

**COMFORT DENTAL GOLD MEMBERSHIP PLAN
ARIZONA**

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS	ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC				CROWN AND BRIDGE			
0110	Initial Oral Exam	60	5	2740	Porcelain Crown	1045	750
0120	Periodic Oral Exam	45	5	2750-52	Porcelain with Metal Crown	950	640
0130	Emergency Oral Exam (office hours)	50	5	2790	Full Crown (Cast Metal)	950	640*
0210	Complete Series X-Rays	98	5	2930	Stainless Steel Crown (Primary)	295	135
0220	Single Periapical X-Ray	20	5	2920	Recement Crown	80	60
0230	Each additional film	18	5	2950	Crown Build-up including any pins	260	135
0274	Bitewing X-Rays	50	5	2952	Cast Post and Core	285	162
0330	Pano	85	70	2954	Pre-fab post & core	265	150
0470	Diagnostic Casts	60	25	2962	Cosmetic Porcelain Veneer	1000	750
9430	Office Visit	45	30	6210-12	Cast Pontic	950	640*
1110	Simple teeth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section)	75	5	6240-42	Porcelain with metal Pontic	950	640
1203	Fluoride Treatment (Limit one per year to age 18)	35	5	6545	Maryland Bridge per unit	950	640
1330	Preventive Dental Education, Home Care	45	5	6750-52	Porcelain with metal Bridge Abutment	950	640
1351	Sealants (Pit & Fissure) per tooth	45	25	6790-92	Full Metal Crown	950	640*
1510	Space Maintainer Unilateral	210	115	6930	Recement Bridge	130	75
1515	Space Maintainer Bilateral	340	165	PROSTHODONTICS - REMOVABLE			
9310	Consultation	70	20	5110	Complete Upper Denture	1200	800
9440	After hours Office Visit	150	65	5120	Complete Lower Denture	1200	800
----	Missed/Canceled Appointments (without 24 hours notice)	30	50	5130	Immediate Upper Denture	1350	850
0431	VelScope Cancer Screening	50	10	5140	Immediate Lower Denture	1350	850
The following Orthodontic fees apply only when treatment is performed at a Comfort Braces Center.				5213	Upper Partial - Cast	1225	875
ORTHODONTICS (BRACES) CHILDREN/ADULTS				5214	Lower Partial - Cast	1225	875
----	Orthodontic Consultation	60	5	5225/5226	Valplast	1650	975
----	Records	300	189	5820	Treatment Partial - Acrylic	550	350
----	Down Payment	1500	5	9940	Nightguard (occlusal guard)	475	275
----	Monthly Adjustment Fee (Child)	150	129	REPAIRS/RELINES			
----	Monthly Adjustment Fee (Adult)	175	139	5410-22	Denture adjustments (Upper or Lower, complete or partial)	85	55
----	Retainers	600	369	5510	Repair broken complete denture base	350	150***
RESTORATIVE (FILLINGS)				5520	Replace missing or broken teeth complete or partial denture (per tooth)	200	150***
Amalgam Restorations/Permanent-Primary Teeth				5620-30	Repair Cast Framework/Clasp	325	180***
2140	One tooth surface	125	70	5650	Add tooth to existing partial denture	290	180***
2150	Two surfaces	140	80	5710	Rebase - Per Arch	410	250
2160	Three surfaces	175	105	5730	Reline Chairside - Per Arch	275	100
2161	Four surfaces	210	140	5750	Reline Lab - Per Arch	400	240
Anterior Resin Restorations				OTHER SERVICES			
2330	One surface	140	85	9110	Emergency Palliative Treatment	120	60
2331	Two surfaces	165	90	9210	Local Anesthetic	5	5
2332	Three surfaces	210	115	9230	Nitrous Oxide Flat Fee	55	25
2335	Four surfaces	255	185	9951	Occlusal Adjustment - limited	70	35
Posterior Resin Restorations				9972	Take Home Bleaching - per arch	260	130
2391	One surface	175	120	----	In Office Bleaching - per arch	570	245
2392	Two surfaces	225	160	2951	Pin Retention per tooth	75	35
2393	Three surfaces	290	180	2940	Sedative Filling	100	45
				3110-20	Pulp Cap	75	35
The following ORAL SURGERY, ENDODONTIC and PERIODONTIC payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, these payments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR.							
ORAL SURGERY				ENDODONTICS (root canal treatment)			
7140	Simple extraction	160	95	3220	Therapeutic Pulpotomy	120	60
7120	Each Additional Routine Extraction	160	95	3221	Pulpal debridement	185	120
7210	Surgical Extraction Erupted	260	150	3310	Rct Anterior	510	325
7220	Soft Tissue Impaction	280	155	3320	Rct Bicuspid	625	385
7230	Partial Bony Impaction	310	170	3330	Rct Molar	830	575
7240	Complete Bony Impaction	340	210	3410	Apicoectomy	325	210
7250	Surgical Root Recovery	215	95	PERIODONTICS (gum treatment)			
7270	Tooth Reimplantation and Stabilization	450	200	4999	Periodontal Exam and Charting	80	50
7280	Surgical Exposure of Impacted Tooth	295	125	4210	Gingivectomy/Quad	460	250
7286	Biopsy of Oral Tissue-soft	140	75	4220	Gingival Curettage/Quad	225	130
7310	Alveoloplasty/Quad with Extractions	245	125	4260	Osseous surgery/Quad (including flap entry and closure)	645	390
7320	Alveoloplasty/Quad without Extractions	235	120	4341	Scaling/Root Planing/Quad	270	160
7510	Intra-Oral I & D or Abscess	145	75	4342	Scaling/Root Planing/1-3teeth/Quad	140	75
IMPLANTS				4910	Periodontal Maintenance (following active therapy)	145	85
6010	Implant	1800	1295				
6056	Implant Abutment - Pre-Fabricated	400	250				
6057	Implant Abutment - Custom	500	400				
6059	Implant Abut Supported PFM	1350	850				
6058	Implant Abut Supported Ceramic	1350	850				
6065	Implant Abut Supported - Screw Retained Crown	1400	900				

* Members Dental Insurance benefits cannot be combined with the Gold Plan *
***Plus Lab Fee. All patient payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient payments
Procedures or services not listed will be performed at UCR.

Effective 6/1/2022