additional site/ quad	\$ 305	\$ 135	\$ 440
4265	Biologic materials to aid in soft & osseous tissues	\$ 295	\$ 100	\$ 395
4266	Guided tissue regeneration resorbable barrier / site	\$ 330	\$ 95	\$ 425
4267	Guided tissue regeneration non-resorbable barrier	\$ 244	\$ 74	\$ 318
4268	Surgical revision procedure, per tooth	\$ 315	\$ 125	\$ 440
4270	Pedicle Tissue Graft	\$ 375	\$ 300	\$ 675
4271	Free Soft Tissue Graft & Donor Site	\$ 400	\$ 361	\$ 761
4341	Perio Scaling Root Planning > 4 Teeth	\$ 98	\$ 102	\$ 200
4342	Periodontal RPC (1 to 3 Teeth)	\$ 84	\$ 44	\$ 128
4355	Full Mouth Debridement	\$ 90	\$ 63	\$ 153
4381	Localized delivery of antimicrobial agents	\$ 40	\$ 20	\$ 60
4910	Periodontal Maintenance	\$ 74	\$ 46	\$ 120
4920	Unscheduled dressing change	\$ 20	\$ 15	\$ 35

**Prosthodontist Procedures \*\* (Dentures) for providing artificial replacements for missing natural teeth.**

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
5110	Complete Denture Upper (High Quality)	\$ 860	\$ 350	\$ 1210
5120	Complete Denture Lower (High Quality)	\$ 860	\$ 350	\$ 1210
5130	Immediate Dentures Upper (High Quality)	\$ 964	\$ 321	\$ 1285
5140	Immediate Dentures Lower (High Quality)	\$ 964	\$ 321	\$ 1285
5211	Upper Partial Denture Resin Base	\$ 825	\$ 275	\$ 1100
5212	Lower Partial Denture Resin Base	\$ 825	\$ 275	\$ 1100
5213	Upper Partial Denture (Cast Metal)	\$ 850	\$ 390	\$ 1240
5214	Lower Partial Denture (Cast Metal)	\$ 850	\$ 390	\$ 1240
5225	Maxillary partial denture flexible base	\$ 854	\$ 346	\$ 1200
5226	Mandibular partial denture flexible base	\$ 854	\$ 346	\$ 1200
5281	Removable Unilateral Partial Denture	\$ 380	\$ 95	\$ 475
5410	Adjust Complete Denture Uppers	\$ 35	\$ 34	\$ 69
5411	Adjust Complete Denture Lower	\$ 35	\$ 34	\$ 69
5421	Adjust Partial Denture Uppers	\$ 35	\$ 34	\$ 69
5422	Adjust Partial Denture Lower	\$ 35	\$ 34	\$ 69
5510	Repair Broken Complete Denture Base	\$ 85	\$ 67	\$ 152
5520	Replace Missing / Broken Teeth Comp. Dent.	\$ 80	\$ 56	\$ 136

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
5610	Repair Resin Denture Base	\$ 85	\$ 95	\$ 180
5620	Repair Cast Framework	\$ 90	\$ 160	\$ 250
5630	Repair / replace Broken Clasp	\$ 100	\$ 97	\$ 197
5640	Replace Broken Teeth – Per Tooth	\$ 75	\$ 63	\$ 138
5650	Add Tooth to Existing Partial Denture	\$ 85	\$ 65	\$ 150
5660	Add Clasp To Existing Partial Denture	\$ 110	\$ 82	\$ 192
5710	Rebase Complete Upper Denture	\$ 340	\$ 96	\$ 436
5711	Rebase Complete Lower Denture	\$ 340	\$ 96	\$ 436
5720	Rebase Upper Partial Denture	\$ 315	\$ 107	\$ 422
5721	Rebase Lower Partial Denture	\$ 315	\$ 107	\$ 422
5730	Reline Complete Upper Denture (chair side)	\$ 97	\$ 198	\$ 295
5731	Reline Complete Lower Denture (chair side)	\$ 97	\$ 198	\$ 295
5740	Reline Upper Partial Denture (chair side)	\$ 114	\$ 181	\$ 295
5741	Reline Lower Partial Denture (chair side)	\$ 114	\$ 181	\$ 295
5750	Reline Complete Upper Denture (Lab)	\$ 255	\$ 85	\$ 340
5751	Reline Complete Lower Denture (Lab)	\$ 255	\$ 85	\$ 340
5760	Reline Upper Partial Dentures (Lab)	\$ 255	\$ 67	\$ 322
5761	Reline Lower Partial Dentures (Lab)	\$ 255	\$ 67	\$ 322
5820	Interim Partial Denture Upper	\$ 400	\$ 140	\$ 540
5821	Interim Partial Denture Lower	\$ 400	\$ 140	\$ 540
5850	Tissue Conditioning Upper	\$ 51	\$ 103	\$ 154
5851	Tissue Conditioning Lower	\$ 51	\$ 105	\$ 156
5860	Over denture complete by report	\$ 890	\$ 420	\$1310
5861	Over denture partial by report	\$ 890	\$ 420	\$1310
5862	Precision attachment, by report	\$ 380	\$ 125	\$ 505

**Pontics Procedures \*\* (Bridge work) (NOTE: Extra charge for GOLD)**

For providing artificial replacements for missing natural teeth.

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
6210	Pontic High Noble *	\$ 625	\$ 205	\$ 830
6212	Pontic Noble Metal *	\$ 615	\$ 210	\$ 825
6240	Pontic Porcelain / High Noble Metal *	\$ 625	\$ 215	\$ 830
6241	Pontic Porcelain / Metal*	\$ 600	\$ 200	\$ 800
6242	Pontic Porcelain / Noble Metal *	\$ 620	\$ 205	\$ 825
6245	Pontic porcelain / Ceramic	\$ 705	\$ 245	\$ 950
6740	Retainer Crown Porcelain / Ceramic	\$ 705	\$ 245	\$ 950
6750	Retainer Crown Porcelain High Noble Metal *	\$ 625	\$ 205	\$ 830
6751	Retainer Crown porcelain fused Base metal*	\$ 600	\$ 200	\$ 800
6752	Retainer Crown Porcelain Base Metal *	\$ 620	\$ 205	\$ 825
6780	Retainer crown ¾ cast high noble metal*	\$ 620	\$ 210	\$ 830
6790	Crown Full Cast High Noble Metal *	\$ 625	\$ 200	\$ 825
6791	Crown Full Cast Base Metal *	\$ 550	\$ 275	\$ 825
6792	Crown Full Cast Noble Metal *	\$ 625	\$ 205	\$ 830
6930	Re-cement fixed partial denture	\$ 55	\$ 60	\$ 115
6940	Stress breaker	\$ 200	\$ 90	\$ 290
6950	Precision attachment	\$ 280	\$ 140	\$ 420
6970	Cast Post / Core + Fix Part. Dent. Retainer	\$ 170	\$ 122	\$ 292
6971	Cast Post / Partial of bridge retainer	\$ 150	\$ 122	\$ 272
6972	Prefab. Post and Core	\$ 110	\$ 115	\$ 225
6973	Core Build Up Retain Including Pins	\$ 90	\$ 105	\$ 195
6975	Coping metal	\$ 50	\$ 30	\$ 80
6980	Bridge Repair by Report	\$ 110	\$ 145	\$ 255

## Extraction Procedures \*\*

These are procedures for treating teeth that are non-restorable.

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
7111	Coronal Remnants Deciduous (Including Soft)	\$ 48	\$ 43	\$ 91
7140	Simple Extraction, Erupted or Exposed Tooth	\$ 80	\$ 40	\$ 120
7210	Surg. Removal of Tooth	\$ 150	\$ 85	\$ 235
7220	Remove Impact Tooth Soft Tissue	\$ 140	\$ 98	\$ 238
7230	Remove Impact Tooth Part Bony	\$ 150	\$ 140	\$ 290
7240	Remove Impact Tooth Complete Bony	\$ 241	\$ 99	\$ 340
7241	Surg. Removal / Tooth W/ Complications	\$ 255	\$ 157	\$ 412
7250	Surgical Removal of Root	\$ 160	\$ 100	\$ 260
7260	Oroantral fistula closure	\$ 490	\$ 191	\$ 681
7261	Primary closure of sinus perforation	\$ 191	\$ 79	\$ 270
7270	Tooth Re-implantations / Stabilization	\$ 220	\$ 195	\$ 415
7280	Surgical Access of Un-erupted Tooth	\$ 165	\$ 215	\$ 380
7285	Biopsy Oral Tissue Hard	\$ 150	\$ 150	\$ 300
7286	Biopsy Oral Tissue Soft	\$ 100	\$ 490	\$ 590
7287	Exfoliative cytological sample collection	\$ 164	\$ 64	\$ 228
7290	Tooth Repositioned Surg.	\$ 110	\$ 180	\$ 290
7310	Ridge Prep Conj. W/ Exits	\$ 95	\$ 95	\$ 190
7320	Ridge Prep Not W / Exits	\$ 110	\$ 185	\$ 295
7471	Removal of exostosis per site	\$ 220	\$ 87	\$ 307
7473	Removal of torus mandibularis	\$ 318	\$ 106	\$ 424
7510	Incision & drainage of abscess intra oral soft tissue	\$ 188	\$ 62	\$ 250
7511	Incision & drainage of abscess complicated	\$ 240	\$ 80	\$ 320
7520	Incision and drainage of abscess extra oral	\$ 175	\$ 45	\$ 220
7970	Excision of hyperplastic tissue per arch	\$ 251	\$ 109	\$ 360
7971	Excision of pericoronal gingival	\$ 244	\$ 96	\$ 340

## Emergency Treatments

<b>Code</b>	<b>Description</b>	<b>Your Cost</b>	<b>Savings</b>	<b>Without our Plan</b>
9110	Palliative (emergency) During Hours	\$ 40	\$ 35	\$ 75
9440	Palliative (emergency) After Hours	\$ 90	\$ 60	\$ 150

\* Extra charge for gold.

\*\* Some dentists also perform listed procedures above as specialists. If your dentist is performing these services as a specialist, their office agrees to discount those procedures by 20% off the specialist USUAL CUSTOMARY RATE. Be sure you understand those fees before professional services are rendered.

UCR - (Usual Customary Rate) is the fee charged by a dentist for a specific dental procedure. The USUAL CUSTOMARY RATE'S listed above, represent "average fees" charged for dental procedures performed within the state. USUAL CUSTOMARY RATE'S do vary by dentist, so be sure to understand the specific usual customary rates of your dentist before professional services are rendered. Procedures not listed are discounted by 25% off the dentist's usual customary rates.

The normal rate (USUAL CUSTOMARY RATE) column has been calculated as the average cost of dental procedures performed within your state. Price averages do vary, so be sure to understand your dentist or specialist USUAL CUSTOMARY RATE before professional services are rendered. Lab fees vary from dentist to dentist but should not be a major factor in the cost of procedures.

Missed appointment without a 24 hour advanced notice to the dentist shall result in a \$40 missed appointment fee.

If your primary general dentists' office is closed you may contact another primary general dentist on the plan for dental services without that office being listed on your membership card. That office may require however complete workups including an office visit fee and x-rays prior to rendering any services even though you may have had a recent visit and x-rays with your primary general dentists. Fee Schedule for dental procedures listed in this brochure is subject to change without notice. You may visit our website at [www.crowndentalplan.com](http://www.crowndentalplan.com) for the most current fee schedule or contact us at (480) 964-7449 Crown Dental Plan 1237 S Val Vista Dr. Mesa, AZ 85204 Crown Dental Plan is here to serve you.

(Revised September 2010)