

TOTAL COSMETIC DENTAL SERVICES™

2017 Schedule of Dental Fees

Total Cosmetic Dental Services only provides discounted fixed fees for the services listed in the Schedule of Dental Fees, all other items and services are excluded. For a complete description of the terms and conditions of this program, please see your program description. Fees quoted in the General Dentist or Dental Specialist column are the fees (or discount) you pay to that participating provider. If you have any questions concerning this fee schedule, contact customer service for details at **888-271-7310**.

Program Fees

One-Time Processing Fee: \$18

Individual Participant: \$5.30 per month

Individual plus (1) Dependent: \$8.50 per month

Individual plus (2) or more dependents: \$14.50 per month

Code	Description	General Practitioner	Specialist
D0120	Periodic oral evaluation - established patient	\$30.00	N/A
D0140	Limited oral evaluation - problem focused	\$48.00	N/A
D0145	Oral evaluation, pediatric	\$46.00	N/A
D0150	Comprehensive oral evaluation	\$52.00	N/A
D0170	Re-evaluation - limited, problem focused	\$39.00	N/A
D0180	Comprehensive periodontal evaluation	\$43.00	N/A
D0210	Intraoral - complete series	\$54.00	\$69.00
D0220	Periapical - 1st radiographic image	\$14.00	\$14.00
D0230	Periapical - each add'l radiograph image	\$11.00	\$11.00
D0240	Intraoral - occlusal radiographic image	\$21.00	\$21.00
D0250	Extraoral - 2D projection radiographic image	\$26.00	\$26.00
D0260	Extraoral - each add'l radiographic image	\$22.00	\$22.00
D0270	Bitewing - single radiographic image	\$14.00	\$14.00
D0272	Bitewings - two radiographic images	\$21.00	\$21.00
D0273	Bitewings - three radiographic images	\$28.00	\$28.00
D0274	Bitewings - four radiographic images	\$31.00	\$31.00
D0277	Vertical bitewings - seven to eight radiographic images	\$47.00	\$47.00
D0330	Panoramic radiographic image	\$43.00	\$55.00
D0340	2D cephalometric radiographic image	\$55.00	\$55.00
D0350	2D oral/facial photographic image	\$29.00	\$29.00
D0460	Pulp vitality tests	\$35.00	\$35.00
D0470	Diagnostic casts (study model)	\$57.00	N/A
D1110	Prophylaxis - adult	\$60.00	N/A
D1110* Addt'l	Additional cleaning for pregnant or diabetic patients	\$40.00	\$40.00

This program is not insurance.



Code	Description	General Practitioner	Specialist
D1120	Prophylaxis - child	\$42.00	N/A
D1206	Topical application of fluoride varnish	\$24.00	N/A
D1208	Topical application of fluoride	\$22.00	N/A
D1310	Nutritional counseling for control of disease	\$38.00	N/A
D1320	Tobacco counseling	\$56.00	N/A
D1330	Oral hygiene instructions	\$32.00	N/A
D1351	Sealant - per tooth	\$30.00	N/A
D1352	Preventive resin restoration - caries risk	\$30.00	N/A
D1510	Space maintainer - fixed - unilateral	\$200.00	N/A
D1515	Space maintainer - fixed - bilateral	\$278.00	N/A
D1520	Space maintainer - removable - unilateral	\$246.00	N/A
D1525	Space maintainer - removable - bilateral	\$278.00	N/A
D1550	Re-cement or re-bond space maintainer	\$23.00	N/A
D2140	Amalgam - one surface, primary or permanent	\$68.00	N/A
D2150	Amalgam - two surfaces, primary or permanent	\$88.00	N/A
D2160	Amalgam - three surfaces, primary or permanent	\$105.00	N/A
D2161	Amalgam - four or more surfaces, primary or permanent	\$126.00	N/A
D2330	Resin-based composite - one surface, anterior	\$83.00	N/A
D2331	Resin-based composite- two surfaces, anterior	\$105.00	N/A
D2332	Resin-based composite - three surfaces, ant.	\$129.00	N/A
D2335	Resin-based composite - four or more surfaces	\$155.00	N/A
D2390	Crown - resin - based composite, anterior	\$209.00	N/A
D2391	Resin-based composite - one surface, posterior	\$102.00	N/A
D2392	Resin-based composite - two surfaces, posterior	\$135.00	N/A
D2393	Resin-based composite - three surfaces, post.	\$164.00	N/A
D2394	Resin-based comp. - four or more surfaces, post	\$195.00	N/A
D2510	Inlay - metallic - one surface	\$480.00	N/A
D2520	Inlay - metallic - two surfaces	\$544.00	N/A
D2530	Inlay - metallic - three or more surfaces	\$595.00	N/A
D2542	Onlay - metallic - two surfaces	\$635.00	N/A
D2543	Onlay - metallic - three surfaces	\$645.00	N/A
D2544	Onlay - metallic - four or more surfaces	\$657.00	N/A
D2610	Inlay - porcelain/ceramic - one surface	\$541.00	N/A
D2620	Inlay - porcelain/ceramic - two surfaces	\$576.00	N/A
D2630	Inlay - porcelain/ceramic - three + surfaces	\$665.00	N/A
D2642	Onlay - porcelain/ceramic - two surfaces	\$616.00	N/A
D2643	Onlay - porcelain/ceramic - three surfaces	\$666.00	N/A

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Code	Description	General Practitioner	Specialist
D2644	Onlay - porc./ceramic - four or more surfaces	\$710.00	N/A
D2650	Inlay - resin-based composite - one surface	\$498.00	N/A
D2651	Inlay - resin-based composite - two surfaces	\$538.00	N/A
D2652	Inlay - resin-based comp. - three or more surfaces	\$699.00	N/A
D2662	Onlay - resin-based composite - two surfaces	\$568.00	N/A
D2663	Onlay - resin-based composite - three surfaces	\$699.00	N/A
D2664	Onlay - resin-based comp. - four or more surfaces	\$662.00	N/A
D2710	Crown - resin (indirect)	\$277.00	N/A
D2712	Crown - 3/4 resin-based composite (indirect)	\$255.00	N/A
D2720	Crown - resin with high noble metal	\$675.00	N/A
D2721	Crown - resin with predominantly base metal	\$601.00	N/A
D2722	Crown - resin with noble metal	\$628.00	N/A
D2740	Crown - porcelain/ceramic substrate	\$730.00	N/A
D2750	Crown - porcelain fused to high noble metal	\$745.00	N/A
D2751	Crown - porc. fused to predom. base metal	\$640.00	N/A
D2752	Crown - porcelain fused to noble metal	\$679.00	N/A
D2780	Crown - 3/4 cast high noble metal	\$724.00	N/A
D2781	Crown - 3/4 cast predominantly base metal	\$566.00	N/A
D2782	Crown - 3/4 cast noble metal	\$611.00	N/A
D2783	Crown - 3/4 porcelain/ceramic	\$628.00	N/A
D2790	Crown - full cast high noble metal	\$675.00	N/A
D2791	Crown - full cast predominantly base metal	\$601.00	N/A
D2792	Crown - full cast noble metal	\$628.00	N/A
D2794	Crown - titanium	\$679.00	N/A
D2910	Re-cement/bond inlay, onlay, veneer or partial	\$68.00	N/A
D2920	Re-cement or re-bond crown	\$68.00	N/A
D2930	Prefab. stainless steel crown - primary tooth	\$141.00	N/A
D2931	Prefab. stainless steel crown - perm. tooth	\$186.00	N/A
D2932	Prefabricated resin crown	\$254.00	N/A
D2940	Protective restoration (sedative filling)	\$77.00	N/A
D2941	Interim therapeutic restoration	\$49.00	N/A
D2950	Core buildup, incl. any pins when required	\$172.00	N/A
D2951	Pin retention- per tooth, in addition to rest	\$40.00	N/A
D2952	Cast post and core in addition to crown	\$252.00	N/A
D2954	Prefab. post and core in addition to crown	\$224.00	N/A
D2955	Post removal	\$194.00	N/A
D2960	Labial veneer (resin laminate) - chairside	\$533.00	N/A

This program is not insurance.

Code	Description	General Practitioner	Specialist
D2961	Labial veneer (resin laminate) - laboratory	\$960.00	N/A
D2962	Labial veneer (porcelain laminate) - laboratory	\$1,318.00	N/A
D2970	Temporary crown (fractured tooth)	\$188.00	N/A
D2980	Crown repair	\$138.00	N/A
D3110	Pulp cap - direct (excl. final restoration)	\$47.00	N/A
D3120	Pulp cap - indirect (excl final restoration)	\$47.00	N/A
D3220	Therapeutic pulpotomy - excl final restoration	\$104.00	\$122.00
D3221	Pulpal debridement, primary and perm. teeth	\$126.00	N/A
D3310	Root canal, anterior tooth	\$439.00	\$505.00
D3320	Root canal, bicuspid tooth	\$525.00	\$604.00
D3330	Root canal, molar	\$687.00	\$789.00
D3333	Internal root repair of perforation defects	N/A	\$225.00
D3346	Retreat of prev root canal therapy - anterior	N/A	\$609.00
D3347	Retreat of prev root canal therapy - bicuspid	N/A	\$812.00
D3348	Retreat of prev root canal therapy - molar	N/A	\$1,047.00
D3410	Apicoectomy/periradicular surgery - anterior	\$422.00	\$524.00
D3421	Apicoectomy/periradicular surgery - bicuspid	\$471.00	\$655.00
D3425	Apicoectomy/periradicular surgery - molar	\$518.00	\$687.00
D3426	Apico./periradicular surgery (each add. root)	\$314.00	\$371.00
D3427	Periradicular surgery without apicoectomy	\$402.00	\$504.00
D3430	Retrograde filling - per root	\$118.00	\$295.00
D3450	Root amputation - per root	\$205.00	\$330.00
D3920	Hemisection including any root removal	\$258.00	\$305.00
D3950	Canal prep/fitting of preformed dowel or post	\$154.00	\$216.00
D4210	Gingivectomy or gingivoplasty	\$372.00	\$439.00
D4211	Gingivectomy or gingivoplasty	\$161.00	\$190.00
D4240	Gingival flap procedure, incl. root planing	\$479.00	\$566.00
D4241	Gingival flap procedure, incl. root planing	\$121.00	\$239.00
D4260	Osseous surgery - 4 or more teeth	\$709.00	\$836.00
D4261	Osseous surgery - 1 to 3 teeth	\$452.00	\$534.00
D4268	Surgical revision procedure, per tooth	\$389.00	\$562.00
D4274	Distal or proximal wedge procedure	\$329.00	\$466.00
D4341	Periodontal scaling and root planing	\$137.00	\$194.00
D4342	Periodontal scaling and root planing	\$99.00	\$117.00
D4355	Full mouth debridement for compl. eval/diag.	\$121.00	\$175.00
D4381	Localized delivery of antimicrobial agents	\$33.00	\$44.00
D4910	Periodontal maintenance	\$83.00	\$110.00

This program is not insurance.

Code	Description	General Practitioner	Specialist
D5110	Complete denture - maxillary	\$845.00	N/A
D5120	Complete denture - mandibular	\$845.00	N/A
D5130	Immediate denture - maxillary	\$910.00	N/A
D5140	Immediate denture - mandibular	\$910.00	N/A
D5211	Maxillary partial denture - resin base	\$653.00	N/A
D5212	Mandibular partial denture - resin base	\$653.00	N/A
D5213	Maxillary partial denture - cast metal	\$906.00	N/A
D5214	Mandibular partial denture - cast metal	\$906.00	N/A
D5225	Maxillary partial denture	\$904.00	N/A
D5226	Mandibular partial denture	\$1,004.00	N/A
D5281	Remov. unilat. part. dent. - 1 piece cast metal	\$510.00	N/A
D5410	Adjust complete denture - maxillary	\$79.00	N/A
D5411	Adjust complete denture - mandibular	\$79.00	N/A
D5421	Adjust partial denture - maxillary	\$79.00	N/A
D5422	Adjust partial denture - mandibular	\$79.00	N/A
D5510	Repair broken complete denture base	\$101.00	N/A
D5520	Replace missing or broken teeth - compl dent.	\$77.00	N/A
D5610	Repair resin denture base	\$102.00	N/A
D5620	Repair cast framework	\$147.00	N/A
D5630	Repair or replace broken clasp	\$139.00	N/A
D5640	Replace broken teeth - per tooth	\$88.00	N/A
D5650	Add tooth to existing partial denture	\$131.00	N/A
D5660	Add clasp to existing partial denture	\$160.00	N/A
D5670	Replace all teeth and acrylic (maxillary)	\$559.00	N/A
D5671	Replace all teeth and acrylic (mandibular)	\$559.00	N/A
D5710	Rebase complete maxillary denture	\$344.00	N/A
D5711	Rebase complete mandibular denture	\$331.00	N/A
D5720	Rebase maxillary partial denture	\$265.00	N/A
D5721	Rebase mandibular partial denture	\$265.00	N/A
D5730	Reline complete maxillary denture - chairside	\$214.00	N/A
D5731	Reline complete mandibular denture - chairside	\$215.00	N/A
D5740	Reline maxillary partial denture - chairside	\$212.00	N/A
D5741	Reline mandibular partial denture - chairside	\$212.00	N/A
D5750	Reline complete maxillary denture - laboratory	\$260.00	N/A
D5751	Reline complete mandibular denture - laboratory	\$258.00	N/A
D5760	Reline maxillary partial denture - laboratory	\$250.00	N/A
D5761	Reline mandibular partial denture - laboratory	\$249.00	N/A

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Code	Description	General Practitioner	Specialist
D5810	Interim complete denture - maxillary	\$549.00	N/A
D5811	Interim complete denture - mandibular	\$400.00	N/A
D5820	Interim partial denture - maxillary	\$424.00	N/A
D5821	Interim partial denture - mandibular	\$429.00	N/A
D5850	Tissue conditioning, maxillary	\$120.00	N/A
D5851	Tissue conditioning, mandibular	\$121.00	N/A
D6210	Pontic - cast high noble metal	\$610.00	N/A
D6211	Pontic - cast predominantly base metal	\$624.00	N/A
D6212	Pontic - cast noble metal	\$586.00	N/A
D6214	Pontic - titanium	\$571.00	N/A
D6240	Pontic fused to high noble metal	\$755.00	N/A
D6240	bridge porcelain high noble	\$755.00	N/A
D6241	Pontic - porcelain fused to predom base metal	\$653.00	N/A
D6242	Pontic - porcelain fused to noble metal	\$679.00	N/A
D6245	Pontic - porcelain/ceramic	\$741.00	N/A
D6250	Pontic - resin with high noble metal	\$745.00	N/A
D6251	Pontic - resin with predominantly base metal	\$707.00	N/A
D6252	Pontic - resin with noble metal	\$717.00	N/A
D6545	Retainer - cast metal for resin bonded fixed	\$270.00	N/A
D6548	Retainer - porcelain/ceramic for resin bonded	\$481.00	N/A
D6600	Retainer inlay - porc/ceramic, 2 surfaces	\$400.00	N/A
D6601	Retainer inlay - porc/ceramic, 3+ surfaces	\$426.00	N/A
D6602	Retainer inlay - cast high noble, 2 surfaces	\$422.00	N/A
D6603	Retainer inlay - cast high noble, 3 or more	\$468.00	N/A
D6604	Retainer inlay - cast predom base, 2 surfaces	\$422.00	N/A
D6605	Retainer inlay - cast predom base, 3+ surfaces	\$404.00	N/A
D6606	Retainer inlay - cast noble, 2 surfaces	\$384.00	N/A
D6607	Retainer inlay - cast noble, 3+ surfaces	\$426.00	N/A
D6608	Retainer onlay - porc/ceramic, 2 surfaces	\$437.00	N/A
D6609	Retainer onlay - porc/ceramic, 3+ surfaces	\$458.00	N/A
D6610	Retainer onlay - cast high noble, 2 surfaces	\$501.00	N/A
D6611	Retainer onlay - cast high noble, 3+ surfaces	\$548.00	N/A
D6612	Retainer onlay - cast predom base, 2 surfaces	\$431.00	N/A
D6613	Retainer onlay - cast predom base, 3+ surfaces	\$478.00	N/A
D6614	Retainer onlay - cast noble metal, 2 surfaces	\$454.00	N/A
D6615	Retainer onlay - cast noble, 3+ surfaces	\$501.00	N/A
D6624	Inlay titanium	\$468.00	N/A

This program is not insurance.

Code	Description	General Practitioner	Specialist
D6634	Onlay titanium	\$548.00	N/A
D6720	Retainer crown - resin w/ high noble metal	\$747.00	N/A
D6721	Retainer crown - resin w/ predom base metal	\$656.00	N/A
D6722	Retainer crown - resin with noble metal	\$676.00	N/A
D6740	Retainer crown - porcelain/ceramic	\$741.00	N/A
D6750	Retainer crown - porc fused to high noble	\$639.00	N/A
D6751	Retainer crown - porc fused to predom base	\$571.00	N/A
D6752	Retainer crown - porc fused to noble	\$599.00	N/A
D6780	Retainer crown - 3/4 cast high noble	\$724.00	N/A
D6781	Retainer crown - 3/4 cast predom base	\$566.00	N/A
D6782	Retainer crown - 3/4 cast noble	\$578.00	N/A
D6783	Retainer crown - 3/4 porcelain/ceramic	\$808.00	N/A
D6790	Retainer crown - full cast high noble	\$675.00	N/A
D6791	Retainer crown - full cast predom base	\$601.00	N/A
D6792	Retainer crown - full cast noble metal	\$628.00	N/A
D6794	Retainer crown - titanium	\$659.00	N/A
D6930	Re-cement or re-bond fixed partial denture	\$88.00	N/A
D6940	Stress breaker	\$205.00	N/A
D6975	Coping	\$431.00	N/A
D6980	Fixed partial denture repair	\$206.00	N/A
D7111	Coronal remnants - deciduous tooth	\$72.00	\$85.00
D7140	Extraction, erupted tooth or exposed root	\$83.00	\$97.00
D7210	Surgical removal of erupted tooth req elevation	\$149.00	\$176.00
D7220	Removal of impacted tooth - soft tissue	\$183.00	\$216.00
D7230	Removal of impacted tooth - partially bony	\$250.00	\$295.00
D7240	Removal of impacted tooth - completely bony	\$295.00	\$347.00
D7241	Removal of compl bony impact tooth w/ complic	\$363.00	\$429.00
D7250	Surgical removal of residual tooth roots	\$167.00	\$199.00
D7270	Tooth reimpl and/or stabil of acc. displ toot	\$279.00	\$330.00
D7280	Surgical access of an unerupted tooth	\$312.00	\$369.00
D7282	Mobiliz. of erupted or malpos. tooth-aid erup	\$96.00	\$210.00
D7285	Incisional biopsy of oral tissue - hard	\$196.00	\$231.00
D7286	Incisional biopsy of oral tissue - soft	\$184.00	\$216.00
D7291	Transseptal/supra crestal fiberotomy	\$142.00	\$169.00
D7310	Alveolo in conjunction with extractions - per quad	\$150.00	\$177.00
D7311	Alveoloplasty in conjunction with extractions	\$130.00	\$154.00
D7320	Alveolo not in conj. with extraction - per quad	\$193.00	\$227.00

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Code	Description	General Practitioner	Specialist
D7321	Alveoloplasty not in conjunc with extractions	\$40.00	\$84.00
D7471	Removal of lateral exostosis	\$314.00	\$370.00
D7472	Removal of torus palatinus	\$263.00	\$311.00
D7473	Removal of torus mandibularis	\$271.00	\$320.00
D7485	Surgical reduction of osseous tuberosity	\$297.00	\$351.00
D7510	Incision/drainage of abscess - intraoral soft	\$108.00	\$127.00
D7511	Incision and drainage of abscess - intraoral	\$226.00	\$260.00
D7910	Suture of recent small wounds up to 5 cm	\$246.00	\$290.00
D7960	Frenulectomy (frenectomy/ frenotomy)	\$266.00	\$314.00
D7963	Frenuloplasty	\$99.00	\$245.00
D7970	Excision of hyperplastic tissue - per arch	\$456.00	\$539.00
D7971	Excision of pericoronal gingiva	\$225.00	\$265.00
D7972	Surgical reduction of fibrous tuberosity	\$78.00	\$185.00
D8070	Comp. ortho treatment of the trans dentition	\$3,304.00	\$3,304.00
D8080	Comp. ortho treatment of the adol. dentition	\$3,658.00	\$3,658.00
D8080	Invisalign comp. ortho treatment of the adol. dentition	15% Discount	15% Discount
D8090	Comp. ortho treatment of the adult dentition	\$3,658.00	\$3,658.00
D8660	Pre-orthodontic treatment exam to monitor	\$413.00	\$413.00
D8670	Periodic orthodontic treatment visit	\$118.00	\$118.00
D8680	Orthodontic retention	\$516.00	\$516.00
D9110	Palliative (emerg) treatment of dental pain	\$30.00	\$75.00
D9210	Local anesth. not in conjunction with surgical proc.	\$0.00	N/A
D9211	Regional block anesthesia	\$0.00	N/A
D9212	Trigeminal division block anesthesia	\$0.00	N/A
D9215	Local anesthesia	\$0.00	N/A
D9220	Deep sedation/general anesth - first 30 minutes	\$80.00	\$277.00
D9221	Deep sedation/general anesth - each add. 15 min	\$40.00	\$100.00
D9230	Analg, anxiolysis, nitrous oxide inhalation	\$36.00	\$41.00
D9241	Intrav mod conscious sed./analg - 1st 30 min	\$121.00	\$272.00
D9242	Intrav mod conscious sed./analg - add'l 15 min	\$0.00	\$85.00
D9310	Consultation - 2nd opinion	\$59.00	\$96.00
D9439	Office visit/infectious disease cont	\$10.00	\$10.00
D9440	Office visit - after regularly scheduled hours	\$27.00	\$111.00
D9910	Application of desensitizing medicament	\$30.00	\$60.00
D9930	Post-surgical treat. of unusual circumstances	\$48.00	\$48.00
D9940	Occlusal guard, by report	\$338.00	\$519.00
D9950	Occlusion analysis - mounted case	\$169.00	\$169.00

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Code	Description	General Practitioner	Specialist
D9951	Occlusal adjustment - limited	\$88.00	\$115.00
D9952	Occlusal adjustment - complete	\$372.00	\$597.00
D9972	External bleaching - per arch	\$265.00	N/A
D9979	Laser whitening - per arch	\$200.00	N/A
D9990	Broken office appointment	\$50.00	\$50.00

Exclusions and Limitations

Total Cosmetic Dental Services only provides discounted fixed fees for the services listed in the Program Fee Schedule. All other items and services are excluded including:

1. Oral Surgery requiring the setting of fractures or dislocations, except as may be otherwise included in the cosmetic and preventive dental services program fee schedule.
2. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations.
3. Dispensing of drugs, except as may be otherwise included in the fee schedule.
4. Hospitalization for any dental procedure.
5. Replacement due to loss or theft of prosthetic appliance.
6. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating dental provider, unless referred by your general dentist to a dental specialist who will provide dental services at the dental fee for each procedure rendered.
7. Services which are provided without cost to participant by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
8. Services that cannot be performed because of the general health of the patient.
9. Lab fees for excisions and biopsies, except as may be otherwise noted in the cosmetic and preventive dental services program that is described in the Program Description.
10. Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction.
11. Dental expenses incurred in connection with any dental procedure that was started prior to the effective date. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress.

Total Cosmetic Dental Services are subject to the following limitations:

1. Two (2) evaluations per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam per calendar year.
3. Discounts for periodic oral exams, prophylaxes (cleanings) and fluoride applications is limited to two (2) times per contract year. One additional cleaning is subject to the discounted fee schedule during pregnancy and for diabetic patients.
4. One (1) topical fluoride or fluoride varnish per calendar year.
5. Two (2) bitewing X-rays are per calendar year.
6. One (1) set of full mouth X-rays or panoramic film every three (3) years.
7. Replacement of a filling if it is more than two (2) years from the original date of placement.
8. Replacement of a bridge, crown or denture if it is more than seven (7) years from the date of original placement.

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