

**Schedule of Services**

- 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.**
- Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees.
- **Discount plans are not insurance**

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$26
D0140 Limited oral evaluation - problem focused	\$39
D0150 Comprehensive oral evaluation - new or established patient	\$44
D0210 Intraoral - complete series of radiographic images	\$75
D0220 Intraoral - periapical first radiographic image	\$15
D0230 Intraoral - periapical each additional radiographic image	\$13
D0270 Bitewing - single radiographic image	\$14
D0272 Bitewings - two radiographic images	\$20
D0273 Bitewings - three radiographic images	\$25
D0274 Bitewings - four radiographic images	\$29
D0330 Panoramic radiographic image	\$63
Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$49
D1120 Prophylaxis - child	\$39
D1351 Sealant - per tooth	\$29
D1510 Space maintainer - fixed, unilateral - per quadrant	\$187
D1516 Space maintainer - fixed - bilateral, maxillary	20% Discount
D1520 Space maintainer - removable, unilateral - per quadrant	\$223
D1526 Space maintainer - removable - bilateral, maxillary	20% Discount
Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$62
D2150 Amalgam - two surfaces, primary or permanent	\$83
D2160 Amalgam - three surfaces, primary or permanent	\$100
D2161 Amalgam - four or more surfaces, primary or permanent	\$122
D2330 Resin-based composite - one surface, anterior	\$77
D2331 Resin-based composite - two surfaces, anterior	\$98
D2332 Resin-based composite - three surfaces, anterior	\$126
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$157
D2391 Resin-based composite - one surface, posterior	\$87
D2392 Resin-based composite - two surfaces, posterior	\$122
D2393 Resin-based composite - three surfaces, posterior	\$157
D2394 Resin-based composite - four or more surfaces, posterior	\$185
D2710 Crown - resin-based composite (indirect)	\$267
D2720 Crown - resin with high noble metal	\$568
D2750 Crown - porcelain fused to high noble metal	\$667
D2751 Crown - porcelain fused to predominantly base metal	\$600
D2752 Crown - porcelain fused to noble metal	\$625
D2790 Crown - full cast high noble metal	\$646
D2791 Crown - full cast predominantly base metal	\$564
D2930 Prefabricated stainless steel crown - primary tooth	\$150
D2931 Prefabricated stainless steel crown - permanent tooth	\$174
D2950 Core buildup, including any pins when required	\$152
D2951 Pin retention - per tooth, in addition to restoration	\$33
D2952 Post and core in addition to crown, indirectly fabricated	\$238
D2954 Prefabricated post and core in addition to crown	\$187

Endodontic Services (continued)	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$40
D3120 Pulp cap - indirect (excluding final restoration)	\$40
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$95
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$380
D3320 Endodontic therapy, premolar tooth (excluding final restorations)	\$457
D3330 Endodontic therapy, molar tooth (excluding final restorations)	\$576
Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$360
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$133
D4910 Periodontal maintenance	\$77
Prosthodontic Services (removable)	Member Pays
D5110 Complete denture - maxillary	\$859
D5120 Complete denture - mandibular	\$859
D5130 Immediate denture - maxillary	\$906
D5140 Immediate denture - mandibular	\$911
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$645
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$645
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$924
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$929
D5410 Adjust complete denture - maxillary	\$46
D5411 Adjust complete denture - mandibular	\$46
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$94
D5611 Repair resin partial denture base, mandibular	20% Discount
D5630 Repair or replace broken retentive/clasping materials - per tooth	\$133
D5650 Add tooth to existing partial denture	\$116
D5660 Add clasp to existing partial denture - per tooth	\$141
D5730 Reline complete maxillary denture (chairside)	\$195
D5731 Reline complete mandibular denture (chairside)	\$195
D5740 Reline maxillary partial denture (chairside)	\$182
D5741 Reline mandibular partial denture (chairside)	\$182
D5750 Reline complete maxillary denture (laboratory)	\$263
D5751 Reline complete mandibular denture (laboratory)	\$259

Implant Services	Member Pays
D6000 through D6199	20% Discount
Prosthetic Services (fixed)	Member Pays
D6240 Pontic - porcelain fused to high noble metal	\$645
D6241 Pontic - porcelain fused to predominantly base metal	\$602
D6242 Pontic - porcelain fused to noble metal	\$619
D6750 Retainer crown - porcelain fused to high noble metal	\$666
D6751 Retainer crown - porcelain fused to predominantly base metal	\$602
D6752 Retainer crown - porcelain fused to noble metal	\$622
Oral Surgery Services	Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$80
D7210 Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$199
D7220 Removal of impacted tooth - soft tissue	\$178
D7230 Removal of impacted tooth - partially bony	\$225
D7240 Removal of impacted tooth - completely bony	\$277
D7250 Removal of residual tooth roots (cutting procedure)	\$164

Oral Surgery Services (continued)	Member Pays
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$161
D7320 Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$226
D7510 Incision and drainage of abscess - intraoral soft tissue	\$106
Orthodontic Services	Member Pays
D8070 Comprehensive orthodontic treatment of the transitional dentition	20% Discount
D8080 Comprehensive orthodontic treatment of the adolescent dentition	20% Discount
D8090 Comprehensive orthodontic treatment of the adult dentition	20% Discount
Adjunctive Services	Member Pays
D9110 Palliative (emergency) treatment of dental pain - minor procedure	\$58
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$25
D9230 Inhalation of nitrous oxide / anxiolysis, analgesia	\$34
D9951 Occlusal adjustment - limited	\$88
D9952 Occlusal adjustment - complete	\$360

### Exclusions & Limitations

1. If the General Dentist's normal fee for any dental procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that dental procedure.
2. Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
3. Fees subject to change.
4. While all participating Careington providers are professionally licensed in the state in which they practice, Careington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating Careington provider should be directed in writing to: **Careington International Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034**. Please call **800-290-0523** if you have any further questions.
5. It is the member's responsibility to verify that the dentist is a participating provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.
6. The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your Careington provider for a detailed treatment plan prior to beginning any work.
7. Careington cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. Not all types of dentists may be available in your area.

