

The Dental Network

Suite 200, 7400 York Road Towson, Maryland 21204
 Telephone: (410) 847-9060 Fax: (410) 847-9062 Toll Free: (888) 833-8464
 Website: www.thedentalnet.org Email: service@thedentalnet.org

PROVIDER CHOICE – Plan PC - 5

ADA	Procedure Name	Copayment
	BASIC DENTAL SERVICE	
	Per Office Visit Copay	\$5
	<i>Includes the following services (ADA Codes): all examinations (120; 140; 150; 170, and 180), prophylaxis (1110 and 1120), x-rays (210; 220; 230; 240; 270; 272; 274; 277; 330; 340), pulp vitality test (460), diagnostic casts (470), diagnostic photographs (471), oral hygiene instructions (1330), fluoride treatments (1203 and 1204), sealants (1351), pulp caps (3110 and 3120), amalgam and composite restorations (2140; 2150; 2160; 2161; 2330; 2331; 2332; 2335; 2391; 2392; 2393; and 2394), sedative fillings (2940), extractions (7111 and 7140), recementation of space maintainers, inlay(s), crown(s) or bridge (1550; 2910; 2920 and 6930), pin retention (2951), complete or partial denture adjustments (5410; 5411; 5421; and 5422), palliative treatment (9110), and follow-up visits for Major Dental Services (listed below).</i>	
	SOFT TISSUE MANAGEMENT	
	Per Office Visit Copay	\$60
	<i>Includes the following services (ADA Codes): all periodontal scaling and root planing (4341 and 4342), full mouth debridement (4355), and periodontal maintenance procedures following active therapy (4910).</i>	
	MAJOR DENTAL SERVICES	
	SPACE MAINTENANCE (PASSIVE APPLIANCES)	
1510	Space Maintainer - Fixed Unilateral	80
1515	Space Maintainer - Fixed Bilateral	105
1520	Space Maintainer – Removable Unilateral	50
1525	Space Maintainer – Removable Bilateral	105
	INLAY/ONLAY RESTORATIONS	
2510	Inlay metallic - one surface	155
2520	Inlay - metallic - two surfaces	190
2530	Inlay - metallic - three or more surfaces	210
2543	Onlay - metallic - three surfaces	40
2544	Onlays - metallic - four or more surfaces	52
2610	Inlay - porcelain/ceramic - one surface	165
2620	Inlay - porcelain/ceramic - two surfaces	180
	CROWNS - SINGLE RESTORATION ONLY	
2710	Crown - Resin (laboratory)	90
2740	Crown - porcelain/ceramic substrate	315
2750	Crown - porcelain fused to high noble metal	320
2751	Crown - porcelain fused to predominantly base metal	300
2752	Crown - porcelain fused to noble metal	310
2790	Crown - full cast high noble metal	320
2791	Crown - full cast predominantly base metal	300
2792	Crown - full cast noble metal	310
2799	Provisional Crown – at least six months	60
	OTHER RESTORATIVE SERVICES	
2930	Prefabricated stainless steel crown – primary tooth	70
2931	Prefabricated stainless steel crown – permanent tooth	70

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2933	Prefabricated stainless steel crown with resin window	80
2950	Core buildup, including any pins	65
2952	Cast post and core in addition to crown	72
2953	Additional cast post and core	36
2954	Prefabricated post and core in addition to crown	60
2957	Additional prefabricated post and core	30
2970	Temporary crown (fractured tooth)	60
	PULPOTOMY	
3220	Therapeutic Pulpotomy (excluding final restoration)	40
	ENDODONTIC THERAPY ON PRIMARY TEETH	
3230	Pupal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	52
3240	Pupal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	60
	ROOT CANAL/ ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE	
3310	Anterior (excluding final restoration)	190
3320	Bicuspid (excluding final restoration)	240
3330	Molar (excluding final restoration)	310
	ENDODONTIC RETREATMENT	
3346	Retreatment of previous root canal therapy - anterior	250
3347	Retreatment of previous root canal therapy - bicuspid	310
3348	Retreatment of previous root canal therapy – molar	390
	APICOECTOMY/PERIAPICAL SERVICES	
3410	Apicoectomy/Periradicular surgery – anterior	150
3421	Apicoectomy/Periradicular surgery – bicuspid (first root)	175
3425	Apicoectomy/Periradicular surgery – molar (first root)	225
3426	Apicoectomy/Periradicular surgery - (each additional root)	75
3430	Retrograde Filling - per root	50
3450	Root amputation - per root	80
	OTHER ENDODONTIC PROCEDURES	
3910	Surgical procedure for isolation of tooth with rubber dam	70
3920	Hemisection (incl. any root removal) not including root canal therapy	85
	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE SERVICES)	
4210	Gingivectomy or gingivoplasty- per quadrant	110
4211	Gingivectomy or gingivoplasty- per tooth	35
4240	Gingival flap, including root planing - per quadrant	135
4249	Clinical crown lengthening - hard tissue	105
4260	Osseous Surgery (including flap entry and closure) per quadrant	330
4263	Bone replacement graft - first site in quadrant	315
4264	Bone replacement graft - each add'l site in quad	120
4270	Pedicle soft tissue graft procedure	175
4271	Free soft tissue graft procedure - including donor site surgery	195
4273	Subepithelial connective tissue graft procedure - including donor site surgery	135
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	55
	ADJUNCTIVE PERIODONTAL SERVICES	
4320	Provisional splinting – intracoronal	50
4321	Provisional splinting – extracoronal	60
	COMPLETE DENTURES (Including Routine Post-Delivery Care)	
5110	Complete denture – maxillary	320
5120	Complete denture – mandibular	320
5130	Immediate denture – maxillary	355
5140	Immediate denture – mandibular	355

ADA	Procedure Name	Copayment
	PARTIAL DENTURES (Including Routine Post-Delivery Care)	
5211	Maxillary partial denture – resin base- including any conventional clasps, rests & teeth	300
5212	Mandibular partial denture – resin base – including any conventional clasps, rests & teeth	300
5213	Maxillary partial denture - cast metal framework with resin denture bases - including any conventional clasps, rests & teeth	350
5214	Mandibular partial denture – cast metal framework with resin denture bases - including any conventional clasps, rests & teeth	350
5281	Removable unilateral partial denture - one piece cast metal - including clasps & teeth	85
	REPAIRS TO COMPLETE DENTURES	
5510	Repair broken complete denture base	40
5520	Replace missing or broken teeth – complete denture (each tooth)	30
	REPAIRS TO PARTIAL DENTURES	
5610	Repair resin denture base	40
5620	Repair cast framework	42
5630	Repair or replace broken clasp	33
5640	Replace broken teeth - per tooth	33
5650	Add tooth to existing partial denture	40
5660	Add clasp to existing partial denture	45
	DENTURE REBASE PROCEDURES	
5710	Rebase complete maxillary denture	80
5711	Rebase complete mandibular denture	80
5720	Rebase maxillary partial denture	75
5721	Rebase mandibular partial denture	75
	DENTURE RELINE PROCEDURES	
5730	Reline complete maxillary denture (chairside)	75
5731	Reline complete mandibular denture (chairside)	75
5740	Reline maxillary partial denture (chairside)	60
5741	Reline mandibular partial denture (chairside)	60
5750	Reline complete maxillary denture (laboratory)	85
5751	Reline complete mandibular denture (laboratory)	85
5760	Reline maxillary partial denture (laboratory)	80
5761	Reline mandibular partial denture (laboratory)	80
	OTHER REMOVABLE PROSTHETIC SERVICES	
5810	Interim complete denture (maxillary)	120
5811	Interim complete denture (mandibular)	120
5820	Interim partial denture (maxillary)	100
5821	Interim partial denture (mandibular)	100
5850	Tissue conditioning – maxillary	32
5851	Tissue conditioning – mandibular	32
	FIXED PARTIAL DENTURE PONTICS	
6210	Pontic - cast high noble metal	320
6211	Pontic - cast predominantly base metal	300
6212	Pontic - cast noble metal	310
6240	Pontic - porcelain fused to high noble metal	320
6241	Pontic - porcelain fused to predominantly base metal	300
6242	Pontic - porcelain fused to noble metal	310
	RETAINERS	
6545	Retainers - cast metal for resin bonded fixed prosthesis	100
	FIXED PARTIAL DENTURE RETAINERS - CROWN	
6750	Crown - porcelain fused to high noble metal	320
6751	Crown - porcelain fused to predominantly base metal	300
6752	Crown - porcelain fused to noble metal	310

ADA	Procedure Name	Copayment
6780	Crown - 3/4 cast high noble metal	270
6790	Crown - full cast high noble metal	320
6791	Crown - full cast predominantly base metal	300
6792	Crown – full cast noble metal	310
	OTHER FIXED PARTIAL DENTURE SERVICES	
6940	Stress breaker	42
6950	Precision attachment	95
6970	Cast post and core in addition to fixed partial denture retainer	80
6971	Cast post as part of fixed partial denture retainer	80
6972	Prefabricated Post and Core in addition to fixed partial denture retainer	70
6973	Core build up for retainer, including any pins	65
6976	Each additional cast post and core	42
6977	Each additional prefabricated post and core	40
	SURGICAL EXTRACTIONS (Includes Local Anesthesia, Suturing, if Needed and Routine Post Operative Care)	
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	60
7220	Removal of impacted tooth – soft tissue	75
7230	Removal of impacted tooth – partially bony	95
7240	Removal of impacted tooth – completely bony	120
7241	Removal of impacted tooth – completely bony with unusual surgical complications	140
7250	Surgical removal of residual tooth roots (cutting procedure)	55
	OTHER SURGICAL PROCEDURES	
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (incl. ortho. attachments)	135
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	110
7286	Biopsy of oral tissue - soft	60
	ALVEOLOPLASTY - Surgical Preparation of Ridge for Dentures	
7310	Alveoloplasty - in conj. with extractions per quad.	50
7320	Alveoloplasty - not in conj. with extractions per quad.	55
	SURGICAL INCISION	
7510	Incision & drainage of abscess – intraoral soft tissue	40
7520	Incision & drainage of abscess – extraoral soft tissue	35
	OTHER REPAIR PROCEDURES	
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	60
7971	Excision of pericoronal gingiva	52
	LIMITED ORTHODONTIC TREATMENT	
8010	Limited ortho. treatment of the primary dentition	475
8020	Limited ortho. treatment of the transitional dentition	495
8030	Limited ortho. treatment of the adolescent dentition	515
8040	Limited ortho. treatment of the adult dentition	555
	INTERCEPTIVE ORTHODONTIC TREATMENT	
8050	Interceptive orthodontic treatment of the primary dentition	725
8060	Interceptive orthodontic treatment of the transitional dentition	825
	COMPREHENSIVE ORTHODONTIC TREATMENT	
8070	Comprehensive orthodontic treatment of the transitional dentition	1,950
8080	Comprehensive orthodontic treatment of the adolescent dentition	2,100
8090	Comprehensive orthodontic treatment of the adult dentition	2,250
	MINOR TREATMENT TO CONTROL HARMFUL HABITS	
8210	Removable appliance therapy	455
8220	Fixed appliance therapy	420

ADA	Procedure Name	Copayment
	OTHER ORTHODONTIC SERVICES	
8660	Pre-orthodontic treatment visit	120
8670	Periodic orthodontic treatment visit (as part of contract)	80
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	190
	ANESTHESIA	
9230	Analgesia (Nitrous Oxide)	25
9241	Intravenous Sedation – First 30 minutes	90
9242	Intravenous Sedation – Each additional 15 minutes	32
	PROFESSIONAL CONSULTATION	
9310	Consultation – (diagnostic service provided by Specialist)	35
	PROFESSIONAL VISITS	
9400	Broken appointment charge – per 15 minutes (without 24 hours prior notice)	10
	MISCELLANEOUS SERVICES	
9910	Application of desensitizing medicament	8
9911	Application of desensitizing resin (cervical and/or root surface)	8
9940	Occlusal guard, by report	180
9951	Occlusal adjustment - limited	50
9952	Occlusal adjustment - complete	110
9974	Internal Bleaching – per tooth	95

PLAN LIMITATIONS – IN-NETWORK

- ∅ Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws;
- ∅ Services which are provided without cost to the Covered Employee by any municipality, county or other political subdivision (with the exception of Medicaid);
- ∅ Services which, in the opinion of the participating DENTIST, are not necessary for the Covered Employee's health;
- ∅ Payment of any claim or bill will not be made for prohibited referrals;
- ∅ Cosmetic, elective, or aesthetic dentistry, which in the opinion of the participating DENTIST are not necessary for the patient's dental health;
- ∅ Oral surgery requiring the setting of fractures or dislocations;
- ∅ Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations;
- ∅ Dispensing of drugs, except those used as a local anesthetic;
- ∅ Hospitalization for any dental procedure;
- ∅ Loss or theft of bridgework or dentures previously supplied under the PLAN;
- ∅ Replacement of a bridge, crown, or denture within five (5) years after the date it was originally installed;
- ∅ Any implantation;
- ∅ General anesthesia;
- ∅ Services that cannot be performed because of the general health of the patient;
- ∅ Teeth Cleaning (Prophylaxis) at intervals of less than six (6) months;
- ∅ Unlisted procedures will be provided at the dentist's usual and customary fees;
- ∅ Services which are obtained outside the dental office in which enrolled and which are not pre-authorized by the PLAN. This does not apply to out-of-area emergency dental services;
- ∅ Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Covered Employee's General Participating DENTIST;
- ∅ All services listed on the Schedule of Benefits and Member Copayments will be provided by a general Participating Dentist or an approved Specialist; provided, however, that a general DENTIST will refer the Covered Employee or Dependent to an approved Specialist or recommend that the Covered Employee or Dependent contact an approved Specialist if it is the judgment of the DENTIST that the service or procedure must be provided by an approved Specialist, with an exception for out-of-area emergency care;
- ∅ Services which cannot be performed in the dental office of the "Personal Participating DENTIST" or "Approved Specialist" due to the special needs or health related conditions of the Covered Employee and/or Dependent(s).

OUT-OF-AREA EMERGENCY CARE: *Members are covered for emergency dental treatment to alleviate acute pain, along with treatment arising from accidental injury or illness while temporarily more than 50 miles from their regular place of residence and the nearest Plan Dental Office. Limited to \$50 per member per emergency.*

ALL PRICES ARE EXCLUSIVE OF GOLD