

Comfort Dental Gold Plan Membership

Fees* ** ***

ADA Code	Member's Service	UCR	GP
Preventative and Diagnostic			
0110	Initial Oral Exam	80	19
0120	Periodic Oral Exam	60	25
0130	Emergency Exam	80	25
0210	Full Mouth X-rays	95	0
0220	PA X-ray	28	0
0230	Additional PA	22	0
0274	Bitewing X-ray	45	0
0470	Diagnostic Cast	75	25
1110	Prophy	105	80
1208	Fluoride Varnish	40	25
1351	Sealant	55	25
1510	Unilateral Spacer	250	175
1515	Bilateral Spacer	340	250
9440	Afterhours visit	210	125
0431	Velscope	50	10
Restorative (Fillings)			
Amalgam Restorations			
2140	One surface	110	75
2150	Two surfaces	140	85
2160	Three surfaces	180	105
2161	4 or more surfaces	211	125
Anterior Resin Restorations			
2330	One Surface	135	85
2331	Two Surfaces	165	95
2332	Three Surfaces	185	115
2335	4 or more surfaces	240	130
Posterior Resin Restorations			
2391	One Surfaces	200	105
2392	Two Surfaces	220	135
2393	3 or more Surfaces	300	155
Oral Surgery			
7140	Simple Extraction	145	95
7210	Surgical Extraction	245	165
7220	Soft Tissue Impact	280	200
7230	Partial Bony Impact	420	250
7240	Complete Bony Imp.	510	325
7250	Surgical Root Recvry	210	150
7270	Tooth Stabilization	510	225
7310	Alveoplasty with EXT	240	110
7320	Alveoplasty/quad	375	200
7510	Drain abscess	130	75
0330	PANO	115	25
Endodontics			
3220	Therapeutic Pulp	180	125
3221	Pupal Debridement	210	125
3310	RC Anterior	700	385
3320	RC pre-molar	810	475
3330	RC molar	1050	655
3410	Apicoectomy	500	250

ADA Code	Member's Service	UCR	GP
Periodontics			
4999	Perio Chart/Exam	90	35
4210	Gingivectomy	510	270
4260	Osseous Surgery	700	360
4341	SRP/Quad	260	135
4342	SR 1-3 teeth	125	75
4355	Debridement	210	100
4910	Perio Maintenance	140	100
Crown and Bridge			
2740	Porcelain Crown	1180	750
2750-52	PFM Crown	980	650
2910	Recement Crown	95	60
2950	Crown Buildup	235	135
2954	Prefab post and core	240	165
2962	Porcelain Veneer	1180	750
6210-12	Cast Pontic	940	635
6240-42	Porcelain Pontic	940	635
6545	Maryland Bridge	1000	580
	Crown over implant	1750	950
Prosthetics			
5110	Complete Max Dent	1450	875
5120	Complete Mand Dent	1450	875
5130	Immed. Max Denture	1500	925
5140	Immed Mand Dent	1500	925
5213	Upper Partial Cast	1450	925
5214	Lower Partial Cast	1450	925
9940	Night guard	350	300
5820-1	Flipper	425	325
5225/5226	Valplast Partial	1600	925
	Resin partial Denture	700	500
Repairs/Relines			
5410-22	Denture Adjustment	85	55
5510	Repair broke denture	440	300
5520	Replace missing teeth	225	95
5620-30	Repair frame/clasp	280	225
5650	Add tooth to partial	200	110
5710	Rebase	420	270
5730	Reline Chairside	280	100
5750	Reline Lab	410	300
Other Services			
9110	Palliative TX	150	70
9230	N2O	70	45
9951	Occlusal Adjustment	85	45
9972	Bleach Trays	280	200
2940	Sedative Filling	130	75

*Not all services are offered by all providers

**Services not listed are discounted 25% from the provider's UCR fee. Fees are subject to change without notice.

***Members' dental insurance benefits cannot be combined with **Gold Plan** fees