

PLAN 501-500 SERIES
THIS IS NOT AN INSURANCE PLAN
Sample Fee Schedule



This sample schedule is an abbreviated list taken from the full 500 Series - 501 fee schedule and applies to services provided by a participating general dentist. The purpose of this schedule is to establish the maximum fee that a general dentist will charge for each listed procedure. Participant is responsible for full payment of all charges at the time of service, including any lab fees. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 20% discount. Your participating provider will have a complete fee schedule, or you may request one by calling 800-290-0523.

Code	Diagnostic and Preventive	Fee	Code	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$14	D6000 through D6096 Implant Services	20% Discount
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$18	Oral Surgery	
D0210	X - Rays - Intraoral - Complete Series (including bitewings)	\$40	D7140	Extraction, erupted Tooth or Exposed Root (elevation and/or forceps removal) \$51
D0270	Bitewing X - Ray - Single Film	\$10	D7220	Removal of Impacted Tooth - Soft Tissue \$104
D0272	Bitewings - Two Films	\$13	D7240	Removal of Impacted Tooth - Completely Bony \$196
D0273	Bitewings - Three Films	\$17	Orthodontics	
D0274	Bitewings - Four Films	\$20	D8080	Complete Orthodontic Treatment - Adolescent Dentition 20% Discount
D0330	Panoramic Film	\$40	D8090	Complete Orthodontic Treatment - Adult Dentition 20% Discount
D1110	Prophylaxis - Adult Cleaning	\$29	Miscellaneous Services	
D1120	Prophylaxis - Child Cleaning	\$21	D9215	Local Anesthesia \$12
Restorative			D9230	Analgesia \$24
D2140	Amalgam - One Surface, Primary or Permanent	\$40	<p>*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.</p> <p>*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.</p> <p>*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.</p> <p>*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.</p> <p>*Careington can not 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.</p> <p>*Careington may periodically adjust this fee schedule with 30 days notice to Client.</p> <p>*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, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.</p>	
D2330	Resin - Based Composite - One Surface, Anterior	\$51		
D2391	Resin - Based Composite - One Surface, Posterior	\$64		
D2750	Crown - Porcelain Fused to High Noble Metal	\$473		
D2790	Crown - Full Cast High Noble Metal	\$465		
D2950	Core Buildup - Including Any Pins	\$93		
Endodontics				
D3110	Pulp Cap Direct (excluding final restoration)	\$21		
D3310	Root Canal - Anterior (excluding final restoration)	\$272		
D3320	Root Canal - Bicuspid (excluding final restoration)	\$322		
D3330	Root Canal - Molar (excluding final restoration)	\$406		
Periodontics				
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$271		
D4341	Periodontal Scaling and Root Planing - Four or More	\$94		
D4910	Periodontal Maintenance	\$60		
Prosthodontics (Removable)				
D5110	Complete Denture - Maxillary	\$595		
D5120	Complete Denture - Mandibular	\$595		
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$583		
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$583		
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$675		
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$675		
D5410	Adjust Complete Denture - Maxillary	\$34		
D5411	Adjust Complete Denture - Mandibular	\$34		
D5730	Reline Complete Maxillary Denture (chairside)	\$126		
D5731	Reline Complete Mandibular Denture (chairside)	\$126		