

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 202 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 202.

Dentists shall provide dental care services to Members with Plan 202 benefits for the following fees in accordance with the following terms and conditions.

DIAGNOSTIC

D0120	Periodic Oral Exam, Established Patient	\$49
D0140	Limited Oral Exam, Problem Focused	\$73
D0150	Comprehensive oral evaluation, new or established patient	\$79
D0160	Detailed and extensive oral evaluation problem focused, by report	\$137
D0210	Intraoral - Complete series of radiographic images	\$117
D0220	Intraoral - Periapical first radiographic image	\$31
D0230	Intraoral - Periapical each additional radiographic image	\$26
D0240	Intraoral - Occlusal radiographic image	\$44
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$67
D0270	Bitewing - Single radiographic image	\$25
D0272	Bitewings - Two radiographic images	\$41
D0273	Bitewings - Three radiographic images	\$52
D0274	Bitewings - Four radiographic images	\$72
D0330	Panoramic radiographic image	\$99
D0470	Diagnostic casts	\$115

PREVENTIVE

D1110	Prophylaxis - adult	\$78
D1120	Prophylaxis - child	\$63
D1208	Topical application of fluoride - excluding varnish	\$40
D1351	Sealant - per tooth	\$49
D1510	Space maintainer - fixed - unilateral	\$287
D1520	Space maintainer - removable - unilateral	\$372

RESTORATIVE

Amalgam

D2140	Amalgam - one surface, primary or permanent	\$129
D2150	Amalgam - two surfaces, primary or permanent	\$164
D2160	Amalgam - three surfaces, primary or permanent	\$194

Resin

D2330	Resin-based composite - one surface, anterior	\$146
D2331	Resin-based composite - two surfaces, anterior	\$199
D2332	Resin-based composite - three surfaces, anterior	\$254
D2390	Resin-based composite crown, anterior	\$449
D2391	Resin-based composite - one surface, posterior	\$183
D2392	Resin-based composite - two surfaces, posterior	\$251
D2393	Resin-based composite - three surfaces, posterior	\$309
D2394	Resin-based composite - four or more surfaces, posterior	\$358
	Cosmetic Bonding	20% Discount

RESTORATIVE CONT.

*D2710	Crown - resin-based composite (indirect)	\$525
*D2712	Crown - ¾ resin-based complete (indirect)	\$531
*D2740	Crown - porcelain/ceramic substrate	\$1,129
*D2750	Crown - porcelain fused to high noble metal	\$1,004
*D2751	Crown - porcelain fused to predominantly base metal	\$932
*D2752	Crown - porcelain fused to noble metal	\$955
*D2790	Crown - full cast high noble metal	\$1,024
D2920	Re-cement or re-bond crown	\$123
D2930	Prefabricated stainless steel crown - primary tooth	\$237
D2931	Prefabricated stainless steel crown - permanent tooth	\$293
D2940	Protective restoration	\$132
D2950	Core buildup, including any pins when required	\$279
D2951	Pin retention - per tooth, in addition to restoration	\$62
D2952	Post and core in addition to crown, indirectly fabricated	\$357
D2953	Each additional indirectly fabricated post - same tooth	\$295
D2954	Prefabricated post and core in addition to crown	\$268

ENDODONTICS (performed by a General Dentist)

D3110	Pulp cap - direct (excluding final restoration)	\$76
D3120	Pulp cap - indirect (excluding final restoration)	\$72
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$181
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$665
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$773
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$919

PERIODONTICS (performed by a General Dentist)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$553
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$317
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,045
D4320	Provisional splinting - intracoronal	\$555
D4321	Provisional splinting - extracoronal	\$527
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$234
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$173
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	\$162
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$83
D4910	Periodontal maintenance	\$130

* 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)	\$1,553
*D5120	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$1,553
*D5130	Immediate denture - maxillary	\$1,636
*D5140	Immediate denture - mandibular	\$1,638
Partial Dentures (including routine post-delivery care)		
*D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,315
*D5212	Mandibular partial denture - resin base, (including any conventional clasps, rests and teeth)	\$1,310
*D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,583
*D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,568
D5410	Adjust complete denture - maxillary	\$78
D5411	Adjust complete denture - mandibular	\$78
D5421	Adjust partial denture - maxillary	\$73
D5422	Adjust partial denture - mandibular	\$77
D5660	Add clasp to existing partial denture - per tooth	\$243

PROSTHODONTICS FIXED (performed by a General Dentist)

D6930	Re-cement or re-bond fixed partial denture	\$174
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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)	\$160
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$285
D7220	Removal of impacted tooth - soft tissue	\$286
D7230	Removal of impacted tooth - partially bony	\$360
D7240	Removal of impacted tooth - completely bony	\$440
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$606
D7250	Removal of residual tooth roots (cutting procedure)	\$266
Other Surgical Procedures		
D7280	Exposure of unerupted tooth	\$442
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$280
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$527
D7510	Incision and drainage of abscess - intraoral soft tissue	\$234

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$73
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$56
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$122
D9222	Deep sedation/general anesthesia - first 15 minutes	\$235
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$211
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$68

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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