

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 June 1, 2017. 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	\$38
D0140	Limited Oral Exam, Problem Focused (Typically emergency or trauma)	\$54
D0150	Comprehensive oral evaluation	\$61
D0160	Detailed and extensive oral evaluation problem focused	\$115
D0210	Intraoral - Complete series of radiographic images	\$94
D0220	Intraoral - Periapical first radiographic image	\$23
D0230	Intraoral - Periapical each additional radiographic image	\$20
D0240	Intraoral - Occlusal radiographic image	\$32
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$50
D0270	Bitewing - Single radiographic image	\$22
D0272	Bitewings - Two radiographic images	\$36
D0274	Bitewings - Four radiographic images	\$56
D0330	Panoramic radiographic image	\$85
D0470	Diagnostic casts	\$91

PREVENTIVE

D1110	Prophylaxis - adult	\$70
D1120	Prophylaxis - child	\$50
D1208	Topical application of fluoride - excluding varnish	\$30
D1351	Sealant - per tooth	\$42
D1510	Space maintainer - fixed - unilateral	\$269
D1515	Space maintainer - fixed - bilateral	\$312
D1520	Space maintainer - removable - unilateral	\$290

RESTORATIVE

Amalgam

D2140	Amalgam - one surface, primary or permanent	\$105
D2150	Amalgam - two surfaces, primary or permanent	\$133
D2160	Amalgam - three surfaces, primary or permanent	\$161

Resin

D2330	Resin-based composite - one surface, anterior	\$129
D2331	Resin-based composite - two surfaces, anterior	\$155
D2332	Resin-based composite - three surfaces, anterior	\$185
D2390	Resin-based composite crown, anterior	\$330
D2391	Resin-based composite - one surface, posterior	\$139
D2392	Resin-based composite - two surfaces, posterior	\$186
D2393	Resin-based composite - three surfaces, posterior	\$219
D2394	Resin-based composite - four or more surfaces, posterior	\$268
	Cosmetic Bonding	20% Discount

RESTORATIVE CONT.

*D2710	Crown - resin-based composite (indirect)	\$467
*D2712	Crown - ¾ resin-based complete (indirect)	\$468
*D2740	Crown - porcelain/ceramic substrate	\$964
*D2750	Crown - porcelain fused to high noble metal	\$846
*D2751	Crown - porcelain fused to predominantly base metal	\$780
*D2752	Crown - porcelain fused to noble metal	\$816
*D2790	Crown - full cast high noble metal	\$855
D2920	Re-cement or re-bond crown	\$78
D2930	Prefabricated stainless steel crown - primary tooth	\$207
D2931	Prefabricated stainless steel crown - permanent tooth	\$239
D2940	Protective restoration	\$95
D2950	Core buildup, including any pins when required	\$200
D2951	Pin retention - per tooth, in addition to restoration	\$54
D2952	Post and core in addition to crown, indirectly fabricated	\$309
D2953	Each additional indirectly fabricated post - same tooth	\$222
D2954	Prefabricated post and core in addition to crown	\$255

ENDODONTICS (performed by a General Dentist)

D3110	Pulp cap - direct (excluding final restoration)	\$63
D3120	Pulp cap - indirect (excluding final restoration)	\$62
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$151
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$564
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$669
D3330	Endodontic therapy, molar (excluding final restoration)	\$799

PERIODONTICS (performed by a General Dentist)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$460
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$247
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$776
D4320	Provisional splinting - intracoronal	\$375
D4321	Provisional splinting - extracoronal	\$341
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$197
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$141
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$70
D4910	Periodontal maintenance	\$106

* Fees do not include lab fees.

PROSTHODONTICS –Dentures (performed by a General Dentist)

Complete Dentures (Excluding Extractions)

*D5110 Complete denture - maxillary	\$1,144
*D5120 Complete denture - mandibular	\$1,191
*D5130 Immediate denture - maxillary	\$1,278
*D5140 Immediate denture - mandibular	\$1,280

Partial Dentures

*D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$928
*D5212 Mandibular partial denture - resin base, (including any conventional clasps, rests and teeth)	\$926
*D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,348
*D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,339
D5410 Adjust complete denture - maxillary	\$67
D5411 Adjust complete denture - mandibular	\$67
D5421 Adjust partial denture - maxillary	\$72
D5422 Adjust partial denture - mandibular	\$73
D5660 Add clasp to existing partial denture - per tooth	\$200

PROSTHODONTICS FIXED (performed by a General Dentist)

D6930 Re-cement or re-bond fixed partial denture	\$132
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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)	\$133
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$215
D7220 Removal of impacted tooth - soft tissue	\$244
D7230 Removal of impacted tooth - partially bony	\$306
D7240 Removal of impacted tooth - completely bony	\$374
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$416
D7250 Removal of residual tooth roots (cutting procedure)	\$228

Other Surgical Procedures

D7280 Exposure of unerupted tooth	\$375
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$227
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$295
D7510 Incision and drainage of abscess - intraoral soft tissue	\$190

ADJUNCTIVE GENERAL SERVICES

D9110 Palliative (emergency) treatment of dental pain - minor procedure	\$94
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$49
D9219 Evaluation for deep sedation or general anesthesia	\$90
D9223 Deep sedation/general anesthesia - each 15 minute increment	\$180
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	\$55

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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