

INLAYS (12 MONTH WAITING PERIOD MUST BE SATISFIED)	
METALLIC INLAY	
two surfaces	520.00
three surfaces	550.00
PORCELAIN INLAY	
one surface	476.00
two surfaces	550.00
three surfaces	600.00
reacement inlay	70.00

MAJOR RESTORATIVE

Pre-op periapical x-ray required.

There is a 3 year frequency limitation on replacements.

CROWNS (12 MONTH WAITING PERIOD MUST BE SATISFIED)	
resin (laboratory)	190.00
porcelain jacket	615.00
porcelain with metal	645.00
full cast metal	620.00
3/4 cast metallic	560.00
gold shell crown	200.00
PORCELAIN LAMINATE	400.00
RECEMENT CROWN	70.00
REPAIR OR REPLACE CROWN FACING	150.00
STAINLESS STEEL CROWN	145.00
CROWN BUILD-UP INC. PINS	100.00
PIN SUPPORT PER TOOTH	40.00
CAST POST & CORE	210.00
PREFAB POST AND CORE	165.00

ENDODONTICS

x-ray evidence of satisfactory completion required

PULP CAP-DIRECT	40.00
PULP CAP-INDIRECT	30.00
VITAL PULPOTOMY	100.00
ROOT CANAL THERAPY, including x-rays	
one canal	475.00
two canals	550.00
three canals	650.00
four or more canals	700.00
APICOECTOMY	
first root	475.00
maximum per tooth	600.00
RETROGRADE FILLING	200.00
ROOT RESECTION	280.00
HEMISECTION	200.00

PROSTHODONTICS (12 MONTH WAITING PERIOD MUST BE SATISFIED)

Pre-operative X-rays are required when filing a claim for pre-treatment review or payment on all prosthetics. X-rays of the full arch must be included for all bridgework. There is a five year frequency limitation from date of installation on all prosthetics.

COMPLETE DENTURE	900.00
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UPPER /LOWER PARTIAL	
acrylic base with clasps	935.00
cast metal base	750.00
REMOVABLE UNILATERAL 3 or 4 teeth	650.00
OBTURATOR	304.00
BRIDGE PONTIC	
full cast	610.00
plastic with metal	560.00
porcelain with metal	610.00
resin (laboratory)	540.00
cast gold pontic	610.00
any other pontic	530.00
ABUTMENT-INLAY 3 SURFACE	550.00
BRIDGE ABUTMENT	
plastic with metal	560.00
porcelain fused to metal	625.00
3/4 crown	565.00
full cast	595.00
porcelain jacket	590.00
CAST METL RETNR-ACID ETCH BRIDGE	340.00
RECEMENT BRIDGE	70.00
PRECISION ATTACHMENT	260.00
DENTURE REPAIRS	
repair complete denture base	125.00
repair denture replace tooth	85.00
replace broken tooth in denture	85.00
replace ext tooth	90.00
repair cast framework	125.00
add clasp to partial denture	120.00
reline complete denture-chairside	140.00
reline complete denture-lab	250.00
reline partial denture-chairside	140.00
reline partial lower-lab	180.00
rebase denture	250.00

PERIODONTIC SERVICES

ROOT SCALING, GINGIVAL CURETTAGE & BITE

CORRECTION, including prophylaxis,	
per quad	65.00
entire mouth	140.00
<i>maximum-one visit every three months</i>	
occlusal adjustment limited	45.00
occlusal adjustment complete	120.00
<i>maximum allowance on any combination of the above services is \$560 in a twelve mth period</i>	

PERIODONTAL SURGERY

confirmation by charting and/or x-rays required

per quadrant of at least 5 teeth

gingivectomy, gingivoplasty and mucogingival surgery	
per quadrant	210.00
osseous graft-single site	250.00
osseous graft-per quadrant	450.00
osseous surgery,	
including gingivectomy-per quad	575.00
pedicle soft tissue grafts	450.00
free soft tissue grafts	375.00

ORAL SURGERY

ROUTINE EXTRACTION	100.00
EXTRACTION-ROOT REMOVAL	120.00
SURGICAL EXTRACTION	200.00
<i>must be demonstrated by x-ray</i>	
impaction-soft tissue	250.00
impaction-partial bony	325.00
impaction-complete bony	375.00
residual roots	175.00
ALVEOLECTOMY	235.00
ALVEOLECTOMY-DENTURE PREP	80.00
BIOPSY OF SOFT TISSUE	135.00
EXCISION OF TUMOR	325.00
CYST REMOVAL <1.25cm	345.00
CLOSURE OF ORAL ANTRAL FISTULA	150.00
SURG. EXP-IMP/UNERUP(FOR ORTHO)	350.00
SURG. EXPOSURE-IMP/UNERUP	125.00
INCISION AND DRAINAGE	100.00
MAXILLA-CLOSED REDUCTION	510.00
UPPER/LOWER JAW-OPEN REDUCTION	850.00
UPPER JAW-CLOSED REDUCTION	510.00
FRACTURE LOWER JAW CLOSED	740.00
OPEN REDUCTION OF DISLOCATION	210.00
CLOSED REDUCTION OF DISLOCATION	210.00
REMOVAL OF LABIAL FRAENUM	175.00
GENERAL ANESTHESIA	156.00
ANESTHESIA IV SEDATION	150.00

ORTHODONTICS (12 MONTH WAITING PERIOD MUST BE SATISFIED)

DIAG. & INITIAL ORTHO APPLIAN.	500.00
ACTIVE ORTHO TREAT. PER MONTH	200.00
<i>maximum of \$600 in a 12 month period</i>	
REMOVABLE APPL.-harmful habit	150.00
RETAINER	100.00
REMOVABLE INTERCEPTIVE APPL.	85.00
FIXED INTERCEPTIVE	85.00
OVERALL MAXIMUM PER PERSON PER LIFETIME	2,400.00

ADJUNCTIVE SERVICES

PALLIATIVE TREATMENT	35.00
<i>no other treatment that visit</i>	
SPECIALIST CONSULTATION	52.00
<i>maximum-one per specialty in a calendar year</i>	
SECOND OPINION CONSULTATION	41.00

OPTICAL BENEFITS SCHEDULE

Optical Benefits are payable once every 12 month period. The plan will pay for either contact lenses or eyeglasses in one 12 month period, but not both.

OPTICAL EXAM	70.00
FRAMES	100.00
SINGLE VISION LENSES	80.00
BIFOCAL LENSES	110.00
TRIFOCAL LENSES	180.00
LENTICULAR	200.00
SUBNORMAL	220.00
CONTACT LENSES	150.00

DENTAL AND VISION FEE SCHEDULE

Please refer to the booklet for a complete explanation of exclusions and limitations for all services and fees listed below.

SCHEDULE OF DENTAL ALLOWANCES

DIAGNOSTIC & PREVENTIVE

ORAL EXAMINATION	35.00
FULL MOUTH SERIES	
10 to 14 periapical/bitewing films	75.00
PANORAMIC FILM	60.00
INTRAORAL FILM	
periapical or bitewing, first film	10.00
periapical or bitewing, each additional	6.00
OCCLUSAL FILM	41.00
CEPHALOMETRIC FILM	45.00
POSTERIOR-ANTERIOR film	40.00
LATERAL FILM	45.00
TEMPOROMANDIBULAR FILM	64.00
BACTERIOLOGIC STUDIES	75.00
DIAGNOSTIC CASTS	35.00
PULP VITALITY TEST	25.00
PROPHYLAXIS, including scaling and polishing	
adult	65.00
child	50.00
<i>maximum-one in six consecutive mths</i>	
SEALANT	24.00
<i>to age 19, permanent molars only</i>	
FLUORIDE TREATMENT	
excluding prophylaxis, to age 16	36.00
<i>maximum-one in six consecutive mths</i>	
SPACE MAINTAINER	
acrylic	202.00
metal	242.00

BASIC RESTORATIVE

SILVER AMALGAM FILLINGS-PRIMARY	
one surface	40.00
two surfaces	55.00
three surfaces	78.00
four or more surfaces	88.00
SILVER AMALGAM FILLINGS-PERMANENT	
one surface	75.00
two surfaces	90.00
three surfaces	110.00
four or more surfaces	130.00
COMPOSITE RESIN	
one surface	100.00
two surface	125.00
three or more surfaces	140.00
BONDING	110.00
SEDATIVE FILLING	45.00
SILICATE CEMENT FILLING	40.00

EFFECTIVE SEPTEMBER 1, 2001