

SCHEDULE OF SERVICES
PLAN 505-500 SERIES (CDT 2007-2008 COMPLIANT)
EFFECTIVE JANUARY 1, 2007
THIS IS NOT AN INSURANCE PLAN



Please Call 800-290-0523
for Member Verification

| ADA CODE | DIAGNOSTIC AND PREVENTIVE | MEMBER PAYS | ADA CODE | MEMBER PAYS | |
|----------|--|-------------|----------|--|--------------|
| 0120 | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT | \$17.00 | 5520 | REPLACE MISSING OR BROKEN TEETH | \$66.00 |
| 0140 | LIMITED ORAL EVALUATION-PROBLEM FOCUS | \$22.00 | 5630 | REPAIR OR REPLACE BROKEN CLASP | \$81.00 |
| 0150 | COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT | \$22.00 | 5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE | \$70.00 |
| 0210 | X-RAYS-INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS) | \$52.00 | 5660 | ADD CLASP TO EXISTING PARTIAL DENTURE | \$89.00 |
| 0220 | X-RAYS-INTRAORAL-PERAPICAL-1ST FILM | \$12.00 | 5730 | RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE) | \$167.00 |
| 0230 | X-RAYS-INTRAORAL-PERAPICAL-EACH ADDITIONAL FILM | \$5.00 | 5731 | RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE) | \$167.00 |
| 0270 | BITEWING X-RAY-SINGLE FILM | \$13.00 | 5740 | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE) | \$158.00 |
| 0272 | BITEWINGS-TWO FILMS | \$16.00 | 5741 | RELINE MANDIBULAR PARTIAL DENT (CHAIRSIDE) | \$158.00 |
| 0273 | BITEWINGS-THREE FILMS | \$21.00 | 5750 | RELINE COMPLETE MAXILLARY DENTURE (LAB) | \$218.00 |
| 0274 | BITEWINGS-FOUR FILMS | \$26.00 | 5751 | RELINE COMPLETE MANDIBULAR DENTURE (LAB) | \$218.00 |
| 0330 | PANORAMIC FILM | \$52.00 | | | |
| 1110 | PROPHYLAXIS-ADULT CLEANING | \$39.00 | 6240 | PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL | \$588.00 |
| 1120 | PROPHYLAXIS-CHILD CLEANING | \$32.00 | 6241 | PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL | \$492.00 |
| 1351 | SEALANT-PER TOOTH | \$25.00 | 6242 | PONTIC-PORCELAIN FUSED TO NOBLE METAL | \$535.00 |
| 1510 | SPACE MAINTAINER-FIXED-UNILATERAL | \$114.00 | 6750 | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL | \$561.00 |
| 1515 | SPACE MAINTAINER-FIXED-BILATERAL | \$168.00 | 6751 | CROWN-PORCELAIN FUSED TO PREDOM BASE METAL | \$522.00 |
| 1520 | SPACE MAINTAINER-REMOVEABLE-UNILATERAL | \$149.00 | 6752 | CROWN-PORCELAIN FUSED TO NOBLE METAL | \$534.00 |
| 1525 | SPACE MAINTAINER-REMOVEABLE-BILATERAL | \$190.00 | | | |
| | RESTORATIVE | | | | |
| 2140 | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT | \$52.00 | 7140 | EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPTS REMOVAL) | \$66.00 |
| 2150 | AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT | \$66.00 | 7220 | REMOVAL OF IMPACTED TOOTH-SOFT TISSUE | \$136.00 |
| 2160 | AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT | \$78.00 | 7230 | REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY | \$179.00 |
| 2161 | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT | \$97.00 | 7240 | REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY | \$239.00 |
| 2330 | RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR | \$66.00 | 7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS | \$125.00 |
| 2331 | RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR | \$81.00 | 7310 | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION PER QUAD | \$114.00 |
| 2332 | RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR | \$101.00 | 7320 | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTION PER QUAD | \$166.00 |
| 2335 | RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, ANTERIOR | \$128.00 | 7510 | INCISION/DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE | \$84.00 |
| 2391 | RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR | \$88.00 | | | |
| 2392 | RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR | \$125.00 | 8070 | COMPLETE ORTHODONTIC TREATMENT-TRANSITIONAL DENTITION | 20% Discount |
| 2393 | RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR | \$167.00 | 8080 | COMPLETE ORTHODONTIC TREATMENT-ADOLESCENT DENTITION | 20% Discount |
| 2394 | RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR | \$192.00 | 8090 | COMPLETE ORTHODONTIC TREATMENT-ADULT DENTITION | 20% Discount |
| 2750 | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL | \$600.00 | | | |
| 2751 | CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$541.00 | 9110 | PALLIATIVE TREATMENT DENTAL PAIN-MINOR PROCEDURE | \$44.00 |
| 2752 | CROWN-PORCELAIN FUSED TO NOBLE METAL | \$572.00 | 9215 | LOCAL ANESTHESIA | \$16.00 |
| 2790 | CROWN-FULL CAST HIGH NOBLE METAL | \$578.00 | 9230 | ANALGESIA | \$27.00 |
| 2791 | CROWN-FULL CAST PREDOMINANTLY BASE METAL | \$550.00 | 9951 | OCCCLUSAL ADJUSTMENT LIMITED | \$61.00 |
| 2930 | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY | \$123.00 | 9952 | OCCCLUSAL ADJUSTMENT COMPLETE | \$247.00 |
| 2931 | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT | \$141.00 | | | |
| 2950 | CORE BUILDUP-INCLUDING ANY PINS | \$123.00 | | | |
| 2951 | PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION | \$28.00 | | | |
| 2952 | POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED | \$193.00 | | | |
| 2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN | \$150.00 | | | |
| | ENDODONTICS | | | | |
| 3110 | PULP CAP DIRECT (EXCLUDING FINAL RESTORATION) | \$27.00 | | | |
| 3120 | PULP CAP INDIRECT (EXCLUDING FINAL RESTORATION) | \$27.00 | | | |
| 3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) | \$66.00 | | | |
| 3310 | ROOT CANAL-ANTERIOR (EXCLUDING FINAL RESTORATION) | \$360.00 | | | |
| 3320 | ROOT CANAL-BICUSPID (EXCLUDING FINAL RESTORATION) | \$426.00 | | | |
| 3330 | ROOT CANAL-MOLAR (EXCLUDING FINAL RESTORATION) | \$535.00 | | | |
| | PERIODONTICS | | | | |
| 4210 | GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT | \$360.00 | | | |
| 4341 | PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT | \$120.00 | | | |
| 4910 | PERIODONTAL MAINTENANCE | \$76.00 | | | |
| | PROSTHODONTICS (REMOVABLE) | | | | |
| 5110 | COMPLETE DENTURE-MAXILLARY | \$779.00 | | | |
| 5120 | COMPLETE DENTURE-MANDIBULAR | \$779.00 | | | |
| 5130 | IMMEDIATE DENTURE-MAXILLARY | \$828.00 | | | |
| 5140 | IMMEDIATE DENTURE-MANDIBULAR | \$828.00 | | | |
| 5211 | MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$764.00 | | | |
| 5212 | MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) | \$764.00 | | | |
| 5213 | MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH) | \$870.00 | | | |
| 5214 | MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH) | \$870.00 | | | |
| 5410 | ADJUST COMPLETE DENTURE-MAXILLARY | \$41.00 | | | |
| 5411 | ADJUST COMPLETE DENTURE-MANDIBULAR | \$41.00 | | | |
| 5510 | REPAIR BROKEN COMPLETE DENTURE BASE | \$70.00 | | | |

*This schedule applies to services provided by a participating CAREINGTON General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Member is responsible for all charges at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees. Fee schedules are subject to change without prior notification to members.

*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.

*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your CAREINGTON provider for a detailed treatment plan prior to beginning any work.

*Procedures not listed on this schedule will be discounted at 20% of the General Dentist's normal fee.

*Implants and some whitening procedures will not be discounted by all participating CAREINGTON providers. Implants and some whitening procedures will only be discounted if the participating CAREINGTON provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.

*If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that procedure.

*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.

*CAREINGTON can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating CAREINGTON provider. Not all types of dentists may be available in your area.

*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.

* CAREINGTON or its vendors may periodically adjust this fee schedule with 30 days notice to Client.

*While all participating CAREINGTON providers are professionally licensed in the state in which they practice, CAREINGTON does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating CAREINGTON provider should be directed in writing to: CAREINGTON International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.