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Choice+ - Plan 502 Fee Schedule

Code	Description	Average Regular Cost	You Pay Only	Average Savings
<u>Diagnostic and Preventive Services (x-rays and cleanings)</u>				
D0120	Periodic oral evaluation - established patient	\$72	\$16	78%
D0140	Limited oral evaluation - problem focused	\$107	\$22	79%
D0150	Comprehensive oral evaluation - new or established patient	\$126	\$26	79%
D0210	Intraoral - complete series of radiographic images	\$221	\$50	77%
D0220	Intraoral - periapical first radiographic image	\$50	\$12	76%
D0230	Intraoral - periapical each additional radiographic image	\$43	\$9	79%
D0270	Bitewing - single radiographic image	\$40	\$12	70%
D0272	Bitewings - two radiographic images	\$63	\$15	76%
D0273	Bitewings - three radiographic images	\$77	\$21	73%
D0274	Bitewings - four radiographic images	\$89	\$25	72%
D0330	Panoramic radiographic image	\$152	\$50	67%
D1110	Prophylaxis - adult	\$108	\$37	66%
D1120	Prophylaxis - child	\$81	\$26	68%
D1351	Sealant - per tooth	\$76	\$25	67%
D1510	Space maintainer - fixed, unilateral	\$421	\$106	75%
D1515	Space maintainer - fixed - bilateral	\$554	\$154	72%
D1520	Space maintainer - removable - unilateral	\$504	\$137	73%
D1525	Space maintainer - removable - bilateral	\$618	\$175	72%
<u>Restorative Services (fillings and crowns)</u>				
D2140	Amalgam - one surface, primary or permanent	\$198	\$50	75%
D2150	Amalgam - two surfaces, primary or permanent	\$252	\$62	75%
D2160	Amalgam - three surfaces, primary or permanent	\$306	\$75	75%
D2161	Amalgam - four or more surfaces, primary or permanent	\$369	\$90	76%
D2330	Resin-based composite - one surface, anterior	\$215	\$60	72%
D2331	Resin-based composite - two surfaces, anterior	\$264	\$75	72%
D2332	Resin-based composite - three surfaces, anterior	\$318	\$95	70%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$403	\$117	71%
D2391	Resin-based composite - one surface, posterior	\$248	\$81	67%
D2392	Resin-based composite - two surfaces, posterior	\$322	\$119	63%
D2393	Resin-based composite - three surfaces, posterior	\$397	\$147	63%
D2394	Resin-based composite - four or more surfaces, posterior	\$460	\$167	64%
D2710	Crown - resin-based composite (indirect)	\$1,317	\$230	83%
D2720	Crown - resin with high noble metal	\$1,382	\$488	65%
D2750	Crown - porcelain fused to high noble metal	\$1,509	\$578	62%
D2751	Crown - porcelain fused to predominantly base metal	\$1,383	\$524	62%
D2752	Crown - porcelain fused to noble metal	\$1,419	\$545	62%
D2790	Crown - full cast high noble metal	\$1,580	\$569	64%
D2791	Crown - full cast predominantly base metal	\$1,363	\$530	61%
D2930	Prefabricated stainless steel crown - primary tooth	\$368	\$113	69%
D2931	Prefabricated stainless steel crown - permanent tooth	\$442	\$130	71%
D2950	Core buildup, including any pins when required	\$369	\$113	69%
D2951	Pin retention - per tooth, in addition to restoration	\$112	\$27	76%
D2952	Post and core in addition to crown, indirectly fabricated	\$566	\$178	69%
D2954	Prefabricated post and core in addition to crown	\$458	\$139	70%
<u>Endodontic Services (root canals)</u>				
D3110	Pulp cap - direct (excluding final restoration)	\$118	\$25	79%
D3120	Pulp cap - indirect (excluding final restoration)	\$121	\$25	79%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$301	\$60	80%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,017	\$333	67%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$1,161	\$394	66%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$1,425	\$496	65%
<u>Periodontic Services (gum disease)</u>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$866	\$338	61%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$348	\$112	68%
D4910	Periodontal maintenance	\$191	\$69	64%
<u>Prosthetic Services - Removable (dentures)</u>				
D5110	Complete denture - maxillary	\$2,433	\$726	70%
D5120	Complete denture - mandibular	\$2,464	\$726	71%
D5130	Immediate denture - maxillary	\$2,606	\$757	71%
D5140	Immediate denture - mandibular	\$2,638	\$757	71%

Choice+ Plan 502 Fee Schedule - Page 2 of 2

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<u>Prosthodontic Services - Removable (dentures) Continued</u>				
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,968	\$662	66%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,924	\$662	66%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,495	\$823	67%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,494	\$823	67%
D5410	Adjust complete denture - maxillary	\$127	\$38	70%
D5411	Adjust complete denture - mandibular	\$127	\$38	70%
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$264	\$60	77%
D5630	Repair or replace broken clasp - per tooth	\$368	\$75	80%
D5650	Add tooth to existing partial denture	\$314	\$65	79%
D5660	Add clasp to existing partial denture - per tooth	\$369	\$83	78%
D5730	Reline complete maxillary denture (chairside)	\$528	\$153	71%
D5731	Reline complete mandibular denture (chairside)	\$522	\$153	71%
D5740	Reline maxillary partial denture (chairside)	\$501	\$147	71%
D5741	Reline mandibular partial denture (chairside)	\$515	\$147	71%
D5750	Reline complete maxillary denture (laboratory)	\$644	\$201	69%
D5751	Reline complete mandibular denture (laboratory)	\$644	\$201	69%

Implant / Abutment Supported Prosthetic Services (where available)

20% Discount

Prosthodontic Services - Fixed (dentures)

D6240	Pontic - porcelain fused to high noble metal	\$1,520	\$498	67%
D6241	Pontic - porcelain fused to predominantly base metal	\$1,400	\$462	67%
D6242	Pontic - porcelain fused to noble metal	\$1,437	\$483	66%
D6750	Retainer Crown - porcelain fused to high noble metal	\$1,441	\$553	62%
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$1,397	\$498	64%
D6752	Retainer Crown - porcelain fused to noble metal	\$1,398	\$516	63%

Oral Surgery Services (extractions)

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$261	\$60	77%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$387	\$151	61%
D7220	Removal of impacted tooth - soft tissue	\$440	\$126	71%
D7230	Removal of impacted tooth - partially bony	\$549	\$165	70%
D7240	Removal of impacted tooth - completely bony	\$674	\$231	66%
D7250	Removal of residual tooth roots (cutting procedure)	\$440	\$127	71%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$422	\$106	75%
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$633	\$152	76%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$343	\$78	77%

Orthodontic Services (braces for children and adults)

20% Discount

Miscellaneous Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$185	\$40	78%
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$87	\$15	83%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$113	\$27	76%
D9951	Occlusal adjustment - limited	\$290	\$57	80%
D9952	Occlusal adjustment - complete	\$922	\$228	75%

General Plan Limitations and Exclusions

- This schedule applies to services provided by a participating General Dentist only. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Member is responsible for all applicable charges at the time of service. Fee schedules are subject to change without prior notification to members.
- Dental procedure codes not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee 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.
- Discount plans are not insurance.
- If the General Dentist's normal fee for any dental procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that dental procedure.
- Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
- While all participating providers are professionally licensed in the state in which they practice, we do not guarantee the quality of service of the providers. Any quality of care concerns involving any participating provider should be directed in writing to Careington Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.
- It is the members responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedure performed by a non-participating dentist are not discounted and are charged at the dentists 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 for provider for a detailed treatment plan prior to beginning any work.
- We can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating provider. Not all types of dentists may be available in your area.
- Fee schedules are determined by the zip code of the participating provider.
- For comparison purposes only, the "Average Regular Cost" listed above is based on zip code 80231. Please go to www.betaplans.com/choiceplus for the "Average Regular Cost" and discounted fees in your specific zip code.