

**DIAGNOSTIC**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
Consultation (no x-rays)	n/a	40
Comprehensive Exam	n/a	75
Emergency Exam	40	95
Palliative Treatment	45	55
Periodic Exam (recall)	n/a	75
Diagnostic Casts	50	60
Oral/Facial Photographic Images	20	45
Full Mouth X-rays	80	165
Panorax	80	165
Oral Cancer Testing	65	95
Periapical Xray 1st Film	10	25
Periapical Xray each additional	5	20
Bitewing Xray single film	75	75
Bitewing Xrays 2films	25	45
Bitewing Xrays 4 films	35	65

**PREVENTIVE**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
Child Cleaning & Polish	60	75
Adult Cleaning & Polish*	75	90
Topical Fluoride Treatment-child	30	95
Topical Fluoride Treatment-adult	30	48
Sealant (per tooth)	45	65
Nightguard	375	625
Occlusal Guard	375	625

\* More involved cleanings see periodontics  
 † routine cleaning covered per member in a 6 month period

**RESTORATIVE**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
<b>Amalgam (silver) Fillings</b>		
1 Surface	65	95
2 Surface	90	110
3 Surface	120	140
<b>Composite (white) Fillings</b>		
Anterior (front)		
1 Surface	100	165
2 Surface	130	185
3 Surface	165	210
Posterior (back)		
1 Surface	130	185
2 Surface	165	210
3 Surface	195	275
4 Surface	210	310
Sedative Filling	95	125

**FIXED PROSTHODONTICS**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
<b>Crowns (per tooth)</b>		
Crown- Porcelain & Noble Metal	650	1200
Crown-CAPTEK (porcelain w/gold liner)	750	1300
Crown-PROCERA (all ceramic)	850	1400
Crown-LAVA (zirconia)	950	1500
<b>Bridges (per tooth)</b>		
Bridge- Porcelain & Noble Metal	650	1200
Bridge- CAPTEK (porcelain w/gold liner)	750	1300
Bridge- PROCERA (all ceramic)	850	1400
Bridge- LAVA (zirconia)	950	1500
<b>Other</b>		
Preb Post & Core	225	300
Cast Post & Core	300	425
Cone Build Up	185	235
Lab Processed Temporary (per tooth)	180	250
Replacement Crown/Bridge (per tooth)	50	75
Remove Crown/Bridge (per tooth)	85	150
Post Removal	195	275

**REMOVEABLE PROSTHODONTICS**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
Complete Denture (per arch)	650	1250
Partial Denture (per arch)	900	1350
Vaipast Partial Denture (per arch)	1250	1500
Temporary Denture	450	550
Immediate Denture (per arch)	650	1250
<b>Repairs</b>		
Denture Adjustments n/a: n/a		
Add/Repair tooth -existing partial denture	120	150
Add/Repair clasp -existing partial denture	130	175
Reline Denture	225	325
Repair Acrylic	130	160

**ENDODONTICS**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
Direct/Indirect Pulp Cap	65	100
Pulpectomy	125	185
Anterior Root Canal*	375	500
Bicuspid Root Canal*	475	725
Molar Root Canal*	475	650

\* Initial Root Canal Therapy Only- Retreats not included

**PEDIATRICS**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
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Stainless Steel Crown	125	175
Composite Crown	180	200

**PERIODONTICS**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
Full Mouth Debridement	250	415
Scaling & Root Planning (per quadrant)	165	250
Irrigation w/medication	95	130
Crown Lengthening	475	550
Periodontal Maintenance*	165	210

\* Following active therapy- 1 visit every 2 months & routine for this procedure. Every other visit n/a as long as dx is 90-110 days from last post op visit n/a

**ORAL SURGERY**

SERVICE DESCRIPTION	MEMBER PLAN	NON-MEMBER PRIVATE
Single Extraction - Every Adult Tooth	130	160
Surgical Extraction Every Adult Tooth	175	250
Soft Tissue Impaction	320	375
Partial Bony Impaction	300	375