# COMFORT DENTAL GOLD MEMBERSHIP PLAN
# COLORADO, KANSAS, MISSOURI, OHIO & OKLAHOMA REDUCED FEE SCHEDULE

| ADA CODE | MEMBER'S SERVICES | UCR** | MEMBER PAYS |
|---|---|---|---|
| **PREVENTIVE AND DIAGNOSTIC** | | | |
| 0150 | Initial Oral Exam | 60 | N/C |
| 0120 | Periodic Oral Exam | 45 | N/C |
| 0140 | Emergency Oral Exam (office hours) | 50 | N/C |
| 0210 | Complete Series X-Rays | 98 | N/C |
| 0220 | Single Periapical X-Ray | 20 | N/C |
| 0230 | Each additional film | 18 | N/C |
| 0274 | Bitewing X-Rays | 50 | N/C |
| 0330 | Pano | 85 | 70 |
| 0470 | Diagnostic Casts | 60 | 25 |
| 9430 | Office Visit | 45 | 30 |
| 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 | N/C |
| 1203 | Fluoride Treatment (Limit one per year to age 18) | 35 | N/C |
| 1330 | Preventive Dental Education, Home Care | 45 | N/C |
| 1351 | Sealants (Pit & Fissure) per tooth | 45 | 25 |
| 1510 | Space Maintainer Unilateral | 210 | 115 |
| 1515 | Space Maintainer Bilateral | 340 | 165 |
| 310 | Consultation | 70 | 20 |
| 9440 | After hours Office Visit | 150 | 65 |
| ---- | Missed/Canceled Appointments (without 24 hours notice) | 30 | 50 |
| 0431 | VelScope Cancer Screening | 50 | 10 |
| | The following Orthodontic fees apply only when treatment is performed at a Comfort Braces Center. | | |
| **ORTHODONTICS (BRACES) CHILDREN/ADULTS** | | | |
| ---- | Orthodontic Consultation | 60 | N/C |
| ---- | Records | 300 | 189 |
| ---- | Down Payment | 1500 | N/C |
| ---- | Monthly Adjustment Fee (Child) | 150 | 129 |
| ---- | Monthly Adjustment Fee (Adult) | 175 | 139 |
| ---- | Retainers | 600 | 369 |
| **RESTORATIVE (FILLINGS)** | | | |
| | Amalgam Restorations/Permanent - Primary Teeth | | |
| 2140 | One tooth surface | 125 | 70 |
| 2150 | Two surfaces | 140 | 80 |
| 2160 | Three surface | 175 | 105 |
| 2161 | Four or more surfacess | 210 | 140 |
| | Anterior Resin Restorations | | |
| 2330 | One surface | 140 | 85 |
| 2331 | Two surfaces | 165 | 90 |
| 2332 | Three surfaces | 210 | 115 |
| 2335 | Four or more surfaces | 255 | 185 |
| | Posterior Resin Restorations | | |
| 2391 | One surface | 175 | 120 |
| 2392 | Two surfaces | 225 | 160 |
| 2393 | Three or more surfaces | 290 | 180 |

| ADA CODE | MEMBER'S SERVICES | UCR** | MEMBER PAYS |
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| **CROWN AND BRIDGE** | | | |
| 2740 | Porcelain Crown | 1045 | 750 |
| 2750-52 | Porcelain with Metal Crown | 950 | 640 |
| 2790 | Full Crown - Cast Metal | 950 | 640*** |
| 2930 | Stainless Steel Crown (Primary) | 295 | 135 |
| 2910 | Recement Crown | 80 | 60 |
| 2950 | Crown Build-up including any pins | 260 | 135 |
| 2952 | Cast Post and Core | 285 | 162 |
| 2954 | Pre-fab post & core | 265 | 150 |
| 2962 | Cosmetic Porcelain Veneer | 1000 | 750 |
| 6210-12 | Cast Pontic | 950 | 640*** |
| 6240-42 | Porcelain with metal Pontic | 950 | 640 |
| 6545 | Maryland Bridge per unit | 950 | 640 |
| 6750-52 | Porcelain with metal Bridge Abutment | 950 | 640 |
| 6790-92 | Full Metal Crown | 950 | 640*** |
| 6930 | Re-cement Bridge | 130 | 75 |
| **PROSTHODONTICS - REMOVABLE** | | | |
| 5110 | Complete Upper Denture | 1200 | 800 |
| 5120 | Complete Lower Denture | 1200 | 800 |
| 5130 | Immediate Upper Denture | 1350 | 850 |
| 5140 | Immediate Lower Denture | 1350 | 850 |
| 5213 | Upper Partial - Cast | 1225 | 875 |
| 5241 | Lower Partial - Cast | 1225 | 875 |
| 5225/5226 | Valplast | 1650 | 975 |
| 5820-21 | Treatment Partial - Acrylic | 550 | 350*** |
| 5999 | Valplast Combo Partial - Metal F.W. vinyl clasps | 1600 | 1200 |
| 9940 | Nightguard (occlusal guard) | 475 | 275*** |
| **REPAIRS/RELINES** | | | |
| 5410-22 | Denture adjustments (Upper or Lower, complete or partial) | 85 | 55 |
| 5510 | Repair broken complete denture base | 350 | 150 |
| 5520 | Replace missing or broken teeth complete or partial denture (per tooth) | 200 | 150 |
| 5620-30 | Repair Cast Framework/Clasp | 325 | 180 |
| 5650 | Add tooth to existing partial denture | 290 | 180 |
| 5710 | Rebase - Per Arch | 410 | 250 |
| 5730 | Reline Chairside - Per Arch | 275 | 100 |
| 5750 | Reline Lab - Per Arch | 400 | 240 |
| **OTHER SERVICES** | | | |
| 9110 | Emergency Palliative Treatment | 120 | 60 |
| 9210 | Local Anesthetic | N/C | N/C |
| 9230 | Nitrous Oxide - Flat Fee | 55 | 25 |
| 9951 | Occlusal Adjustment - limited | 70 | 35 |
| 9972 | Take Home Bleaching - per arch | 260 | 130 |
| | In Office Bleaching - per arch | 570 | 245 |
| 2951 | Pin Retention per tooth | 75 | 35 |
| 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.

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| **ORAL SURGERY** | | | |
| 7140 | Simple Extraction | 160 | 95 |
| 7120 | Each Additional Routine Extraction | 160 | 95 |
| 7210 | Surgical Extraction Erupted | 260 | 150 |
| 7220 | Soft Tissue Impaction | 280 | 155 |
| 7230 | Partial Bony Impaction | 310 | 170 |
| 7240 | Complete Bony Impaction | 340 | 210 |
| 7250 | Surgical Root Recovery | 215 | 95 |
| 7270 | Tooth Reimplantation and Stabilization | 450 | 200 |
| 7280 | Surgical Exposure of Un-Erupted Tooth | 275 | 125 |
| 7286 | Biopsy of Oral Tissue-soft tissue | 140 | 75 |
| 7310 | Alveoloplasty/Quad with Extractions | 245 | 125 |
| 7320 | Alveoloplasty/Quad without Extractions | 235 | 120 |
| 7510 | Intra-Oral I & D or Abscess | 145 | 75 |
| **IMPLANTS** | | | |
| 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 |
| **ENDODONTICS (root canal treatment)** | | | |
| 3220 | Therapeutic Pulpotomy | 120 | 60 |
| 3221 | Pulpal debridement | 185 | 120 |
| 3310 | Rct Anterior | 510 | 325 |
| 3320 | Rct Bicuspid | 625 | 385 |
| 3330 | Rct Molar | 830 | 575 |
| 3410 | Apicoectomy | 325 | 210 |
| **PERIODONTICS (gum treatment)** | | | |
| 0180 | Periodontal Exam and Charting | 80 | 50 |
| 4210 | Gingivectomy/Quad | 460 | 250 |
| 4220 | Gingival Curettage/Quad | 225 | 130 |
| 4260 | Osseous surgery/Quad (including flap entry and closure) | 645 | 390 |
| 4341 | Scaling/Root Planing/Quad | 270 | 160 |
| 4342 | Scaling/Root Planing/1 - 3teeth/Quad | 140 | 75 |
| 4910 | Periodontal Maintenance (following active therapy) | 145 | 85 |

* 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