



**PLAN 501-500 SERIES (CDT 2009-2010 COMPLIANT)
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.

ADA CODE	PROCEDURE CODE DESCRIPTION	MEMBER PAYS
DIAGNOSTIC AND PREVENTIVE		
0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$13.00
0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT	\$15.00
0210	X-RAYS-INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	\$38.00
0270	BITEWING X-RAY-SINGLE FILM	\$9.00
0272	BITEWINGS-TWO FILMS	\$12.00
0273	BITEWINGS-THREE FILMS	\$16.00
0274	BITEWINGS-FOUR FILMS	\$19.00
1110	PROPHYLAXIS-ADULT CLEANING	\$27.00
RESTORATIVE		
2330	RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR	\$48.00
2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$60.00
2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$446.00
2790	CROWN-FULL CAST HIGH NOBLE METAL	\$439.00
ENDODONTICS		
3310	ROOT CANAL-ANTERIOR (EXCLUDING FINAL RESTORATION)	\$257.00
3330	ROOT CANAL-MOLAR (EXCLUDING FINAL RESTORATION)	\$383.00
PERIODONTICS		
4341	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT	\$89.00
4910	PERIODONTAL MAINTENANCE	\$57.00
PROSTHODONTICS (REMOVABLE)		
5110	COMPLETE DENTURE-MAXILLARY	\$561.00
5120	COMPLETE DENTURE-MANDIBULAR	\$561.00
5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH)	\$637.00
5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH)	\$637.00
5750	RELINE COMPLETE MAXILLARY DENTURE (LAB)	\$156.00
5751	RELINE COMPLETE MANDIBULAR DENTURE (LAB)	\$156.00
ORAL SURGERY		
7140	EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$48.00
MISCELLANEOUS SERVICES		
9215	LOCAL ANESTHESIA	\$11.00
9230	ANALGESIA	\$23.00

*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.

*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.

*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.

*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.

*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.

* Careington may periodically adjust this fee schedule with 30 days notice to Client.

*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.