

Schedule of Dental Services – Advantage Plus

ADA Code	Description	Member Discount (as % of UCR)
Diagnostic & Preventive		
*****	Consultation	100%
D0120-40	Oral Exams and Evaluations – 2 per year	50%
D0150-60	Comprehensive Oral Exams & Evaluations – Problem Focused	50%
D0170-80	Re-Evaluations and Periodontal Evaluations – 1 each per year	50%
D0210	Full Mouth X-Rays – 1 each per every 3 years	50%
D0220-30	Periapical X-Rays	50%
D0240	Occulsal X-Rays	50%
D0250-60	Extraoral X-Rays	50%
D0270-77	Bitewing X-Rays	50%
D0330	Panoramic X-Rays	50%
D0460	Tooth Pulp Vitality Test – 2 each per year	50%
D0470	Diagnostic Casts-Study Models	50%
D0999	Detailed Extensive and Comprehensive Consultation and Treatment Plan discussion	
D1110/20	Prophylaxis-Adult/Child-Every 6 Months	50%
D1203	Topical Application of Fluoride/Child-Every 6 Months	50%
D1330	Oral Hygiene Instruction	50%
D1351	Sealants-Per Tooth	50%
D1510	Space Maintainer/Fixed-Unilateral	50%
D1515	Space Maintainer/Fixed-Bilateral	50%
D1520	Space Maintainer/Removable-Unilateral	50%
D1525	Space Maintainer/Removable-Bilateral	50%
D1550	Re-cement Space Maintainer	50%
Restorative (Fillings)		
D2140	Amalgam/Permanent or Primary-1 Surface	50%
D2150	Amalgam/Permanent or Primary-2 Surface	50%
D2160	Amalgam/Permanent or Primary-3 Surface	50%
D2161	Amalgam/Permanent or Primary-4 Surface	50%
D2330	Resin-1 Surface/Anterior	50%
D2331	Resin-2 Surface/Anterior	50%
D2332	Resin-3 Surface/Anterior	50%
D2335	Resin-4+ Surface/Anterior	50%
D2390	Composite Resin Crown/Anterior	50%
D2391	Resin-1 Surface/Posterior	50%
D2392	Resin-2 Surface/Posterior	50%
D2393	Resin-3 Surface/Posterior	50%
D2394	Resin-4+ Surfaces/Posterior	50%
Restorative (Foil/Inlays/Onlays)		
D2510	Inlay/Metallic-1 Surface	50%
D2520	Inlay/Metallic-2 Surface	50%
D2530	Inlay/Metallic-3+ Surface	50%
D2542	Onlay/Metallic-2 Surface	50%
D2543	Onlay/Metallic-3 Surface	50%
D2544	Onlay/Metallic-4+ Surface	50%
D2610	Inlay-Porcelain/Ceramic-1 Surface	50%
D2620	Inlay-Porcelain/Ceramic-2 Surface	50%
D2630	Inlay-Porcelain/Ceramic-3+ Surface	50%
D2642	Onlay-Porcelain/Ceramic-2 Surface	50%
D2643	Onlay-Porcelain/Ceramic-3 Surface	50%
D2644	Onlay-Porcelain/Ceramic-4+ Surface	50%
D2650	Inlay-Composite/Resin-1 Surface (Lab Processed)	50%
D2651	Inlay-Composite/Resin-2 Surface (Lab Processed)	50%
D2652	Inlay-Composite/Resin-3+ Surface (Lab Processed)	50%
D2662	Onlay-Composite/Resin-2 Surface (Lab Processed)	50%

D2663	Onlay-Composite/Resin-3 Surface (Lab Processed)	50%
D2664	Onlay-Composite/Resin-4+ Surface (Lab Processed)	50%

Restorative (Crowns-Single Restorations Only)

D2710	Crown-Resin (Laboratory)	50%
D2720	Crown-Resin w/High Noble Metal	50%
D2721	Crown-Resin w/Predominantly Base Metal	50%
D2722	Crown-Resin w/Noble Metal	50%
D2740	Crown-Porcelain/Ceramic Substrate	50%
D2750	Crown-Porcelain Fused to High Noble Metal	50%
D2751	Crown-Porcelain Fused to Predominantly Base Metal	50%
D2752	Crown-Porcelain Fused to Noble Metal	50%
D2780	Crown-3/4 Cast High Noble Metal	50%
D2781	Crown-3/4 Cast Predominantly Base Metal	50%
D2782	Crown-3/4 Cast Noble Metal	50%
D2783	Crown-3/4 Porcelain/Ceramic	50%
D2790	Crown-Full Cast High Noble Metal	50%
D2791	Crown-Full Cast Predominantly Base Metal	50%
D2792	Crown-Full Cast Noble Metal	50%
D2799	Crown-Provisional	50%
D2910	Re-cement Inlays	50%
D2920	Re-cement Crowns	50%
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	50%
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	50%
D2932	Prefabricated Resin Crown	50%
D2933	Prefabricated Stainless Steel Crown w/Resin Window	50%
D2940	Sedative Filling	50%
D2950	Crown Buildup-Includes Any Pins	50%
D2951	Pin Retention Per Tooth-In Addition to Restoration	50%
D2952	Cast Post & Core-In Addition to Crown	50%
D2953	Cast Post & Core-As Part of Crown	50%
D2954	Prefab Post & Core-In Addition to Crown	50%
D2955	Post Removal (Not in Conjunction w/Endodontic Therapy)	50%
D2957	Each additional prefabricated post - same tooth (to be used with D2954)	50%
D2960	Labial Veneer (Laminate) Chair-side	50%
D2961	Labial Veneer (Resin Laminate) Laboratory	50%
D2962	Labial Veneer (Porcelain Laminate) Laboratory	50%
D2970	Crown-Temporary (Fractured Tooth)	50%
D2980	Crown Repair/By Report	50%
D2999	Unlisted Restorative Procedure, (if available) By Report	

Endodontics

D3110	Pulp Cap/Direct	50%
D3120	Pulp Cap/Indirect	50%
D3220	Therapeutic Pulpotomy	50%
D3230	Pupal Therapy/Resorbable Filling-Ant.-Primary Tooth-Excludes Final Restoration	50%
D3240	Pupal Therapy/Resorbable Filling-Post.-Primary Tooth-Excludes Final Restoration	50%
D3310	Root Canal Therapy-Anterior/Excludes Final Restoration	50%
D3320	Root Canal Therapy-Bicuspid/Excludes Final Restoration	50%
D3330	Root Canal Therapy-Molar/Excludes Final Restoration	50%
D3346	Re-treatment of Previous Root Canal Therapy-Anterior	50%
D3347	Re-treatment of Previous Root Canal Therapy-Bicuspid	50%
D3348	Re-treatment of Previous Root Canal Therapy-Molar	50%
D3351	Apexification/Recalcification-Initial Visit	50%
D3352	Apexification/Recalcification-Interim Visit	50%
D3353	Apexification/Recalcification-Final Visit	50%
D3410	Apicoectomy/Periradicular Surgery-Anterior	50%
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	50%
D3425	Apicoectomy/Periradicular Surgery-Molar (First Root)	50%
D3426	Apicoectomy/Periradicular Surgery-Each Additional Root	50%
D3430	Retrograde Filling-Per Root	50%

D3450	Root Amputation-Per Root	50%
D3460	Endodontic Endosseous Implant	50%
D3470	Intentional Re-Implantation/Includes Necessary Splinting	50%
D3910	Surgical Procedure for Isolation of Tooth w/Rubber Dam	50%
D3920	Hemisection-Includes Any Root Removal/Does Not Include Root Canal Therapy	50%
D3950	Canal Preparation & Fitting of Preformed Dowel or Post	50%
D3999	Unlisted Endodontic Procedures, (if available) By Report	

Periodontics

D4210	Gingivectomy or Gingivoplasty-Per 4+ Teeth per Quadrant	50%
D4211	Gingivectomy or Gingivoplasty-Per 1-3 Teeth per Quadrant	50%
D4240	Gingival Flap Surgery-Per Quadrant	50%
D4241	Gingival Flap-Including Root Planning-Per 1-3 Teeth per Quadrant	50%
D4245	Apically Positioned Flap	50%
D4249	Clinical Crown Lengthening-Hard Tissue	50%
D4260	Osseous Surgery-Per 4+ Teeth per Quadrant	50%
D4261	Osseous Surgery-Per 1-3 Teeth per Quadrant	50%
D4263	Bone Replacement Graft-First Site in Quadrant	50%
D4264	Bone Replacement Graft-Each Additional Site	50%
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	50%
D4266	Guided Tissue Regeneration-Resorbable Barrier/Per Site-Per Tooth	50%
D4267	Guided Tissue Regeneration-Nonresorbable Barrier/Per Site-Per Tooth	50%
D4268	Surgical Revision Procedure, per Tooth	50%
D4270	Pedicle Soft Tissue Graft Procedure	50%
D4271	Free Soft Tissue Graft Procedure	50%
D4274	Distal or Proximal Wedge Procedure	50%
D4275	Soft Tissue Allograft	50%
D4276	Combined Connective Tissue and Double Pedicle Graft	50%
D4320	Provisional Splinting-Intracoronary	50%
D4321	Provisional Splinting-Extracoronary	50%
D4341	Periodontal Scaling & Root Planing-Per Quadrant	50%
D4342	Periodontal Scaling & Root Planing-1-3 Teeth Per Quadrant	50%
D4355	Full Mouth Debridement	50%
D4381	Localized Delivery of Chemotherapeutic Agents	50%
D4910	Periodontal Maintenance Procedures-Following Active Therapy	50%
D4920	Unscheduled Dressing Change (by someone other than treating dentist)	50%
D4999	Unlisted Periodontal Procedure, (if available) By Report	

Prostodontics (Removable)

D5110	Complete Denture-Maxillary	50%
D5120	Complete Denture-Mandibular	50%
D5130	Immediate Denture-Maxillary	50%
D5140	Immediate Denture-Mandibular	50%
D5211	Maxillary Partial Denture-Resin Base	50%
D5212	Mandibular Partial Denture-Resin Base	50%
D5213	Maxillary Partial Denture-Cast Metal Framework/Resin Base	50%
D5214	Mandibular Partial Denture-Cast Metal Framework/Resin Base	50%
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal	50%
D5410	Adjust Complete Denture-Maxillary	50%
D5411	Adjust Complete Denture-Mandibular	50%
D5421	Adjust Partial Denture-Maxillary	50%
D5422	Adjust Partial Denture-Mandibular	50%
D5510	Repair Broken Complete Denture Base	50%
D5520	Replace Missing or Broken Teeth-Complete Denture/Per Tooth	50%
D5610	Repair Resin Denture Base	50%
D5620	Repair Cast Framework	50%
D5630	Repair or Replace Broken Clasp	50%
D5640	Replace Broken Teeth-Per Tooth	50%
D5650	Add Tooth to Existing Partial Denture	50%
D5660	Add Clasp to Existing Partial Denture	50%
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	50%

D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	50%
D5710	Rebase Complete Maxillary Denture	50%
D5711	Rebase Complete Mandibular Denture	50%
D5721	Rebase Mandibular Partial Denture	50%
D5730	Reline Complete Maxillary Denture/Chair-side	50%
D5731	Reline Complete Mandibular Denture/Chair-side	50%
D5740	Reline Maxillary Partial Denture/Chair-side	50%
D5741	Reline Mandibular Partial Denture/Chair-side	50%
D5750	Reline Complete Maxillary Denture/Laboratory	50%
D5751	Reline Complete Mandibular Denture/Laboratory	50%
D5760	Reline Maxillary Partial Denture/Laboratory	50%
D5761	Reline Mandibular Partial Denture/Laboratory	50%
D5810	Interim Complete Denture/Maxillary	50%
D5811	Interim Complete Denture/Mandibular	50%
D5820	Interim Partial Denture/Maxillary	50%
D5821	Interim Partial Denture/Mandibular	50%
D5850	Tissue Conditioning/Maxillary	50%
D5851	Tissue Conditioning/Mandibular	50%
D5860	Overdenture-Complete/By Report	50%
D5861	Overdenture-Partial/By Report	50%
D5862	Precision Attachment/By Report	50%
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment	50%
D5875	Modification of Removable Prosthesis Following Implant Surgery	50%
D5899	Unlisted Removable Prosthodontic Procedure, (if available) By Report	

Prosthodontics (Fixed)

D6210	Pontic-Cast High Noble Metal	50%
D6211	Pontic-Cast Predominantly Base Metal	50%
D6212	Pontic-Cast Noble Metal	50%
D6240	Pontic-Porcelain Fused to High Noble Metal	50%
D6241	Pontic-Porcelain Fused to Predominantly Base Metal	50%
D6242	Pontic-Porcelain Fused to Noble Metal	50%
D6245	Pontic-Porcelain/Ceramic	50%
D6250	Pontic-Resin w/High Noble Metal	50%
D6251	Pontic-Resin w/Predominantly Base Metal	50%
D6252	Pontic-Resin w/Noble Metal	50%
D6253	Provisional Pontic	50%
D6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	50%
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	50%
D6600	Inlay-Porcelain/Ceramic, two surfaces	50%
D6601	Inlay-Porcelain/Ceramic, three or more surfaces	50%
D6602	Inlay-Cast High Noble Metal, two surfaces	50%
D6603	Inlay-Cast High Noble Metal, three or more surfaces	50%
D6604	Inlay-Cast Predominantly Base Metal, two surfaces	50%
D6605	Inlay-Cast Predominantly Base Metal, three or more surfaces	50%
D6606	Inlay-Cast Noble Metal, two surfaces	50%
D6607	Inlay-Cast Noble Metal, three or more surfaces	50%
D6608	Onlay-Porcelain/Ceramic, two surfaces	50%
D6609	Onlay-Porcelain/Ceramic, three or more surfaces	50%
D6610	Onlay- Cast High Noble Metal, two surfaces	50%
D6611	Onlay- Cast High Noble Metal, three or more surfaces	50%
D6612	Onlay- Cast Predominantly Base Metal, two surfaces	50%
D6613	Onlay- Cast Predominantly Base Metal, three or more surfaces	50%
D6614	Onlay- Cast Cast Noble Metal, two surfaces	50%
D6615	Onlay- Cast Cast Noble Metal, three or more surfaces	50%
D6720	Crown-Resin w/High Noble Metal	50%
D6721	Crown-Resin w/Predominately Base Metal	50%
D6722	Crown-Resin w/Noble Metal	50%
D6740	Crown-Porcelain/Ceramic	50%
D6750	Crown-Porcelain Fused to High Noble Metal	50%
D6751	Crown-Porcelain Fused to Predominantly Base Metal	50%

D6752	Crown-Porcelain Fused to Noble Metal	50%
D6780	Crown-3/4 Cast High Noble Metal	50%
D6781	Crown-3/4 Cast Predominantly Base Metal	50%
D6782	Crown-3/4 Cast Noble Metal	50%
D6783	Crown-3/4 Porcelain/Ceramic	50%
D6790	Crown-Full Cast High Noble Metal	50%
D6791	Crown-Full Cast Predominantly Base Metal	50%
D6792	Crown-Full Cast Noble Metal	50%
D6793	Provisional Retainer Crown	50%
D6920	Connector Bar	50%
D6930	Re-cement Fixed Partial Denture	50%
D6940	Stress Breaker	50%
D6950	Precision Attachment	50%
D6970	Cast Post & Core in Addition to Fixed Partial Denture Retainer	50%
D6971	Cast Post & Core as Part of Fixed Partial Denture Retainer	50%
D6972	Prefabricated Post & Core in Addition to Fixed Partial Denture Retainer	50%
D6973	Core Buildup for Retainer-Includes Any Pins	50%
D6975	Coping-Metal	50%
D6980	Fixed Partial Denture Repair/By Report	50%
D6999	Unlisted Fixed Prosthodontic Procedure, (if available) By Report	

Oral Surgery

D71 11	Coronal Remnants-Deciduous Tooth	50%
D7140	Extraction-Erupted Tooth or Exposed Root	50%
D7210	Surgical Removal of Erupted Tooth	50%
D7220	Removal of Impacted Tooth-Soft Tissue	50%
D7230	Removal of Impacted Tooth-Partially Bony	50%
D7240	Removal of Impacted Tooth-Completely Bony	50%
D7241	Removal of Impacted Tooth-Completely Bony, with unusual surgical complications	50%
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	50%
D7310	Alveoloplasty in Conjunction w/Extractions-Per Quadrant	50%
D7320	Alveoloplasty Not in Conjunction w/Extractions-Per Quadrant	50%
D7470	Removal of Exostosis	50%
D751 0	Incision & Drainage of Abcess-Intraoral Soft Tissue	50%
D7520	Incision & Drainage of Abcess-Extraoral Soft Tissue	50%
D7960	Frenulectomy	50%
D7999	Unlisted Oral Surgery Procedures, (if available) By Report	

Orthodontics

Specialists Services used only.

Adjunctive General Services

D9110	Emergency Office Visit/Palliative Treatment-Normal Office Hrs	\$50
D9430	Office Visits/Sterilization Fee-Normal Office Hrs	
D9440	Emergency Office Visit/Non-Office Hrs	\$125
D9940	Occlusal Guards/By Report	50%
D9951	Occlusal Adjustment/Limited	50%
D9952	Occlusal Adjustment/Complete	50%
D9980	Teeth Whitening – Professional Crest Whitestrips Supreme (per kit)	25%