



# EXHIBIT A

## Red Fee Schedule

### General Dentist

**Any procedure not listed, including cosmetic, shall be discounted 25% from the Dentists usual and customary fee.**

DIAGNOSTIC TREATMENT		
ADA CODE	TREATMENT	MEMBER PAYS
D0120	Periodic oral evaluation - established patient	\$15
D0140	Limited oral evaluation - problem focused	\$25
D0150	Comprehensive oral evaluation - new or established patient	\$35
D0180	Comprehensive periodontal evaluation - new or established patient	\$30
D0210	Intraoral - complete series of radiographic images	\$55
D0220	Intraoral - periapical first radiographic image	\$12
D0230	Intraoral - periapical each additional radiographic image	\$10
D0240	Intraoral - occlusal radiographic image	\$16
D0270	Bitewing - single radiographic image	\$12
D0272	Bitewings - two radiographic images	\$16
D0273	Bitewings - three radiographic images	\$20
D0274	Bitewings - four radiographic images	\$25
D0330	Panoramic radiographic image	\$52
D0460	Pulp vitality tests	\$25
D0470	Diagnostic casts	\$38

PREVENTATIVE TREATMENT		
ADA CODE	TREATMENT	MEMBER PAYS
D1110	Prophylaxis - Adult	\$48
D1120	Prophylaxis - Child	\$30
D1206	Topical application of fluoride varnish	\$25
D1208	Topical application of fluoride - excluding varnish	\$15
D1330	Oral hygiene instructions	\$10
D1351	Sealant - per tooth	\$32
D1510	Space maintainer - fixed - unilateral - per quadrant	\$135
D1516	Space maintainer - fixed - bilateral, maxillary	\$175
D1517	Space maintainer - fixed - bilateral, mandibular	\$175

RESTORATIVE PROCEDURES		
ADA CODE	TREATMENT	MEMBER PAYS
D2140	Amalgam - one surface, primary or permanent	\$48
D2150	Amalgam - two surfaces, primary or permanent	\$65
D2160	Amalgam - three surfaces, primary or permanent	\$90
D2330	Resin-based composite - one surface, anterior	\$74
D2331	Resin-based composite - two surfaces, anterior	\$96
D2332	Resin-based composite - three surfaces, anterior	\$135
D2391	Resin-based composite - one surface, posterior	\$79
D2392	Resin-based composite - two surfaces, posterior	\$105
D2393	Resin-based composite - three surfaces, posterior	\$145
D2750	Crown - porcelain fused to high noble metal	\$590
D2751	Crown - porcelain fused to predominantly base metal	\$425
D2752	Crown - porcelain fused to noble metal	\$465
D2790	Crown - full cast high noble metal	\$525
D2791	Crown - full cast predominantly base metal	\$400

RESTORATIVE PROCEDURES		
ADA CODE	TREATMENT	MEMBER PAYS
D2792	Crown - full cast noble metal	\$435
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$43
D2920	Recement or re-bond crown	\$42
D2930	Prefabricated stainless steel crown - primary tooth	\$95
D2931	Prefabricated stainless steel crown - permanent tooth	\$120
D2932	Prefabricated resin crown	\$130
D2940	Protective restoration	\$45
D2951	Pin retention - per tooth, in addition to restoration	\$25

**IMPLANTS - SPECIAL RULE** Discount applies to all dental services except practitioner's cost of implant fixture.

ENDODONTIC PROCEDURES		
ADA CODE	TREATMENT	MEMBER PAYS
D3110	Pulp cap - direct (excluding final restoration)	\$38
D3120	Pulp cap - indirect (excluding final restoration)	\$33
D3220	Therapeutic pulpotomy (excluding final restoration)	\$85
D3310	Root canal - anterior tooth (excluding final restoration)	\$375
D3320	Root canal - bicuspid tooth (excluding final restoration)	\$405

PERIODONTIC PROCEDURES		
ADA CODE	TREATMENT	MEMBER PAYS
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$97
D4910	Periodontal maintenance	\$65

PROSTHODONTICS		
ADA CODE	TREATMENT	MEMBER PAYS
D5110	Complete denture - maxillary (upper)	\$700
D5120	Complete denture - mandibular (lower)	\$700
D5130	Immediate denture - maxillary (upper)	\$740
D5140	Immediate denture - mandibular (lower)	\$740
D5211	Maxillary (upper) partial denture - resin base	\$515
D5212	Mandibular (lower) denture - resin base	\$515
D5410	Adjust complete denture - maxillary (upper)	\$30
D5411	Adjust complete denture - mandibular (lower)	\$30
D5421	Adjust partial denture - maxillary (upper)	\$30
D5422	Adjust partial denture - mandibular (lower)	\$30
D5710	Rebase complete maxillary (upper) denture	\$265
D5711	Rebase complete mandibular (lower) denture	\$265
D5720	Rebase maxillary (upper) partial denture	\$240
D5721	Rebase mandibular (lower) partial denture	\$240
D6930	Recement fixed partial denture	\$55



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ORAL SURGERY		MEMBER PAYS
ADA CODE	TREATMENT	
D7111	Extraction, coronal remnants - primary tooth	\$50
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$68
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$135
D7220	Removal of impacted tooth - soft tissue	\$155
D7230	Removal of impacted tooth - partially bony	\$175

**IMPLANTS** - Special rule: *Discount applies to all dental services except practitioner's cost of implant fixture.*

ORTHODONTIC TREATMENT		MEMBER PAYS
ADA CODE	TREATMENT	
D8660	Pre-orthodontic treatment visit	\$150
D8080	Comprehensive orthodontic treatment (Braces) under 19	\$2,450
D8090	Comprehensive orthodontic treatment (Braces) 19 and over	\$2,600
D8210	Removable appliance therapy (each up to 2 years)	\$325
D8220	Fixed appliance therapy	\$525

Listed orthodontic fees are for a General Dentist's usual and customary services for full banded Class 1 malocclusion cases. Any orthodontic treatment that requires unusual or ancillary services or is extended because of lack of patient cooperation will have an additional charge. Orthodontic services are offered on a space and time availability basis and are not available to any person who is currently in treatment or has been in treatment in the past 6 months. Broken or lost appliances will be an additional charge.

**Invisalign discounts may not apply**

ADJUNCTIVE GENERAL SERVICES		MEMBER PAYS
ADA CODE	TREATMENT	
D9999	Failed appointment	\$25
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$50
D9310	Consultation - provided by dentist other than requesting dentist	\$50
D9430	Office visit for observation (during regular hours) no other services performed	\$30
D9440	Office visit - after regularly scheduled hours	\$80
D9999	Infection control	\$10

- Lab fees billed separately with 25% discount
- 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/Dental Plans of America scheduled fee, the Dentist will charge the lower fee.

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

- Orthodontists
- Periodontists
- Endodontists
- Prosthodontists
- Pedodontists
- Oral Surgeons

**Fees shall be discounted 25% from the Specialists usual and customary fees.**

