

# AETNA DENTAL ACCESS

## SCHEDULE OF DENTAL CARE SERVICES FEES

### PLAN AD1

#### DIAGNOSTIC

	Infection Control (each visit)	\$11
00120	Periodic Oral Exam	\$22
00140	Limited Oral Exam, Problem Focused (Emergency Oral Exam)	\$25
00150	Comprehensive oral evaluation - new or established patient	\$22
00160	Detailed and extensive oral evaluation - problem focused by report	\$50
00210	X-Ray - Intraoral, Complete Series including Bitewings	\$53
00220	X-Ray - Intraoral, Periapical, First Film	\$10
00230	X-Ray - Intraoral, Periapical, Each Additional Film	\$8
00240	X-Ray - Intraoral, Occlusal film	\$15
00250	X-Ray - Extraoral, First Film	\$26
00260	X-Ray - Extraoral, Each Additional Film	\$20
00270	X-Ray - Bitewing, Single Film	\$11
00272	X-Ray - Bitewing, Two Films	\$18
00274	X-Ray - Bitewing, Four Films	\$25
00330	Panoramic film	\$48
00460	Pulp vitality tests	\$31
00470	Diagnostic casts	\$61

#### PREVENTIVE

01110	Prophylaxis-adult	\$39
01120	Prophylaxis-child	\$31
01203	Topical application of fluoride (prophylaxis not included)-child	\$23
01351	Application of sealant - per tooth	\$22
01510	Space maintainer-fixed-unilateral	\$90
01515	Space maintainer-fixed-bilateral	\$125
01520	Space maintainer removable unilateral	\$115

#### RESTORATIVE

##### Amalgam

02140	Amalgam - one surface, primary, or permanent	\$53
02150	Amalgam - two surfaces, primary, or permanent	\$61
02160	Amalgam - three surfaces, primary, or permanent	\$75

##### Resin

02330	Resin-one surface, anterior	\$62
02331	Resin-two surfaces, anterior	\$75
02332	Resin-three surfaces, anterior	\$90
02390	Resin-based composite crown, anterior	\$294
02391	Resin-based composite - one surface posterior	\$113
02392	Resin-based composite - two surfaces posterior	\$154

02393	Resin-based composite - three surfaces, posterior	\$195
02394	Resin-based composite - four or more surfaces posterior Cosmetic Bonding 20% Discount	\$195

#### Crowns - Single Restorations

(performed by a General Dentist)

Listed procedures exclude lab fees. Please add your  
laboratory charges to price of all treatment

*02710	Crown-resin based composite (indirect)	\$518
*02712	Crown-3/4 resin based complete (indirect)	\$520
*02740	Crown-Porcelain/Ceramic substrate	\$710
*02750	Crown-porcelain fused to high noble metal	\$515
*02751	Crown-porcelain fused to predominantly base metal	\$460
*02752	Crown-porcelain fused to noble metal	\$495
*02790	Crown-full cast high noble metal	\$490
02920	Re-cement crown	\$65
02930	Prefabricated stainless steel crown- primary tooth	\$100
02931	Prefabricated stainless steel crown- permanent tooth	\$110
02940	Sedative filling	\$65
02950	Core build up, including pins	\$173
02951	Pin retention-per tooth in addition to restoration	\$25
02952	Cast post and core in addition to crown	\$160
02954	Prefabricated post and core in addition to crown	\$125

#### ENDODONTICS (performed by a General Dentist)

03110	Pulp cap-direct (excluding final restoration)	\$28
03120	Pulp cap-indirect (excluding final restoration)	\$32
03220	Pulpotomy	\$61
03310	Anterior (excluding final restoration)	\$315
03320	Bicuspid (excluding final restoration)	\$370
03330	Molar (excluding final restoration)	\$480

#### PERIODONTICS (performed by a General Dentist)

04210	Gingivoplasty or gingivectomy - four or more contiguous teeth or bounded teeth spaces per quadrant	\$290
04211	Gingivectomy or gingivoplasty - one to three teeth contiguous teeth or bounded teeth spaces per quadrant	\$143
04260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$612

04320	Provisional splinting-intracoronar	\$315
04321	Provisional splinting-extracoronar	\$290
04341	Periodontal scaling and root planing - four or more teeth, per quadrant	\$115
04355	Full Mouth debridement to enable comprehensive evaluation and diagnosis	\$70
04381	Localized delivery of anti-microbial agents via per tooth	\$75
04910	Periodontal maintenance	\$70

**PROSTHODONTICS - Dentures**

(performed by a General Dentist)

Listed procedures exclude lab fees. Please add your laboratory charges to price of all treatment.

**Complete Dentures** (Excluding Extractions)

*05110	Complete denture - maxillary	\$675
*05120	Complete denture - mandibular	\$675
*05130	Immediate upper denture maxillary (Excluding Reline)	\$700
*05140	Immediate Denture - mandibular	\$700

**Partial Dentures**

*05211	Maxillary partial denture - resin base, including any conventional clasps, three surfaces, rests, and teeth	\$630
*05212	Mandibular partial denture - resin base, including any conventional clasps, three surfaces, rests, and teeth	\$630
*05213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, & teeth)	\$740
*05214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, & teeth)	\$740
05410	Adjust complete denture - maxillary	\$37
05411	Adjust complete denture - mandibular	\$37
05421	Adjust partial denture - maxillary	\$50
05422	Adjust partial denture - mandibular	\$50
05660	Add clasp to existing partial denture	\$75

**PROSTHODONTICS FIXED**

06930	Recent fixed partial denture	\$114
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**ORAL SURGERY**

**Surgical Extractions** (performed by a General Dentist)

07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$65
07210	Surgical Removal of Erupted Tooth - Bone Removal/Sectioning	\$153
07220	Removal of Impacted Tooth-Soft Tissue	\$110
07230	Removal of Impacted Tooth-Partial Bony	\$165
07240	Removal of Impacted Tooth - Completely Bony	\$200
07241	Removal of Impacted Tooth - Complete Bony, w/Comp.	\$395

07250	Surgical Removal of Residual tooth Roots (Cutting Procedure)	\$105
07280	Surgical access of an unerupted tooth	\$295
07310	Alveoplasty in Conjunction with Extractions, Per Quad.	\$100
07320	Alveoplasty Not in Conjunction with Extractions, Per Quad.	\$135
07510	Incision and Drainage of Abscess	\$70

**ADJUNCTIVE GENERAL SERVICES**

09110	Palliative (emergency) treatment of dental pain-minor procedure	\$40
09215	Local Anesthesia	\$18
09220	Deep sedation/general anesthesia - first 20 minutes	\$210
09221	Deep sedation/general anesthesia - each additional 15 minutes	\$75
09230	Nitrous oxide analgesia	\$30

**CHARGES TO MEMBERS**

Dentist shall charge Members no more than the fee schedule rates listed above for listed dental care services. Dentist shall charge Members no more than eighty percent (80%) of Dentist's normal charge for non-listed dental care services. If Dentist's normal charge for a listed dental care service is less than the fee schedule rate listed above, then the Dentist shall charge eighty percent (80%) of the Dentist's normal charge for such listed service. Dentist may require Members to pay for dental care services, in accordance with the Agreement at the time service is rendered. Dentist is not obligated to charge Members any specified rates for dental care service performed by Dentist after Member's membership in the Amacore Dental Plan is terminated.

**WHEN MEMBERS HAVE A DENTAL INSURANCE PLAN**

Dentist shall assist Members with the filing of insurance claims when the Members have a dental insurance or reimbursement plan the Member choses to use in conjunction with the Plan AD1 Series. Dentist should call the telephone number on the Member's Insurance ID card for information.

**EXCLUSIONS**

The following services or treatments are excluded from the Amacore Dental Plan: services that are covered through a Member's medical or health insurance; dental care services in progress or provided before the effective date of the Member's enrollment in the Amacore Dental Plan; experimental procedures; IV sedation. Dentist is not obligated to charge Members any specified rates for such excluded services.

**\*Fees do not include lab fees.**

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**MEDICAL BENEFITS NETWORK**

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