

This Amended Schedule of Dental Care Service Fees to the Participating Dentist Agreement (also referred to as Exhibit A in the Participating Dentist Agreement) with Plan 201 Series benefits shall be effective as of February 1, 2019. This Amended Schedule supersedes and replaces any and all previous Schedules of Dental Care Service Fees to the Participating Dentist Agreement for Plan 201.

Dentists shall provide dental care services to Members with Plan 201 benefits for the following fees in accordance with the following terms and conditions.

DIAGNOSTIC

D0120	Periodic Oral Exam, Established Patient	\$42
D0140	Limited Oral Exam, Problem Focused	\$61
D0150	Comprehensive oral evaluation, new or established patient	\$68
D0160	Detailed and extensive oral evaluation problem focused, by report	\$128
D0210	Intraoral - Complete series of radiographic images	\$102
D0220	Intraoral - Periapical first radiographic image	\$25
D0230	Intraoral - Periapical each additional radiographic image	\$22
D0240	Intraoral - Occlusal radiographic image	\$34
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$54
D0270	Bitewing - Single radiographic image	\$23
D0272	Bitewings - Two radiographic images	\$38
D0273	Bitewings - Three radiographic images	\$59
D0274	Bitewings - Four radiographic images	\$60
D0330	Panoramic radiographic image	\$91
D0470	Diagnostic casts	\$101

PREVENTIVE

D1110	Prophylaxis - adult	\$75
D1120	Prophylaxis - child	\$56
D1208	Topical application of fluoride - excluding varnish	\$32
D1351	Sealant - per tooth	\$46
D1510	Space maintainer - fixed - unilateral	\$291
D1520	Space maintainer - removable - unilateral	\$310

RESTORATIVE

Amalgam

D2140	Amalgam - one surface, primary or permanent	\$114
D2150	Amalgam - two surfaces, primary or permanent	\$143
D2160	Amalgam - three surfaces, primary or permanent	\$173

Resin

D2330	Resin-based composite - one surface, anterior	\$137
D2331	Resin-based composite - two surfaces, anterior	\$182
D2332	Resin-based composite - three surfaces, anterior	\$226
D2390	Resin-based composite crown, anterior	\$348
D2391	Resin-based composite - one surface, posterior	\$147
D2392	Resin-based composite - two surfaces, posterior	\$197
D2393	Resin-based composite - three surfaces, posterior	\$232
D2394	Resin-based composite - four or more surfaces, posterior	\$282
	Cosmetic Bonding	20% Discount

RESTORATIVE CONT.

*D2710	Crown - resin-based composite (indirect)	\$497
*D2712	Crown - ¾ resin-based complete (indirect)	\$501
*D2740	Crown - porcelain/ceramic substrate	\$1,024
*D2750	Crown - porcelain fused to high noble metal	\$897
*D2751	Crown - porcelain fused to predominantly base metal	\$828
*D2752	Crown - porcelain fused to noble metal	\$854
*D2790	Crown - full cast high noble metal	\$909
D2920	Re-cement or re-bond crown	\$86
D2930	Prefabricated stainless steel crown - primary tooth	\$220
D2931	Prefabricated stainless steel crown - permanent tooth	\$264
D2940	Protective restoration	\$104
D2950	Core buildup, including any pins when required	\$216
D2951	Pin retention - per tooth, in addition to restoration	\$57
D2952	Post and core in addition to crown, indirectly fabricated	\$328
D2953	Each additional indirectly fabricated post - same tooth	\$239
D2954	Prefabricated post and core in addition to crown	\$270

ENDODONTICS (performed by a General Dentist)

D3110	Pulp cap - direct (excluding final restoration)	\$69
D3120	Pulp cap - indirect (excluding final restoration)	\$66
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$162
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$600
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$714
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$849

PERIODONTICS (performed by a General Dentist)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$499
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$269
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$837
D4320	Provisional splinting - intracoronal	\$403
D4321	Provisional splinting - extracoronal	\$365
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$211
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$158
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	\$150
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$84
D4910	Periodontal maintenance	\$112

* Fees do not include lab fees.

PROSTHODONTICS –Dentures (performed by a General Dentist)

Complete Dentures (including routine post-delivery care)		
*D5110	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$1,259
*D5120	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$1,269
*D5130	Immediate denture - maxillary	\$1,346
*D5140	Immediate denture - mandibular	\$1,344
Partial Dentures (including routine post-delivery care)		
*D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$990
*D5212	Mandibular partial denture - resin base, (including any conventional clasps, rests and teeth)	\$992
*D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,430
*D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,417
D5410	Adjust complete denture - maxillary	\$71
D5411	Adjust complete denture - mandibular	\$70
D5421	Adjust partial denture - maxillary	\$75
D5422	Adjust partial denture - mandibular	\$77
D5660	Add clasp to existing partial denture - per tooth	\$214

PROSTHODONTICS FIXED (performed by a General Dentist)

D6930	Re-cement or re-bond fixed partial denture	\$140
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ORAL SURGERY (performed by a General Dentist)

Surgical Extractions		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$143
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$230
D7220	Removal of impacted tooth - soft tissue	\$261
D7230	Removal of impacted tooth - partially bony	\$327
D7240	Removal of impacted tooth - completely bony	\$397
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$447
D7250	Removal of residual tooth roots (cutting procedure)	\$243
Other Surgical Procedures		
D7280	Exposure of unerupted tooth	\$404
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$248
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$313
D7510	Incision and drainage of abscess - intraoral soft tissue	\$206

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$101
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$51
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$111
D9222	Deep sedation/general anesthesia - first 15 minutes	\$215
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$193
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$60

For non-listed dental care services, participating dentists shall charge members no more than eighty percent (80%) of their normal charge.

EXCLUSIONS

The following services or treatments are excluded from Aon Dental Solutions: services that are covered through a Member's medical or health insurance; dental care services in progress or provided before the effective date of the Member's enrollment in Aon Dental Solutions: experimental procedures; IV sedation. Dentist is not obligated to charge Members any specified rates for such excluded services.

PAYMENT FOR SERVICES

Payment for services received is due at the time treatment is performed. Please pay the Participating Dentist directly. Discuss all fees with your Participating Dentist prior to beginning treatment. Dental Service fees are subject to change without direct notice.

Discounts based off provider's usual and customary fees. Aon Dental Solutions is not dental insurance. It is a discount dental program.

***Fees do not include lab fees.**

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