

Careington International Corporation

2017 Humana – Careington Dental Benefits

Effective: January 1, 2017



Humana Health Plans of Florida

Important:

Dental discount membership in Florida is determined by viewing the member's ID card and verifying that the Humana Logo and Medicare name is listed with an effective date on the back of the ID card of 01/01/2017 or later. Each member will receive a new ID card for the following year with a new effective date listed. These logos and dates will allow you to identify the discount member; but if you are still unsure about eligibility, you may also contact our dedicated Humana line at 1-866-636-9248.

For codes that are covered but not listed on the Humana-Careington Dental Plan fee schedule file a claim to Humana Dental with your office's Usual and Customary Rate (UCR). The contracted 20% discount will be deducted from the allowable rate in accordance with your provider agreement. The percentage of the remaining "allowable" rate will be paid by Humana according as outlined below. If a member has any of the covered procedures more than the specified frequency, simply collect the amount listed on the Humana-Careington Dental Plan fee schedule directly from the member at the time of service.

When an enhanced Humana Medicare member has one of the procedures outlined below, submit a claim for those services (according to the Humana-Careington Dental Plan fee schedule) to Humana Dental for reimbursement. No claim should be submitted for any procedure not listed in the benefit breakdown below. These are the *only* procedures that will be reimbursed via claim – all other procedures should be charged according to the Humana-Careington Dental Plan fee schedule and the full balance collected from the member at the time of service. The claims address is:

Humana Claims Office:

**PO Box 14611
Lexington, KY 40512-4611**

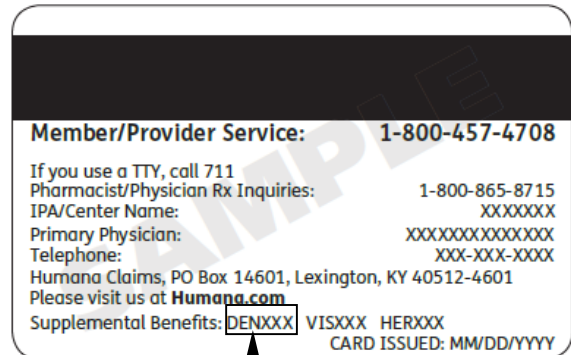
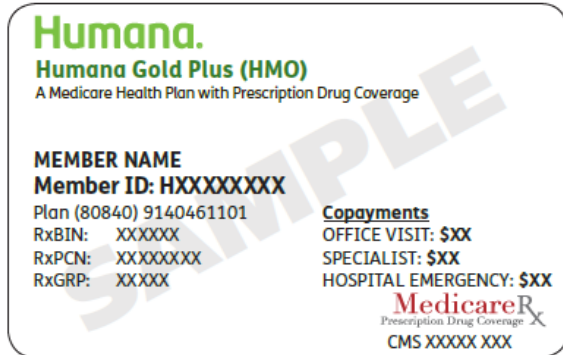
Electronic Payer ID: 73288

Phone: 1-800-669-6614

Note: *Humana Patients **ARE NOT** to be charged Lab Fees for any procedures. Lab fees are built-in to the maximum allowable fee for applicable procedures.*

Humana Dental still maintains DHMO and PPO business in the state of Florida, which will utilize a different Humana ID card containing other plan numbers than those shown below.

Sample ID Card:



Reference this number to identify plan type in the grid below

The following steps will make the Humana program easy to administer in your office:

1. Refer to the last three digits of the plan code located at the bottom of the patient's ID card.
2. Locate the patient's plan code on the enclosed 2016 provider packet. This will direct you to the patient's covered benefits and procedure frequencies.
3. File a claim to Humana Claims Office for all covered procedures included in the enclosed benefit breakdown.

2017 Medicare Discount Dental Plan

General Dentists: Simply charge Humana Medicare discount members according to the Humana-Careington Dental Plan fee schedule at the time of service.

Specialists: Please provide a 20% discount and collect the entire balance from the member at the time of service.

❖ Certain DEN plans have Medicaid benefits built-in

2017 Medicare Enhanced Benefit Dental Plan Codes

DEN 007

The Humana **DEN 007 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
 - **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
 - **Cleaning(polishing):** Two per calendar year: Code 1110
 - **Full Mouth and Panoramic X-rays:** Two procedure codes from this group every three calendar years: Codes 0210 or 0330
 - **Amalgam or Composite Fillings:** One procedure code from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
 - **Extraction:** One per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
 - **Anesthesia:** As needed with covered codes: Codes 9230
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DEN 008

The Humana **DEN 008 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** One procedure code from this group per calendar year: Codes 0120 or 0150
 - **Bitewing X-rays:** Two procedure codes from this group per calendar year: Codes 0270, 0272, 0273 or 0274
 - **Cleaning (polishing):** One per calendar year: Code 1110
 - **Scaling and Root Planning:** One per quadrant, per calendar year: Codes 4341, 4342
 - **Amalgam or Composite Fillings:** One procedure code from group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
 - **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230
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DEN 009

The Humana **DEN 009 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
- **Cleaning(polishing):** Two per calendar year: Code 1110

DEN 009 (Cont.)

- **Scaling and Root Planning):** One per quadrant, per calendar year: Codes 4341, 4342
- **Amalgam or Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 012

The Humana **DEN 012 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Amalgam or Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Extractions:** Ten per calendar year: Codes 7140
- **Complete Dentures (Including Routine Post-Delivery Care):** One upper complete and/or one lower complete denture every five years. Initial placement or replacement of a prior denture that is unserviceable and cannot be made serviceable (Spare dentures are not covered): Codes 5110, 5120, 5130, or 5140
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 013

The Humana **DEN 013 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** One procedure code from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Cleaning (polishing):** One per calendar year: Code 1110
- **Deep Cleaning (scaling and root planning):** One per calendar year: Codes 4341, 4342
- **Amalgam or Composite Fillings:** One procedure code from this group per calendar year: Codes 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 014

The Humana **DEN 014 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One per calendar year: Codes 0210 or 0330
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Deep Cleaning (scaling and root planning):** One per calendar year: Codes 4341, 4342
- **Amalgam or Composite Fillings:** Four procedure codes from this group per calendar year: Codes 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 021

The Humana **DEN 021 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** One procedure code from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group every three calendar years: Codes 0210 or 0330
- **Cleaning (polishing):** One per calendar year: Code 1110
- **Scaling and Root Planning:** One per quadrant, every two calendar years: Codes 4341, 4342
- **Amalgam or Composite Fillings:** One procedure code from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Extraction:** Three per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
- **Complete Dentures (Including Routine Post-Delivery Care):** One upper complete and/or one lower complete denture every five years. Initial placement or replacement of a prior denture that is unserviceable and cannot be made serviceable (Spare dentures are not covered): Codes 5110, 5120, 5130, or 5140
- **Denture Reline (Not covered within six months of initial denture placement or on spare dentures):** One procedure code from this group per calendar year: Codes 5730, 5731, 5750 or 5751
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 027

The Humana **DEN 027** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** One procedure code from this group per calendar year: Codes 0120 or 0150
 - **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
 - **Full Mouth and Panoramic X-rays:** One procedure code from this group every three calendar years: Codes 0210 or 0330
 - **Cleaning (polishing):** One per calendar year: Code 1110
 - **Scaling and Root Planning:** One per quadrant, every two calendar years: Codes 4341 or 4342
 - **Amalgam or Composite Fillings:** One procedure code from group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
 - **Extraction:** Three per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
 - **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230
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DEN 064

The Humana **DEN 064** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
 - **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
 - **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
 - **Cleaning (polishing):** Two per calendar year: Code 1110
 - **Scaling and Root Planning:** One per quadrant, per calendar year: Codes 4341 or 4342
 - **Amalgam or Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
 - **Extraction:** Three per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
 - **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230
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DEN 068

The Humana **DEN 068** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
 - **Bitewing X-rays:** Two procedure codes from this group per calendar year: Codes 0270, 0272, 0273 or 0274
 - **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
-

DEN 068 (Cont.)

- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Amalgam or Composite Fillings:** Six procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Extraction:** Three per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
- **Complete Dentures (Including Routine Post-Delivery Care):** One upper complete and/or one lower complete denture every five years. Initial placement or replacement of a prior denture that is unserviceable and cannot be made serviceable (Spare dentures are not covered): Codes 5110, 5120, 5130, or 5140
- **Denture Reline (Not covered within six months of initial denture placement or on spare dentures):** One procedure code from group per calendar year: Codes 5730, 5731, 5750 or 5751
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 762

The Humana **DEN 762** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Amalgam Fillings:** One procedure code from this group per calendar year: Codes 2140, 2150, 2160, 2161
- **Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2330, 2331, 2332, 2335
- **Denture Reline (Not covered within six months of initial denture placement or on spare dentures):** One procedure code from this group per year: Codes 5730, 5731, 5750, or 5751
- **Extraction:** One per calendar year: Codes 7140
- **Anesthesia:** As needed with covered codes: Codes 9215 or 9230

DEN 847

The Humana **DEN 847** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** One procedure code from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** Once every year: Codes 0210 or 0330
- **Cleaning (polishing):** One per calendar year: Code 1110

DEN 847 (Cont.)

- **Scaling and Root Planning:** One of these codes per quadrant every year: Codes 4341 or 4342
- **Amalgam or Composite Fillings:** Two procedure codes from group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393, 2394
- **Extractions:** Three procedure codes from this group per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241, 7250
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 848

The Humana **DEN 848** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** One procedure code from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** Two procedure codes from group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Cleaning (polishing):** One per calendar year: Code 1110
- **Amalgam or Composite Fillings:** One procedure code from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 849

The Humana **DEN 849** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Amalgam or Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 853

The Humana **DEN 853 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150

DEN 853 (Cont.)

- **Bitewing X-rays:** One procedure code from group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Scaling and Root Planning:** One per calendar year: Codes 4341 or 4342
- **Amalgam or Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Extractions:** Three procedure codes from this group per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
- **Complete Dentures (Including Routine Post-Delivery Care):** One upper and/or one lower complete denture every five years (Spare dentures are not covered): Codes 5110, 5120, 5130, or 5140
- **Adjustment to Dentures and Denture Reline (Not covered within six months of initial denture placement or on spare dentures):** One procedure code from this group per calendar year: Codes 5410, 5411, 5730, 5731, 5750 or 5751
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 854

The Humana **DEN 854 Plan** patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** Two procedure codes from group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Scaling and Root Planning:** One procedure code from this group per quadrant, per calendar year: Codes 4341 or 4342
- **Amalgam or Composite Fillings:** Four procedure codes from this group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Extractions:** Three procedure codes from this group per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
- **Complete Dentures (Including Routine Post-Delivery Care):** One upper and/or one lower complete denture every five years (Spare dentures are not covered): Codes 5110, 5120, 5130, or 5140
- **Partial Denture:** One upper and/or lower partial denture every five years: Codes 5211, 5212, 5213, 5214, 5225, 5226 or 5281
- **Denture Reline (Not allowed on spare dentures):** One procedure code from this group per calendar year: Codes 5730, 5731, 5750 or 5751
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 855

The Humana **DEN 855** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** Two procedure codes from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Full Mouth and Panoramic X-rays:** One procedure code from this group per calendar year: Codes 0210 or 0330
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Scaling and Root Planning:** One procedure code from this group per quadrant, per calendar year: Codes 4341 or 4342
- **Amalgam or Composite Fillings:** Four procedure codes from group per calendar year: Codes 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393 or 2394
- **Extractions:** Three procedure codes from group per calendar year: Codes 7140, 7210, 7220, 7230, 7240, 7241 or 7250
- **Complete Dentures (Including Routine Post-Delivery Care):** One upper and/or one lower complete denture every five years (Spare dentures are not covered): Codes 5110, 5120, 5130, or 5140
- **Denture Reline (Not allowed on spare dentures):** One procedure code from this group per calendar year: Codes 5730, 5731, 5750 or 5751
- **Anesthesia:** Included when billed with a covered benefit: Codes 9215 or 9230

DEN 921

The Humana **DEN 921** Plan patients utilize the Humana-Careington Dental Plan fee schedule with the following ADA codes as a covered benefit:

- **Exam:** Two procedure codes from this group per calendar year: Codes 0120 or 0150
- **Bitewing X-rays:** One procedure code from this group per calendar year: Codes 0270, 0272, 0273 or 0274
- **Cleaning (polishing):** Two per calendar year: Code 1110
- **Amalgam Fillings:** One procedure code from this group per calendar year: Codes 2140, 2150, 2160 or 2161
- **Composite Fillings:** Two procedure codes from this group per calendar year: Codes 2330, 2331, 2332 or 2335
- **Denture Reline (Not covered within six months of initial placement or on spare dentures):** One procedure code from this group per calendar year: Codes 5730, 5731, 5750 or 5751
- **Extractions:** One per calendar year: Codes 7140
- **Anesthesia:** As needed with covered benefit: Codes 9215 or 9230

Contact Us
Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday

Customer Service: (866) 636-9248

Mail: Careington Corp , Attn: Provider Relations

PO Box 2568 Frisco, TX 75034

Schedule of Services

- The prices for each procedure listed is the maximum amount providers will receive from the patient and/or Humana when filing claims for one of the Enhanced Benefit plans.
- 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.
- **Dental procedure codes not listed on this schedule will be discounted at 20% off the General Dentist's normal fee at the time of service.**
- Patients **ARE NOT** to be charged Lab or OSHA fees for any procedures. Lab and OSHA fees are built into the maximum allowable fee outlined below for applicable procedures.

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$17
D0140 Limited oral evaluation - problem focused	\$22
D0150 Comprehensive oral evaluation - new or established patient	\$22
D0210 Intraoral - complete series of radiographic images	\$47
D0220 Intraoral - periapical first radiographic image	\$12
D0230 Intraoral - periapical each additional radiographic image	\$8
D0240 Intraoral - occlusal radiographic image	\$22
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$26
D0270 Bitewing - single radiographic image	\$12
D0272 Bitewings - two radiographic images	\$15
D0273 Bitewings - three radiographic images	\$20
D0274 Bitewings - four radiographic images	\$25
D0330 Panoramic radiographic image	\$47
D0460 Pulp vitality tests	20% Discount
D0481 Electron microscopy	20% Discount

Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$36
D1120 Prophylaxis - child	\$26
D1208 Topical application of fluoride - excluding varnish	\$14
D1351 Sealant - per tooth	\$25
D1510 Space maintainer - fixed, unilateral	\$96
D1515 Space maintainer - fixed - bilateral	\$140
D1520 Space maintainer - removable - unilateral	\$134
D1525 Space maintainer - removable - bilateral	\$170

Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$47
D2150 Amalgam - two surfaces, primary or permanent	\$59
D2160 Amalgam - three surfaces, primary or permanent	\$71
D2161 Amalgam - four or more surfaces, primary or permanent	\$85
D2330 Resin-based composite - one surface, anterior	\$59
D2331 Resin-based composite - two surfaces, anterior	\$72
D2332 Resin-based composite - three surfaces, anterior	\$93
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$113
D2391 Resin-based composite - one surface, posterior	\$79
D2392 Resin-based composite - two surfaces, posterior	\$111
D2393 Resin-based composite - three surfaces, posterior	\$139
D2394 Resin-based composite - four or more surfaces, posterior	\$163
D2710 Crown - resin-based composite (indirect)	\$212
D2720 Crown - resin with high noble metal	\$448
D2740 Crown - porcelain/ceramic substrate	20% Discount
D2750 Crown - porcelain fused to high noble metal	\$798
D2751 Crown - porcelain fused to predominantly base metal	\$747
D2752 Crown - porcelain fused to noble metal	\$774

Restorative Services - continued	Member Pays
D2790 Crown - full cast high noble metal	\$791
D2791 Crown - full cast predominantly base metal	\$760
D2792 Crown - full cast noble metal	20% Discount
D2931 Prefabricated stainless steel crown - permanent tooth	\$126
D2950 Core buildup, including any pins when required	\$110
D2952 Post and core in addition to crown, indirectly fabricated	\$255
D2954 Prefabricated post and core in addition to crown	\$136

Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$25
D3120 Pulp cap - indirect (excluding final restoration)	\$25
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$59
D3221 Pulpal debridement, primary and permanent teeth	20% Discount
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$323
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)	\$383
D3330 Endodontic therapy, molar (excluding final restoration)	\$482

Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$329
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$109
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$69
D4910 Periodontal maintenance	\$67

Prosthodontic (removable) Services	Member Pays
D5110 Complete denture - maxillary	\$834
D5120 Complete denture - mandibular	\$834
D5130 Immediate denture - maxillary	\$846
D5140 Immediate denture - mandibular	\$846
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$746
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$746
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$923
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$923
D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$683
D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$793

Prosthodontic (removable) Services - cont.	Member Pays
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$521
D5410 Adjust complete denture - mandillary	\$37
D5411 Adjust complete denture - mandibular	\$37
D5421 Adjust partial denture - maxillary	20% Discount
D5422 Adjust partial denture - mandibular	20% Discount
D5510 Repair broken complete denture base	\$200
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$198
D5610 Repair resin denture base	20% Discount
D5620 Repair cast framework	20% Discount
D5630 Repair or replace broken clasp - per tooth	\$196
D5640 Replace broken teeth - per tooth	20% Discount
D5650 Add tooth to existing partial denture	\$187
D5660 Add clasp to existing partial denture - per tooth	\$206
D5730 Reline complete maxillary denture (chairside)	\$195
D5731 Reline complete mandibular denture (chairside)	\$195
D5740 Reline maxillary partial denture (chairside)	\$190
D5741 Reline mandibular partial denture (chairside)	\$190
D5750 Reline complete maxillary denture (laboratory)	\$324
D5751 Reline complete mandibular denture (laboratory)	\$324
D5760 Reline maxillary partial denture (laboratory)	20% Discount
D5761 Reline mandibular partial denture (laboratory)	20% Discount
Implant Services	Member Pays
D6000 through D6096	20% Discount
Prosthodontic (fixed) Services	Member Pays
D6240 Pontic - porcelain fused to high noble metal	\$731
D6241 Pontic - porcelain fused to predominantly base metal	\$690
D6242 Pontic - porcelain fused to noble metal	\$711
D6750 Retainer Crown - porcelain fused to high noble metal	\$803
D6751 Retainer Crown - porcelain fused to predominantly base metal	\$742
D6752 Retainer Crown - porcelain fused to noble metal	\$757
Oral Surgery Services	Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$59

Oral Surgery Services - continued	Member Pays
D7210 Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$116
D7220 Removal of impacted tooth - soft tissue	\$123
D7230 Removal of impacted tooth - partially bony	\$161
D7240 Removal of impacted tooth - completely bony	\$225
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$278
D7250 Removal of residual tooth roots (cutting procedure)	\$124
D7260 Oroantral fistula closure	20% Discount
D7261 Primary closure of a sinus perforation	20% Discount
D7310 Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$102
D7320 Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	\$148
D7510 Incision and drainage of abscess - intraoral soft tissue	\$93
D7520 Incision and drainage of abscess - extraoral soft tissue	20% Discount
D7970 Excision of hyperplastic tissue - per arch	20% Discount
Orthodontic Services	Member Pays
D8070 Comprehensive orthodontic treatment of the transitional dentition	20% Discount
D8080 Comprehensive orthodontic treatment of the adolescent dentition	20% Discount
D8090 Comprehensive orthodontic treatment of the adult dentition	20% Discount
Other Services	Member Pays
D9110 Palliative (emergency) treatment of dental pain - minor procedure	\$46
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$15
D9230 Inhalation of nitrous oxide / anxiolysis, analgesia	\$27
D9248 Non-intravenous conscious sedation	20% Discount
D9420 Hospital or ambulatory surgical center call	20% Discount
D9951 Occlusal adjustment - limited	\$56
D9952 Occlusal adjustment - complete	\$288

Exclusions and Limitations

1. 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.
2. 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.
3. Fees subject to change.