



MY SMILE DENTAL PLAN FEE SCHEDULE

Code	Description	Schedule
D0120	periodic oral evaluation	No Charge
D0140	limited oral evaluation – problem focused	No Charge
D0145	exam under 3 years	No Charge
D0150	comprehensive oral evaluation - new or established patient	No Charge
D0160	detailed and extensive oral evaluation – problem focused, by report	No Charge
D0180	comprehensive periodontal evaluation	No Charge
D0210	intraoral – complete series (including bitewings)	No Charge
D0220	intraoral – periapical first film	No Charge
D0230	intraoral – periapical each additional film	No Charge
D0240	intraoral – occlusal film	No Charge
D0270	single bitewings	No Charge
D0272	bitewings – two films	No Charge
D0273	bitewings - three films	No Charge
D0274	bitewings – four films	No Charge
D0330	panoramic film	No Charge
D0340	cephalometric film	No Charge
D0350	oral/facial photographic images	No Charge
D0363	3-D image	\$ 221.00
D0431	vizilite	\$ 56.00
D0460	pulp vitality test	\$ 45.00
D0470	diagnostic casts	\$ 113.00
D0472	accession of tissue, gross examination, preparation and transmission of written report	\$ 113.00
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$ 113.00
D0486	brush biopsy	\$ 113.00
D1110	prophylaxis – adult (to include scaling and polishing) - age 14 and over	\$ 75.00
D1120	prophylaxis – child (to include scaling and polishing) - under age 14	\$ 75.00
D1203	topical application of fluoride (prophylaxis not included) - child	\$ 30.00
D1204	topical application of fluoride (prophylaxis not included) - adult	\$ 30.00
D1206	fluoride varnish	\$ 30.00
D1330	oral hygiene instructions	\$ 38.00
D1351	sealant – per tooth	\$ 41.00
D1510	space maintainer – fixed - unilateral	\$ 195.00
D1515	space maintainer – fixed – bilateral	\$ 274.00



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Code	Description	Schedule
D1525	space maintainer – removable – bilateral	\$ 289.00
D1526	additional clasp	\$ 26.00
D1550	re-cementation of space maintainer	\$ 25.00
D1555	remove fixed spacer	\$ 113.00
D2140	amalgam – one surface, primary or permanent	\$ 90.00
D2150	amalgam – two surfaces, primary or permanent	\$ 100.00
D2160	amalgam – three surfaces, primary or permanent	\$ 110.00
D2161	amalgam – four or more surfaces, primary or permanent	\$ 120.00
D2330	resin-based composite – one surface, anterior	\$ 105.00
D2331	resin-based composite – two surfaces, anterior	\$ 130.00
D2332	resin-based composite – three surfaces, anterior	\$ 150.00
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$ 240.00
D2390	resin-based composite crown, anterior	\$ 224.00
D2391	resin-based composite – one surface, posterior	\$ 140.00
D2392	resin-based composite – two surfaces, posterior	\$ 180.00
D2393	resin-based composite – three surfaces, posterior	\$ 195.00
D2394	resin-based composite – four or more surfaces, posterior	\$ 236.00
D2510	inlay – metallic – one surface	\$ 595.00
D2520	inlay - metallic – two surfaces	\$ 650.00
D2530	inlay - metallic – three or more surfaces	\$ 650.00
D2542	onlay – metallic – two surfaces	\$ 700.00
D2543	onlay – metallic – three surfaces	\$ 750.00
D2544	onlay – metallic – four or more surfaces	\$ 750.00
D2610	inlay – porcelain/ceramic – one surface	\$ 595.00
D2620	inlay – porcelain/ceramic – two surfaces	\$ 595.00
D2630	inlay – porcelain/ceramic – three surfaces	\$ 595.00
D2642	onlay – porcelain/ceramic – two surfaces	\$ 795.00
D2643	onlay – porcelain/ceramic – three surfaces	\$ 795.00
D2644	onlay – porcelain/ceramic – four surfaces	\$ 795.00
D2650	inlay – resin-based composite – one surface	\$ 431.00
D2710	crown – resin (indirect)	\$ 900.00
D2740	crown – porcelain/ceramic substrate	\$ 995.00
D2750	crown – porcelain fused to high noble metal	\$ 780.00
D2751	crown – porcelain fused to predominantly base metal	\$ 495.00



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Code	Description	Schedule
D2780	crown – ¾ cast high noble metal	\$ 540.00
D2783	crown – ¾ porcelain/ceramic	\$ 1,058.00
D2790	crown – full cast high noble metal	\$ 1,150.00
D2791	crown – full cast predominantly base metal	\$ 450.00
D2799	provisional crown	\$ 150.00
D2910	recement inlay, onlay, or partial coverage restoration	\$ 79.00
D2920	recement crown	\$ 113.00
D2930	prefabricated stainless steel crown – primary tooth	\$ 176.00
D2931	prefabricated stainless steel crown – permanent tooth	\$ 180.00
D2940	sedative filling	\$ 54.00
D2950	core build-up, including any pins	\$ 140.00
D2952	post and core in addition to crown, indirectly fabricated	\$ 225.00
D2954	prefabricated post and core in addition to crown	\$ 175.00
D2960	labial veneer (resin laminate) – chairside	\$ 338.00
D2962	labial veneer (porcelain laminate) – laboratory	\$ 1,050.00
D2970	temp crown fractured	\$ 150.00
D3110	pulp cap – direct (excluding final restoration)	\$ 65.00
D3120	pulp cap – indirect (excluding final restoration)	\$ 65.00
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction & application of medicament	\$ 188.00
D3221	pulpal debridement, primary and permanent teeth	\$ 199.00
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$ 105.00
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$ 120.00
D3310	anterior (excluding final restoration)	\$ 448.00
D3320	bicuspid (excluding final restoration)	\$ 500.00
D3330	molar (excluding final restoration)	\$ 624.00
D3331	treatment of root canal obstruction; non-surgical access	\$ 300.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 450.00
D3333	internal root repair of perforation defects	\$ 225.00
D3346	retreatment of previous root canal therapy - anterior	\$ 713.00
D3347	retreatment of previous root canal therapy - bicuspid	\$ 825.00
D3348	retreatment of previous root canal therapy – molar	\$ 1,013.00
D3351	apexification/recalcification – initial visit	\$ 300.00
D3352	apexification/recalcification – interim medication replacement	\$ 300.00



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Code	Description	Schedule
D3353	apexification/recalcification – final visit	\$ 450.00
D3410	apoiectomy/periradicular surgery – anterior	\$ 600.00
D3421	apoiectomy/periradicular surgery – bicuspid (first root)	\$ 675.00
D3425	apoiectomy/periradicular surgery – molar (first root)	\$ 750.00
D3426	apoiectomy/periradicular surgery (each additional root)	\$ 225.00
D3430	retrograde filling – per root	\$ 205.00
D3450	root amputation – per root	\$ 600.00
D3470	intentional reimplantation	\$ 750.00
D3920	hemisection (including any root removal), not including root canal therapy	\$ 600.00
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth per quadrant	\$ 713.00
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 413.00
D4220	ging curett surg quad	\$ 180.00
D4240	gingival flap procedure, including root planning – four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 713.00
D4241	gingival flap procedure, including root planning – one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 375.00
D4249	clinical crown lengthening – hard tissue	\$ 656.00
D4260	osseous surgery (including flap entry & closure) – four or more contiguous teeth per quadrant	\$ 1,125.00
D4261	osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 788.00
D4263	bone replacement graft – first site in quadrant	\$ 638.00
D4264	bone replacement graft – each additional site in quadrant	\$ 488.00
D4266	guided tissue regeneration – resorbable barrier, per site	\$ 525.00
D4267	guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$ 525.00
D4270	pedicle soft tissue graft procedure	\$ 473.00
D4271	free soft tissue graft procedure (including donor site surgery)	\$ 713.00
D4273	subepithelial connective tissue graft procedures, per tooth	\$ 938.00
D4320	provisional splinting – intracoronal	\$ 431.00
D4321	provisional splinting – extracoronal	\$ 431.00
D4341	periodontal scaling & root planning – four or more contiguous teeth per quadrant	\$ 160.00
D4342	periodontal scaling & root planing – one to three teeth, per quadrant	\$ 95.00
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 110.00



MY SMILE DENTAL PLAN FEE SCHEDULE

Code	Description	Schedule
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$ 165.00
D4910	periodontal maintenance	\$ 95.00
D5110	complete denture – maxillary	\$ 1,250.00
D5120	complete denture – mandibular	\$ 1,250.00
D5130	immediate denture – maxillary	\$ 1,250.00
D5140	immediate denture – mandibular	\$ 1,250.00
D5211	maxillary partial denture – resin base (including any conventional clasps, rests & teeth)	\$ 500.00
D5212	mandibular partial denture - resin base (including any conventional clasps, rests & teeth)	\$ 500.00
D5213	maxillary partial denture – cast metal framework with resin denture bases resin base (including any conventional clasps, rests & teeth)	\$ 1,250.00
D5214	mandibular partial denture – cast metal framework with resin denture bases resin base (including any conventional clasps, rests & teeth)	\$ 1,250.00
D5225	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,550.00
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$ 1,550.00
D5281	removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$ 244.00
D5310	clasp-extra, per unit	\$ 68.00
D5410	adjust complete denture – maxillary	\$ 39.00
D5411	adjust complete denture – mandibular	\$ 39.00
D5421	adjust partial denture – maxillary	\$ 45.00
D5422	adjust partial denture – mandibular	\$ 45.00
D5510	repair broken complete denture base	\$ 80.00
D5520	replace missing or broken teeth – complete denture (each tooth)	\$ 69.00
D5620	repair cast framework	\$ 81.00
D5630	repair or replace broken clasp	\$ 87.00
D5640	replace broken teeth – per tooth	\$ 105.00
D5650	add tooth to existing partial denture	\$ 117.00
D5660	add clasp to existing partial denture	\$ 108.00
D5700	denture duplication	\$ 375.00
D5725	denture rebase	\$ 394.00
D5730	reline complete maxillary denture (chairside)	\$ 210.00



MY SMILE DENTAL PLAN FEE SCHEDULE

Code	Description	Schedule
D5731	reline complete mandibular denture (chairside)	\$ 210.00
D5740	reline maxillary partial denture (chairside)	\$ 218.00
D5741	reline mandibular partial denture (chairside)	\$ 218.00
D5750	reline complete maxillary denture (laboratory)	\$ 281.00
D5751	reline complete mandibular denture (laboratory)	\$ 281.00
D5760	reline maxillary partial denture (laboratory)	\$ 281.00
D5761	reline mandibular partial denture (laboratory)	\$ 281.00
D5810	interim complete denture (maxillary)	\$ 713.00
D5820	interim partial denture (maxillary)	\$ 390.00
D5821	interim partial denture (mandibular)	\$ 390.00
D5822	teeth-extra (stayplate)	\$ 38.00
D5850	tissue conditioning, maxillary	\$ 131.00
D5851	tissue conditioning, mandibular	\$ 131.00
D5860	overdenture – complete, by report	\$ 1,125.00
D5861	overdenture – partial, by report	\$ 1,125.00
D5862	precision attachment, by report	\$ 488.00
D5982	surgical stent	\$ 375.00
D5988	surgical splint	\$ 375.00
D6010	surgical placement of implant body: endosteal implant	\$ 1,850.00
D6053	implant/abutment supported removable denture for completely edentulous arch	\$ 1,500.00
D6054	implant/abutment supported removable denture for partially edentulous arch	\$ 1,500.00
D6056	prefabricated abutment – includes placement	\$ 400.00
D6057	custom abutment – includes placement	\$ 400.00
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$ 1,000.00
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$ 1,000.00
D6210	pontic – cast high noble metal	\$ 700.00
D6211	pontic – cast predominantly base metal	\$ 326.00
D6240	pontic – porcelain fused to high noble metal	\$ 850.00
D6241	pontic – porcelain fused to predominantly base metal	\$ 495.00
D6245	pontic – porcelain/ceramic	\$ 995.00
D6740	crown – porcelain/ceramic	\$ 995.00
D6750	crown – porcelain fused to high noble metal	\$ 820.00
D6751	crown – porcelain fused to predominantly base metal	\$ 495.00
D6790	crown – full cast high noble metal	\$ 1,150.00
D6791	crown – full cast predominantly base metal	\$ 435.00



MY SMILE DENTAL PLAN FEE SCHEDULE

Code	Description	Schedule
D6930	re cement fixed partial denture	\$ 113.00
D6950	precision attachment	\$ 413.00
D6985	pediatric partial denture, fixed	\$ 289.00
D7111	extraction, coronal remnants	\$ 120.00
D7120	extraction additional	\$ 75.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 125.00
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone and/or section of tooth	\$ 221.00
D7220	removal of impacted tooth – soft tissue	\$ 236.00
D7230	removal of impacted tooth – partially bony	\$ 281.00
D7240	removal of impacted tooth – completely bony	\$ 340.00
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	\$ 525.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$ 259.00
D7260	oroantral fistula closure	\$ 375.00
D7261	primary closure of a sinus perforation	\$ 488.00
D7280	surgical access of an unerupted tooth	\$ 375.00
D7282	crown exp to aid erupt	\$ 401.00
D7283	device for eruption	\$ 113.00
D7285	biopsy of oral tissue – hard (bone, tooth)	\$ 244.00
D7286	biopsy of oral tissue – soft	\$ 188.00
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant	\$ 375.00
D7350	vestibuloplasty – ridge extension	\$ 675.00
D7410	excision of benign lesion up to 1.25 cm	\$ 188.00
D7411	excision of benign lesion greater than 1.25 cm	\$ 338.00
D7450	removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25cm	\$ 210.00
D7451	removal of benign odontogenic cyst or tumor – diameter greater than 1.25	\$ 675.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$ 356.00
D7510	incision & drainage of abscess – intraoral soft tissue	\$ 125.00
D7520	incision & drainage of abscess – extraoral soft tissue	\$ 188.00
D7940	osteoplasty – for orthognathic deformities	\$ 413.00
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible of maxilla	\$ 3,000.00
D7953	bone replacement graft for ridge preservation – per site	\$ 638.00
D7960	frenulectomy (frenectomy or frenotomy) – separate procedure	\$ 338.00



MY SMILE DENTAL PLAN FEE SCHEDULE

Code	Description	Schedule
D7970	excision of hyperplastic tissue – per arch	\$ 263.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$ 4,150.00
D8210	removable appliance therapy	\$ 650.00
D8220	fixed appliance therapy	\$ 650.00
D8670	periodic orthodontic treatment visit (as part of contract)	\$ 125.00
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 650.00
D9110	palliative (emergency) treatment of dental pain – minor procedure	\$ 199.00
D9215	local anesthesia	\$ 26.00
D9220	deep sedation/general anesthesia – first 30 minutes	\$ 412.00
D9221	deep sedation/general anesthesia – each additional 15 minutes	\$ 71.00
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	\$ 105.00
D9241	intravenous conscious sedation/analgesia – first 30 minutes	\$ 338.00
D9242	intravenous conscious sedation/analgesia – each additional 15 minutes	\$ 71.00
D9248	non-intravenous conscious sedation	\$ 225.00
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ 110.00
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	\$ 5.00
D9440	office visit – after regularly scheduled hours	\$ 145.00
D9450	case presentation, detailed and extensive treatment planning	\$ 158.00
D9610	therapeutic parenteral drug, single administration	\$ 19.00
D9630	other drugs and/or medicaments, by report	\$ 240.00
D9910	application of desensitizing medicament	\$ 71.00
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	\$ 56.00
D9940	occlusal guard, by report	\$ 431.00
D9941	fabricaton of athletic mouthguard (sports guard)	\$ 206.00
D9950	occlusion analysis – mounted case	\$ 263.00
D9951	occlusal adjustment - limited	\$ 49.00
D9952	occlusal adjustment – complete	\$ 150.00
D9970	enamel microabrasion	\$ 34.00
D9972	external bleaching	\$ 245.00
D9973	external bleaching – per tooth	\$ 225.00
D9974	internal bleaching – per tooth	\$ 225.00