



EFFECTIVE SEPTEMBER 1, 2021

ORAL SURGERY

ROUTINE EXTRACTION	110.00
EXTRACTION-ROOT REMOVAL.....	130.00
SURGICAL EXTRACTION.....	235.00
<i>must be demonstrated by x-ray</i>	
impaction-soft tissue.....	300.00
impaction-partial bony.....	375.00
impaction-complete bony.....	425.00
residual roots.....	200.00
ALVEOLECTOMY.....	270.00
ALVEOLECTOMY-DENTURE PREP.....	115.00
BIOPSY OF SOFT TISSUE.....	170.00
EXCISION OF TUMOR.....	350.00
CYST REMOVAL <1.25cm.....	345.00
CLOSURE OF ORAL ANTRAL FISTULA.....	175.00
SURG. EXP-IMP/UNERUP(FOR ORTHO).....	375.00
SURG. EXPOSURE-IMP/UNERUP.....	150.00
INCISION AND DRAINAGE.....	100.00
MAXILLA-CLOSED REDUCTION.....	510.00
UPPER/LOWER JAW-OPEN REDUCTION.....	850.00
UPPER JAW-CLOSED REDUCTION.....	510.00
FRACTURE LOWER JAW CLOSED.....	740.00
OPEN REDUCTION OF DISLOCATION.....	210.00
CLOSED REDUCTION OF DISLOCATION.....	210.00
REMOVAL OF LABIAL FRAENUM.....	175.00
GENERAL ANESTHESIA.....	175.00
ANESTHESIA IV SEDATION.....	175.00

ORTHODONTICS (12 MONTH WAITING PERIOD MUST BE SATISFIED)

Maximum Orthodontic Benefit is 3000.00 per covered individual per lifetime.

ADJUNCTIVE SERVICES

PALLIATIVE TREATMENT	60.00
<i>no other treatment that visit</i>	
SPECIALIST CONSULTATION	60.00
<i>maximum-one per specialty in a calendar year</i>	
SECOND OPINION CONSULTATION	41.00

OPTICAL BENEFITS SCHEDULE

Optical Benefits are payable once each calendar year. The plan will pay for either contact lenses or eyeglasses in a calendar year, but not both.

OPTICAL EXAM.....	75.00
FRAMES.....	130.00
SINGLE VISION LENSES.....	100.00
BIFOCAL LENSES.....	130.00
TRIFOCAL LENSES.....	200.00
LENTICULAR.....	200.00
SUBNORMAL.....	220.00
CONTACT LENSES.....	250.00
PRESCRIPTION SWIM GOGGLES.....	70.00
LASIX.....	280.00
(One per family lifetime)	

OPTICAL BENEFITS ARE PAYABLE FOR ONE ADULT PER FAMILY ENROLLED IN PLAN PER CALENDAR YEAR. DEPENDENTS UNDER 19 ARE ELIGIBLE FOR ENHANCED BENEFITS.

DENTAL AND VISION FEE SCHEDULE

Please refer to the booklet for a complete explanation of exclusions and limitations for all services and fees listed below.

SCHEDULE OF DENTAL ALLOWANCES

DIAGNOSTIC & PREVENTIVE

ORAL EXAMINATION	38.00
FULL MOUTH SERIES	
10 to 14 periapical/bitewing films	80.00
PANORAMIC FILM	75.00
INTRAORAL FILM	
periapical or bitewing, first film.....	11.00
periapical or bitewing, each additional	7.00
OCCLUSAL FILM	41.00
CEPHALOMETRIC FILM	50.00
POSTERIOR-ANTERIOR film	45.00
LATERAL FILM	45.00
TEMPOROMANDIBULAR FILM	70.00
BACTERIOLOGIC STUDIES	75.00
DIAGNOSTIC CASTS	35.00
PULP VITALITY TEST	25.00
PROPHYLAXIS, including scaling and polishing	
adult	75.00
child	60.00
<i>maximum-two in a calendar year</i>	
SEALANT	24.00
<i>to age 19, permanent molars only</i>	
FLUORIDE TREATMENT	
excluding prophylaxis, to age 16	36.00
<i>maximum-two in a calendar year</i>	
SPACE MAINTAINER	
acrylic	202.00
metal	242.00

BASIC RESTORATIVE

SILVER AMALGAM FILLINGS-PRIMARY	
one surface	90.00
two surfaces	105.00
three surfaces	125.00
four or more surfaces	145.00
SILVER AMALGAM FILLINGS-PERMANENT	
one surface	90.00
two surfaces	105.00
three surfaces	125.00
four or more surfaces	145.00
COMPOSITE RESIN	
one surface	115.00
two surface	140.00
three or more surfaces	155.00
SEDATIVE FILLING	45.00
SILICATE FILLING	40.00

INLAYS (12 MONTH WAITING PERIOD MUST BE SATISFIED)	
METALLIC INLAY	
two surfaces	520.00
three surfaces	550.00
PORCELAIN INLAY	
one surface	476.00
two surfaces	550.00
three surfaces	600.00
recent inlay.....	70.00

MAJOR RESTORATIVE

Pre-op periapical x-ray required.

There is a 3 year frequency limitation on replacements.

CROWNS (12 MONTH WAITING PERIOD MUST BE SATISFIED)	
resin (laboratory)	235.00
porcelain jacket	665.00
porcelain with metal	695.00
full cast metal.....	680.00
3/4 cast metallic.....	610.00
gold shell crown.....	225.00
PORCELAIN LAMINATE	450.00
RECEMENT CROWN	70.00
REPAIR OR REPLACE CROWN FACING	150.00
STAINLESS STEEL CROWN	145.00
CROWN BUILD-UP INC. PINS	115.00
PIN SUPPORT PER TOOTH	50.00
CAST POST & CORE	220.00
PREFAB POST AND CORE	175.00

ENDODONTICS

x-ray evidence of satisfactory completion required

PULP CAP-DIRECT	40.00
VITAL PULPOTOMY	100.00
ROOT CANAL THERAPY, including x-rays	
one canal	525.00
two canals	600.00
three canals	700.00
four or more canals.....	750.00
APICOECTOMY	
first root	475.00
maximum per tooth.....	600.00
RETROGRADE FILLING	200.00
ROOT RESECTION	280.00
HEMISECTION	200.00

PROSTHODONTICS (12 MONTH WAITING PERIOD MUST BE SATISFIED)

Pre-operative X-rays are required when filing a claim for pre-treatment review or payment on all prosthetics. X-rays of the full arch must be included for all bridgework. There is a five year frequency limitation from date of installation on all prosthetics.

COMPLETE DENTURE	975.00
IMMEDIATE DENTURE	1000.00
UPPER /LOWER PARTIAL	
acrylic base with clasps.....	825.00
cast metal base	1000.00

REMOVABLE UNILATERAL 3 or 4 teeth	725.00
OBTURATOR	304.00
ENDOSTEAL IMPLANT- maximum of 6 Implants per lifetime	825.00
SUBPERIOSTEAL IMPLANT- maximum of 6 implants per lifetime	1050.00
BRIDGE PONTIC	
full cast	635.00
plastic with metal	635.00
porcelain with metal	635.00
resin (laboratory).....	565.00
cast gold pontic	635.00
ABUTMENT-INLAY 3 SURFACE	585.00
BRIDGE ABUTMENT	
plastic with metal	585.00
porcelain fused to metal	635.00
3/4 crown	590.00
full cast	620.00
porcelain jacket.....	615.00
CAST METL RETNR-ACID ETCH BRIDGE	365.00
RECEMENT BRIDGE	80.00
PRECISION ATTACHMENT	270.00
DENTURE REPAIRS	
repair complete denture base	150.00
repair denture replace tooth.....	100.00
replace broken tooth in denture.....	100.00
replace ext tooth	100.00
repair cast framework.....	150.00
add clasp to partial denture.....	130.00
reline complete denture-chairside.....	150.00
reline complete denture-lab.....	260.00
reline partial denture-chairside.....	150.00
reline partial lower-lab.....	190.00
rebase denture.....	260.00

PERIODONTIC SERVICES

ROOT SCALING, GINGIVAL CURETTAGE & BITE

CORRECTION, including prophylaxis,	
per quad	85.00
entire mouth.....	140.00
<i>maximum-four per calendar year</i>	
occlusal adjustment limited.....	45.00
occlusal adjustment complete	120.00
<i>maximum allowance on any combination of the above services is \$560 in a calendar year</i>	

PERIODONTAL SURGERY

confirmation by charting and/or x-rays required

<i>per quadrant of at least 5 teeth</i>	
gingivectomy, gingivoplasty and mucogingival surgery	
per quadrant.....	210.00
osseous graft-single site.....	275.00
osseous graft-per quadrant.....	475.00
osseous surgery,	
including gingivectomy-per quad.....	600.00
pedicle soft tissue grafts	475.00
free soft tissue grafts	400.00
SPECIAL PERIODONTAL APPLIANCE	85.00