

Dental



Schedule of Managed Cost Program Fees

Diagnostic Dentistry

D0120	Periodical Oral Examination.....	\$9.00
D0140	Limited Oral Examination, Problem Focused.....	\$12.00
D0150	Comprehensive Oral Exam.....	\$18.00
D0210	Intraoral X-ray Comp Series.....	\$28.00
D0460	Pulp Vitality Test.....	\$15.00
D9999	Asepsis Fee(infection control).....	\$8.00
All Bitewing/Single Film X-Rays 20% discount		

Preventative Dentistry

D1110	Prophylaxis-Adult.....	\$24.00
D1120	Prophylaxis-Child.....	\$24.00
D1203	Application Topical Fluoride-Child.....	\$5.00
D1204	Application Topical Fluoride-Adult.....	\$5.00
D1351	Sealant-Per Tooth.....	\$14.00
D1510	Space Maintainer- Fixed Unilateral.....	\$60.00
D1515	Space Maintainer- Fixed Bilateral.....	\$75.00

A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.

Cosmetic

All Cosmetic Dentistry 20% discount

Restorative Dentistry

D2140	Amalgam-1 Surface Perm.....	\$28.00
D2150	Amalgam-2 Surfaces, Perm.....	\$36.00
D2160	Amalgam-3 Surfaces, Perm.....	\$46.00
D2161	Amalgam-4 or More Surfaces Perm.....	\$56.00
D2330	Composite Resin-1 Surface Anterior.....	\$38.00
D2331	Composite Resin-2 Surfaces Anterior.....	\$46.00
D2332	Composite Resin-3 Surfaces Anterior.....	\$56.00
D2335	Composite Resin-4 or more Surfaces.....	\$66.00
D2385	Composite Resin- 1 Surface Posterior.....	\$50.00
D2386	Composite Resin- 2 Surfaces Posterior....	\$65.00
D2387	Composite Resin- 3 Surfaces Posterior...\$	\$85.00
D2388	Composite Resin- 4 or More Surfaces.....	\$95.00
D2750	Crown-Porcelain to High Noble Metal (Gold and Lab Additional).....	\$350.00
D2751	Crown-Porcelain to Base Metal (Lab Fees Additional).....	\$320.00
D2920	Replacement Crown.....	\$20.00
D2931	Prefabricated Stainless Crown.....	\$48.00
D2940	Sedative Filling.....	\$16.00
D2950	Core Buildup, Including Pins.....	\$55.00
D2951	Pin Retention-Per Tooth.....	\$20.00
D2952	Cast Post/Core w/Crown.....	\$75.00
D2953	Each Add Cast Post Same Tooth.....	\$40.00
D2954	Prefab Post/Core w/Crown.....	\$60.00
D2970	Temp Crown(Fractured Tooth).....	\$40.00

Endodontics

D3110	Pulp Cap, Direct.....	\$19.00
D3120	Pulp Cap, Indirect.....	\$24.00

D3220	Pulpotomy.....	\$35.00
D3310	Root Canal, Anterior.....	\$185.00
D3320	Root Canal, Bicuspid.....	\$209.00
D3330	Root Canal, Molar.....	\$259.00
D3920	Hemisection.....	\$65.00

A Specific root canal treatment or retreatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.

Periodontics

D4210	Gingivectomy/Gingivoplasty- Per Quadrant.....	\$180.00
D4211	Gingivectomy/Gingivoplasty Per Tooth.....	\$50.00
D4240	Gingival Flap Procedure, Including Root Planning-Per Quadrant.....	\$200.00
D4260	Osseous Surgery-Per Quadrant (Including Flap Entry and Closure).....	\$260.00
D4341	Periodontal Scaling and Root Planing (Per Quadrant).....	\$75.00
D4355	Full Mouth Debridement.....	\$70.00
D4910	Periodontal Maintenance Procedures Following Active Therapy.....	\$30.00

A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.

Prosthodontics-Removable

(Lab Fees Additional Cost)

D5110	Complete Upper Denture (Including six months post care).....	\$400.00
D5120	Complete Lower Denture (Including six months post care).....	\$400.00
D5130	Immediate Upper.....	\$420.00
D5140	Immediate Lower.....	\$420.00
D5211	Upper Partial Denture-Resin Base.....	\$250.00
D5212	Lower Partial Denture-Resin Base.....	\$250.00
D5213	Upper Partial- Predominantly Cast Base.....	\$400.00
D5214	Lower Partial- Predominantly Cast Base.....	\$400.00
D5410	Adjust Complete Denture.....	\$15.00
D5510	Repair Broken Complete Denture Base....	\$40.00
D5610	Repair Resin Denture Base.....	\$35.00
D5630	Repair or Replace Broken Clasp.....	\$45.00
D5640	Replace Broken Teeth-Per Tooth.....	\$30.00
D5650	Add Tooth to Existing Partial Denture.....	\$45.00
D5660	Add Clasp to Existing Partial Denture.....	\$65.00
D5730	Reline Complete Upper(Chairside).....	\$75.00
D5731	Reline Complete Lower(Chairside).....	\$75.00
D5740	Reline Upper Partial(Chairside).....	\$75.00
D5741	Reline Lower Partial(Chairside).....	\$75.00
D5810	Temporary Complete Denture Upper.....	\$200.00
D5811	Temporary Complete Denture Lower.....	\$200.00
D5820	Temporary Partial-Stay Plate Upper.....	\$180.00
D5821	Temporary Partial-Stay Plate Lower.....	\$180.00

Prosthodontics

D6241 Pontic-Porcelain Fused to Base Metal.....	\$320.00
D6751 Crown-Porcelain Fused to Base Metal.....	\$320.00
D6791 Crown-Full Cast Fused to Base Metal.....	\$270.00
D6930 Recement Bridge.....	\$20.00
D6940 Stress Breaker.....	\$90.00
D6950 Precision Attachment(Each).....	\$225.00

A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.

Oral Surgery

D7110 Single Tooth Extraction.....	\$36.00
D7120 Each Additional Tooth.....	\$34.00
D7130 Root Removal-Exposed Roots.....	\$48.00
D7210 Surgical Extraction-Erupted.....	\$68.00
D7220 Removal of Impacted Tooth-Soft Tissue.....	\$78.00
D7230 Removal of Impacted Tooth-Part Bony.....	\$109.00
D7240 Removal of Impacted Tooth- Completely Bony.....	\$129.00
D7241 Removal of Impacted Tooth- Completely Bony, with Unusual Surgical Complications.....	\$189.00
D7250 Root Recovery.....	\$72.00
D7280 Surgical Exposure Per Tooth.....	\$66.00
D7310 Alveoloplasty (Per Quadrant, With Extractions).....	\$78.00
D7320 Alveoloplasty (Per Quadrant, Without Extractions).....	\$84.00
D7960 Frenectomy.....	\$99.00

A specific oral surgery treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.

Orthodontics (General Dentist Only)

D8999 Diagnostic Work Up Radiographs, Model, Records.....	\$120.00
D8080 Child(General Dentist) Class I or II For 24 Month Treatment.....	\$2200.00
D8090 Adult(General Dentist) Class I or II for 24 Month Treatment.....	\$2400.00
D8680 Orthodontic Retention.....	\$230.00

A special orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.

General Services

D9999 Failed Appointment (Without 24 Hours Notice).....	\$30.00
D9999 Palliative (Emergency)Treatment.....	\$20.00
D9999 Office Visit-After Hours.....	\$45.00

Specialty Care Services

All scheduled charges listed are for services rendered by an affiliated general dentist. All treatments provided by a affiliated specialty dentist(advanced degree) in Endodontics, Periodontics Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentists usual and customary fee for the treatment.

Other Procedures and Payment for Services
Any procedure not listed on the Schedule of Dental Program Fees is available at the affiliated dentist's usual and customary fee less a 20% discount-this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at time of service. The member may negotiate payment terms with the affiliated dentist, however, an additional charge may be added for payment terms.

Asepsis Fee

An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all members.

EXCLUSIONS AND LIMITATIONS

The following Exclusions and Limitations Apply:

- Services covered under workmans compensation or Employer's Liability Laws
- Cost of Any Dental Care Covered by Any Insurance
- Services Which, in The Opinion of The Attending Dentist, Are Not Necessary for the Patient's Dental Health or Cannot Be Performed Because of the General Health of the Patient
- General Anesthesia, I.V. Sedation, Hospitalization and Hospital or Medical Charges of Any Type

Member Fees Apply Only To Services Rendered By Affiliated Dental Offices And Are Subject To Change In The Future.

Member Fees Do Not Apply To Work In Progress Or If The Patients Membership In No Longer Valid

ASB Assumes No Responsibility Or Liability For Services Rendered By Affiliated Dentists.

Any Member Accepted For Orthodontic Treatment Must Remain A Member Of The Plan For The Complete Duration Of The Treatment Or Risk Additional Charges By The Affiliated Dentist.

Any Procedure May Present Unusual Circumstances Requiring An Additional Cost, Please Consult The Affiliated Dentist As To The Total Treatment Cost Prior To Any Service Being Rendered.

IMPORTANT NOTICE

The Dental Benefit Program Does Not Constitute Dental Insurance And Is Not A Health Maintenance Organization Contract. ASB Does Not Reimburse The Affiliated Dentist Or Indemnify The Member For The Cost Of Dental Services Received By The Member.