Plan 504 Fee Schedule

• Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating

DIAGNOSTIC (Exams, X-Rays)

PREVENTIVE (Cleanings, etc.)

RESTORATIVE (Fillings)

RESTORATIVE (Crowns)

Average Price

\$91

\$134

\$161

\$228

\$53

\$45

\$51

\$81

\$97

\$114

\$197

Average Price

\$158

\$119

\$97

\$535

\$640

Average Price

\$252

\$321

\$389

\$465

\$296

\$355

\$435

\$540

\$318

\$408

\$501

\$583

Average Price

\$1660

\$1804

\$1904

\$1789

\$1817

\$1998

\$1744

\$468

\$562

\$468

\$139

\$702

\$572

Average Price

\$147

\$147

\$368

\$1283

\$1470

\$1771

Average Price

\$1079

\$441

\$234

Average Price

\$3049

\$3058

\$3183

\$3207

\$2393

\$2372

\$3113

\$3136

\$161

\$161

\$334

\$455

\$395

\$457

\$660

\$654

\$628

\$635

\$802

\$801

Average Price

\$11816

\$8483

\$2472

\$2551

\$2663

\$1880

\$1807

\$1809

\$1938

\$1763

\$1825

Average Price

\$334

\$492

\$558

\$695

\$851

\$535

\$548

\$775

\$429

Average Price

\$8160

\$8334

\$8489

Average Price

\$230

\$111

\$146

\$329

\$1136

Back to Top

Savings

78% off

81% off

84% off

72% off

73% off

80% off

72% off

76% off

74% off

71% off

68% off

Back to Top

Savings

71% off

67% off

70% off

74% off

72% off

Back to Top

Savings

75% off

75% off

75% off

75% off

72% off

73% off

72% off

71% off

68% off

64% off

62% off

62% off

Back to Top

Savings

83% off

66% off

63% off

64% off

62% off

65% off

62% off

68% off

70% off

68% off

76% off

67% off

68% off

Back to Top

Savings

77% off

77% off

78% off

68% off

67% off

65% off

Back to Top

Savings

60% off

68% off

62% off

Back to Top

Savings

71% off

71% off

70% off

70% off

63% off

63% off

67% off

67% off

70% off

70% off

76% off

79% off

78% off

76% off

70% off

70% off

70% off

70% off

67% off

67% off

Back to Top

Savings

\$2363 off

\$1696 off

\$494 off

\$510 off

\$532 off

66% off

67% off

66% off

65% off

65% off

65% off

Back to Top

Savings

76% off

62% off

70% off

69% off

67% off

72% off

75% off

74% off

76% off

Back to Top

Savings

\$1632 off

\$1666 off

\$1697 off

Back to Top

Savings

78% off

82% off

76% off

77% off

74% off

You Pay

\$20

\$25

\$25

\$62

\$14

\$9

\$14

\$19

\$25

\$32

\$62

You Pay

\$45

\$39

\$29

\$134

\$178

You Pay

\$62

\$80

\$94

\$116

\$80

\$95

\$121

\$152

\$101

\$146

\$187

\$216

You Pay

\$282

\$598

\$701

\$638

\$680

\$687

\$646

\$146

\$166

\$146

\$33

\$229

\$179

You Pay

\$33

\$33

\$80

\$399

\$480

\$607

You Pay

\$422

\$138

\$88

You Pay

\$884

\$884

\$952

\$952

\$865

\$865

\$1007

\$1007

\$48

\$48

\$80

\$95

\$83

\$106

\$196

\$196

\$187

\$187

\$258

\$258

You Pay

20% Discount

20% Discount

20% Discount

20% Discount

20% Discount

\$633

\$584

\$607

\$661

\$613

\$637

You Pay

\$80

\$185

\$164

\$211

\$276

\$147

\$134

\$195

\$101

You Pay

20% Discount

20% Discount

20% Discount

You Pay

\$50

\$19

\$34

\$74

\$293

This schedule applies to services provided by a participating Careington General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Member is responsible for all charges at the time of service. Fee schedules are subject to change without prior notification to members.
Dental procedure codes not listed on this schedule will be discounted at 20% off the General Dentist's normal fee at

the time of service.

ADA

code

0120

0140

0150

0210

0220

0230

0270

0272

0273

0274

0330

ADA

code

1110

1120

1351

1510

1520

ADA

code

2140

2150

2160

2161

2330

2331

2332

2335

2391

2392

2393

2394

ADA

code

2710

2720

2750

2751

2752

2790

2791

2930

2931

2950

2951

2952

2954

ADA

code

3110

3120

3220

3310

3320

3330

ADA

code

4210

4341

4910

ADA

code

5110

5120

5130

5140

5211

5212

5213

5214

5410

5411

5520

5630

5650

5660

5730

5731

5740

5741

5750

5751

ADA

code

6040

6050

6065

6066

6067

6240

6241

6242

6750

6751

6752

ADA

code

7140

7210

7220

7230

7240

7250

7310

7320

7510

ADA

code

8070

8080

8090

ADA

code

9110

9215

9230

9951

9952

Discount plans are not insurance.

Specialists will give a 20% discount off of their normal fees.

Disclaimers outlined on last page of this document

Periodic Oral Exam

Full Mouth X-Ray

1 Bitewing X-Ray

2 Bitewing X-Rays

3 Bitewing X-Rays

4 Bitewing X-Rays

Panoramic X-Ray

Adult Cleaning (Prophylaxis)

Child Cleaning (Prophylaxis)

Space Maintainer (Fixed, One-Sided)

Silver (Amalgam) Filling - 1 Surface

Silver (Amalgam) Filling - 2 Surfaces

Silver (Amalgam) Filling - 3 Surfaces

Silver (Amalgam) Filling - 4 Surfaces

White (Resin) Filling - 1 Surface, Front Tooth

White (Resin) Filling - 2 Surfaces, Front Tooth

White (Resin) Filling - 3 Surfaces, Front Tooth

White (Resin) Filling - 4 Surfaces, Front Tooth

White (Resin) Filling - 1 Surface, Back Tooth

White (Resin) Filling - 2 Surfaces, Back Tooth

White (Resin) Filling - 3 Surfaces, Back Tooth

White (Resin) Filling - 4 Surfaces, Back Tooth

White (Resin) Crown - Temporary

White (Resin) + High Noble Metal Crown

Porcelain + High Noble Metal Crown

Porcelain + Base Metal Crown

Porcelain + Noble Metal Crown

Full Cast Base Metal Crown

Full Cast High Noble Metal Crown

Prefabricated Stainless Steel Crown (Baby Tooth)

Prefabricated Stainless Steel Crown (Permanent

Core Buildup (Prepares Tooth for Crown)

Custom-Made Post And Core to Hold Crown in

Prefabricated Post And Core to Hold Crown in

ENDODONTICS (Root Canals, etc.)

PERIODONTICS (Scaling / Deep Cleaning / Root Planing, etc.)

PROSTHODONTICS (Dentures - Removable, Partials, etc.)

Additional Pins to Hold Crown in Place

Pulp Removal (Therapeutic Pulpotomy)

Gingivectomy or Gingivoplasty (4+ teeth per

Deep Cleaning / Scaling And Root Planing (4+

Space Maintainer (Removable, One-Sided)

Sealant (Per Tooth)

Procedure

Procedure

Procedure

Tooth)

Place

Place

Procedure

Pulp Cap (Direct)

Pulp Cap (Indirect)

Root Canal - Molar

Procedure

quadrant)

Procedure

teeth per quadrant)

Periodontal Maintenance

Full Upper Denture (Standard)

Full Lower Denture (Standard)

Full Upper Denture (Immediate)

Full Lower Denture (Immediate)

Partial Upper Denture - Plastic Base

Partial Lower Denture - Plastic Base

Partial Upper Denture - Metal Base

Partial Lower Denture - Metal Base

Adjust Complete Upper Denture

Adjust Complete Lower Denture

Replace Missing or Broken Tooth on Full Denture

Repair or Replace Broken Clasp on Denture

Add Tooth to Existing Partial Denture

Add Clasp to Existing Partial Denture

Reline Full Upper Denture (In Office)

Reline Full Lower Denture (In Office)

Reline Partial Upper Denture - In Office

Reline Partial Lower Denture (In Office)

Implant, Surgical Placement (Eposteal)

Porcelain Crown Supported by Implant

Metal Crown Supported by Implant

Implant, Surgical Placement (Transosteal)

Porcelain/Metal Crown Supported by Implant

Bridge Replacement Tooth (Porcelain/High Noble

Bridge Replacement Tooth (Porcelain/Base

Bridge Replacement Tooth (Porcelain/Noble

Bridge Crown (Porcelain + High Noble Metal)

Bridge Crown (Porcelain + Base Metal)

Bridge Crown (Porcelain + Noble Metal)

Surgical Extraction of Impacted Tooth (Soft

Surgical Extraction of Impacted Tooth

Alveoplasty (Smoothing of Jawbone) with

Alveoplasty (Smoothing of Jawbone) without

Incision to Drain an Abscess (Soft Tissue)

Braces - Complete Treatment (Mix of Permanent

Braces - Complete Treatment (Adolescent)

Emergency (Palliative) Treatment for Pain

Bite Reshaping (Limited Occlusal Adjustment)

Bite Reshaping (Complete Occlusal Adjustment)

Nitrous Oxide ("Laughing Gas")

Braces - Complete Treatment (Adult)

Surgical Removal of Tooth Roots

Extraction (4+ teeth per quadrant)

Extraction (4+ teeth per quadrant)

Surgical Extraction of Impacted Tooth (Partially

PROSTHODONTICS - FIXED (Bridges, Dentures, etc.)

ORAL SURGERY (Tooth Extractions, etc.)

ORTHODONTICS (Braces - Children and Adults, etc.)

ADJUNCTIVE SERVICES (Anesthesia, Analgesia, etc.)

Reline Full Upper Denture (Lab)

Reline Full Lower Denture (Lab)

Procedure

Metal)

Metal)

Metal)

Procedure

Tissue)

Bony)

Simple Extraction

Surgical Extraction

(Completely Bony)

Procedure

Procedure

Local Anesthesia

And Baby Teeth)

Root Canal - Front Tooth

Root Canal - Bicuspid Tooth

Problem-Focused Oral Exam

Comprehensive Oral Exam

1 Periapical X-Ray Image

Each Additional Periapical X-Ray Image

Procedure

• Fee schedules are determined by the zip code of the participating provider.