

ADA CODE	DIAGNOSTIC AND PREVENTIVE	MEMBER PAYS	ADA CODE	MEMBER PAYS
0120	PERIODIC ORAL EVALUATION	\$13.00	5520	REPLACE MISSING OR BROKEN TEETH \$49.00
0140	LIMITED ORAL EVALUATION-PROBLEM FOCUS	\$16.00	5630	REPAIR OR REPLACE BROKEN CLASP \$60.00
0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT	\$16.00	5650	ADD TOOTH TO EXISTING PARTIAL DENTURE \$52.00
0210	X-RAYS-INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$39.00	5660	ADD CLASP TO EXISTING PARTIAL DENTURE \$67.00
0220	X-RAYS-INTRAORAL-PERAPICAL-1ST FILM	\$9.00	5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) \$123.00
0230	X-RAYS-INTRAORAL-PERAPICAL-EACH ADDITIONAL FILM	\$5.00	5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) \$123.00
0270	BITEWING X-RAY-SINGLE FILM	\$9.00	5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) \$117.00
0272	BITEWINGS-TWO FILMS	\$12.00	5741	RELINE MANDIBULAR PARTIAL DENT (CHAIRSIDE) \$117.00
0274	BITEWINGS-FOUR FILMS	\$20.00	5750	RELINE COMPLETE MAXILLARY DENTURE (LAB) \$161.00
0330	PANORAMIC FILM	\$39.00	5751	RELINE COMPLETE MANDIBULAR DENTURE (LAB) \$161.00
1110	PROPHYLAXIS-ADULT CLEANING	\$29.00		PROSTHODONTICS (FIXED)
1120	PROPHYLAXIS-CHILD CLEANING	\$21.00	6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL \$399.00
1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-CHILD	\$29.00	6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL \$371.00
1351	SEALANT-PER TOOTH	\$20.00	6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL \$388.00
1510	SPACE MAINTAINER-FIXED-UNILATERAL	\$84.00	6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL \$443.00
1515	SPACE MAINTAINER-FIXED-BILATERAL	\$124.00	6751	CROWN-PORCELAIN FUSED TO PREDOM BASE METAL \$399.00
1520	SPACE MAINTAINER-REMOVEABLE-UNILATERAL	\$110.00	6752	CROWN-PORCELAIN FUSED TO NOBLE METAL \$414.00
1525	SPACE MAINTAINER-REMOVEABLE-BILATERAL	\$140.00		ORAL SURGERY
	RESTORATIVE		7140	EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT \$49.00
2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$39.00	7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE \$101.00
2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$49.00	7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY \$132.00
2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$59.00	7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY \$185.00
2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$71.00	7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS \$102.00
2330	RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR	\$49.00	7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION PER QUAD \$84.00
2331	RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR	\$60.00	7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTION PER QUAD \$122.00
2332	RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR	\$76.00	7510	INCISION/DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE \$62.00
2335	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, ANTERIOR	\$94.00		ORTHODONTICS
2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$65.00	8070	COMPLETE ORTHODONTIC TREATMENT-TRANSITIONAL DENTITION 20% Discount
2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$95.00	8080	COMPLETE ORTHODONTIC TREATMENT-ADOLESCENT DENTITION 20% Discount
2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$117.00	8090	COMPLETE ORTHODONTIC TREATMENT-ADULT DENTITION 20% Discount
2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	\$134.00		MISCELLANEOUS SERVICES
2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$463.00	9110	PALLIATIVE TREATMENT DENTAL PAIN-MINOR PROCEDURE \$32.00
2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$420.00	9215	LOCAL ANESTHESIA \$12.00
2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$437.00	9230	ANALGESIA \$22.00
2790	CROWN-FULL CAST HIGH NOBLE METAL	\$456.00	9951	OCCLUSAL ADJUSTMENT LIMITED \$46.00
2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$425.00	9952	OCCLUSAL ADJUSTMENT COMPLETE \$183.00
2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	\$91.00		
2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	\$104.00		
2950	CORE BUILDUP-INCLUDING ANY PINS	\$91.00		
2951	PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION	\$22.00		
2952	CAST POST AND CORE IN ADDITION TO CROWN	\$143.00		
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$112.00		
	ENDODONTICS			
3110	PULP CAP DIRECT (EXCLUDING FINAL RESTORATION)	\$20.00		
3120	PULP CAP INDIRECT (EXCLUDING FINAL RESTORATION)	\$20.00		
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$49.00		
3310	ROOT CANAL-ANTERIOR (EXCLUDING FINAL RESTORATION)	\$267.00		
3320	ROOT CANAL-BICUSPID (EXCLUDING FINAL RESTORATION)	\$316.00		
3330	ROOT CANAL-MOLAR (EXCLUDING FINAL RESTORATION)	\$397.00		
	PERIODONTICS			
4210	GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR BONDED TEETH SPACES PER QUADRANT	\$271.00		
4341	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR BONDED TEETH SPACES PER QUADRANT	\$90.00		
4910	PERIODONTAL MAINTENANCE (FOLLOWING ACTIVE THERAPY)	\$55.00		
	PROSTHODONTICS (REMOVABLE)			
5110	COMPLETE DENTURE-MAXILLARY	\$582.00		
5120	COMPLETE DENTURE-MANDIBULAR	\$582.00		
5130	IMMEDIATE DENTURE-MAXILLARY	\$606.00		
5140	IMMEDIATE DENTURE-MANDIBULAR	\$606.00		
5211	MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$530.00		
5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$530.00		
5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH)	\$660.00		
5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	\$660.00		
5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$30.00		
5411	ADJUST COMPLETE DENTURE-MANDIBULAR	\$30.00		
5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$52.00		

*This schedule applies to services provided by a participating CAREINGTON General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Member is responsible for all charges at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give up to a 20% discount off of their normal fees. Fee schedules are subject to change without prior notification to members.

*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.

*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your CAREINGTON provider for a detailed treatment plan prior to beginning any work.

*Procedures not listed on this schedule will be discounted at 20% of the General Dentist's normal fee.

*Implants and some whitening procedures will not be discounted by all participating CAREINGTON providers. Implants and some whitening procedures will only be discounted if the participating CAREINGTON provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.

*If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that procedure.

*Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is subject to no discount.

*CAREINGTON can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating CAREINGTON provider. Not all types of dentists may be available in your area.

*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the responsibility of the member.

*While all participating CAREINGTON providers are professionally licensed in the state in which they practice, CAREINGTON does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating CAREINGTON provider should be directed in writing to: CAREINGTON International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.