

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 200 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 200.

Dentists shall provide dental care services to Members with Plan 200 benefits for the following fees in accordance with the following terms and conditions.

DIAGNOSTIC

| | | |
|-------|---|-------|
| D0120 | Periodic Oral Exam, Established Patient | \$40 |
| D0140 | Limited Oral Exam, Problem Focused | \$59 |
| D0150 | Comprehensive oral evaluation, new or established patient | \$65 |
| D0160 | Detailed and extensive oral evaluation problem focused, by report | \$123 |
| D0210 | Intraoral - Complete series of radiographic images | \$98 |
| D0220 | Intraoral - Periapical first radiographic image | \$24 |
| D0230 | Intraoral - Periapical each additional radiographic image | \$21 |
| D0240 | Intraoral - Occlusal radiographic image | \$33 |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | \$51 |
| D0270 | Bitewing - Single radiographic image | \$22 |
| D0272 | Bitewings - Two radiographic images | \$37 |
| D0273 | Bitewings - Three radiographic images | \$46 |
| D0274 | Bitewings - Four radiographic images | \$57 |
| D0330 | Panoramic radiographic image | \$87 |
| D0470 | Diagnostic casts | \$80 |

PREVENTIVE

| | | |
|-------|---|-------|
| D1110 | Prophylaxis - adult | \$72 |
| D1120 | Prophylaxis - child | \$53 |
| D1208 | Topical application of fluoride - excluding varnish | \$35 |
| D1351 | Sealant - per tooth | \$41 |
| D1510 | Space maintainer - fixed - unilateral | \$280 |
| D1520 | Space maintainer - removable - unilateral | \$298 |

RESTORATIVE

Amalgam

| | | |
|-------|--|-------|
| D2140 | Amalgam - one surface, primary or permanent | \$109 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$138 |
| D2160 | Amalgam - three surfaces, primary or permanent | \$166 |

Resin

| | | |
|-------|--|--------------|
| D2330 | Resin-based composite - one surface, anterior | \$133 |
| D2331 | Resin-based composite - two surfaces, anterior | \$176 |
| D2332 | Resin-based composite - three surfaces, anterior | \$217 |
| D2390 | Resin-based composite crown, anterior | \$366 |
| D2391 | Resin-based composite - one surface, posterior | \$147 |
| D2392 | Resin-based composite - two surfaces, posterior | \$209 |
| D2393 | Resin-based composite - three surfaces, posterior | \$249 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$277 |
| | Cosmetic Bonding | 20% Discount |

RESTORATIVE CONT.

| | | |
|--------|---|-------|
| *D2710 | Crown - resin-based composite (indirect) | \$478 |
| *D2712 | Crown - ¾ resin-based complete (indirect) | \$482 |
| *D2740 | Crown - porcelain/ceramic substrate | \$902 |
| *D2750 | Crown - porcelain fused to high noble metal | \$863 |
| *D2751 | Crown - porcelain fused to predominantly base metal | \$796 |
| *D2752 | Crown - porcelain fused to noble metal | \$819 |
| *D2790 | Crown - full cast high noble metal | \$873 |
| D2920 | Re-cement or re-bond crown | \$86 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$221 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$255 |
| D2940 | Protective restoration | \$93 |
| D2950 | Core buildup, including any pins when required | \$217 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$54 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$203 |
| D2953 | Each additional indirectly fabricated post - same tooth | \$231 |
| D2954 | Prefabricated post and core in addition to crown | \$258 |

ENDODONTICS (performed by a General Dentist)

| | | |
|-------|---|-------|
| D3110 | Pulp cap - direct (excluding final restoration) | \$65 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$63 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$154 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$577 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$686 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$816 |

PERIODONTICS (performed by a General Dentist)

| | | |
|-------|---|-------|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$480 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$231 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$828 |
| D4320 | Provisional splinting - intracoronal | \$386 |
| D4321 | Provisional splinting - extracoronal | \$355 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$202 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$152 |
| D4355 | Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit | \$143 |
| D4381 | Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth | \$75 |
| D4910 | Periodontal maintenance | \$109 |

* 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) | \$1,210 |
| *D5120 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$1,220 |
| *D5130 | Immediate denture - maxillary | \$1,347 |
| *D5140 | Immediate denture - mandibular | \$1,292 |
| Partial Dentures (including routine post-delivery care) | | |
| *D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$951 |
| *D5212 | Mandibular partial denture - resin base, (including any conventional clasps, rests and teeth) | \$951 |
| *D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,374 |
| *D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,361 |
| D5410 | Adjust complete denture - maxillary | \$67 |
| D5411 | Adjust complete denture - mandibular | \$66 |
| D5421 | Adjust partial denture - maxillary | \$66 |
| D5422 | Adjust partial denture - mandibular | \$66 |
| D5660 | Add clasp to existing partial denture - per tooth | \$212 |

PROSTHODONTICS FIXED (performed by a General Dentist)

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|-------|--|-------|
| D6930 | Re-cement or re-bond fixed partial denture | \$145 |
|-------|--|-------|

ORAL SURGERY (performed by a General Dentist)

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|----------------------------------|---|-------|
| Surgical Extractions | | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$138 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$217 |
| D7220 | Removal of impacted tooth - soft tissue | \$251 |
| D7230 | Removal of impacted tooth - partially bony | \$313 |
| D7240 | Removal of impacted tooth - completely bony | \$381 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$499 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$233 |
| Other Surgical Procedures | | |
| D7280 | Exposure of unerupted tooth | \$389 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$238 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$301 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$184 |

ADJUNCTIVE GENERAL SERVICES

| | | |
|-------|---|-------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$97 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$48 |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | \$107 |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | \$206 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | \$186 |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | \$64 |

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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