

## EXHIBIT A Lime Fee Schedule

**General Dentist** 

Any procedure not listed, including cosmetic, shall be discounted 20% from the Dentists usual and customary fee.

DIAGNOSTIC TREATMENT			
ADA CODE	TREATMENT	MEMBER PAYS	
D0120	Periodic oral evaluation - established patient	\$20	
D0140	Limited oral evaluation - problem focused	\$25	
D0150	Comprehensive oral evaluation - new or established patient	\$50	
D0210	Intraoral - complete series of radiographic images	\$80	
D0220	Intraoral - periapical first radiographic image	\$20	
D0230	Intraoral - periapical each additional radiographic image	\$16	
D0240	Intraoral - occlusal radiographic image	\$25	
D0270	Bitewing - single radiographic image	\$23	
D0272	Bitewings - two radiographic images	\$30	
D0273	Bitewings - three radiographic images	\$35	
D0274	Bitewings - four radiographic images	\$40	
D0330	Panoramic radiographic image	\$75	

- **•IMPLANTS** Special rule: Discount applies to all dental services except practitioner's cost of implant fixture.
- Invisalign discounts may not apply.

## SPECIALIST FEE SCHEDULE To be used by Dentists who have aquired an advanced degree. Including:

Orthodontists
Periodontists
Endodontists
Prosthodontists
Pedodontists
Oral Surgeons

Fees shall be discounted 15% from the Specialists usual and customary fees.

ADA	NTATIVE TREATMENT TREATMENT	MEMBER PAYS
D1110	Prophylaxis - Adult	\$55
D1120	Prophylaxis - Child	\$45
D1206	Topical application of fluoride varnish	\$23
D1208	Topical application of fluoride	\$18
D1330	Oral hygiene instructions	\$20
D1351	Sealant - per tooth	\$30

ADJUN ADA CODE			
D9999	Infection control	\$10	

- Lab fees included in all procedures where required
- Dentist will discuss fees and treatment plan with patient prior to treatment.
- Dentist may charge additional fees for procedures that present unusual difficulties and circumstances.
- •If the Dentist's usual and customary fee is less than the AmeriPlan scheduled fee, the Dentist will charge the lower fee.



