

FEE SCHEDULE

Complete Dental Plan is a discount plan offered and administered by our organization at:

5701 SW 107 Ave Suite # 203 Miami, FL 33173
(786) 393-6873 • F (305) 697-9785

COMPLETE DENTAL PLAN HIGHLIGHTS

- Members with Complete Dental Plan can start using the plan as soon as they receive their ID cards.
- The member payments are listed and are offered by a participating provider.
- Members receive: (1) most diagnostic and preventive care at **NO CHARGE**; (2) orthodontia treatment covered at a 50% discount as compared to market prices; and (3) discounts on general and specialty procedures.
- Complete Dental Plan:
 - is NOT insurance;
 - provides discounts at certain health care providers for medical services;
 - DOES NOT make payments directly to the providers of medical services; and
- The plan member is obligated to pay for all health care services, but will receive a discount from those health care providers who have contracted with us.

LIMITATIONS

The following limitations apply to each member covered by the plan:

1. No more than one standard exam in any six-month period.
2. No more than one emergency exam in any twelve-month period.
3. No more than one comprehensive, detailed/extensive, or periodontal exam in any thirty-six-month period.
4. No more than one of any prophylaxis or periodontal maintenance procedure in any six-month period.
5. No more than one full mouth set of x-rays in any twelve-month period. A full mouth set of x-rays is defined as either an intraoral complete series or panoramic x-ray. Benefits provided for either include benefits for all necessary intraoral and bitewings films taken on the same day. No more than four bitewings films in any twelve-month period. Bitewings films must be taken on the same day of service.

EXCLUSIONS

1. No replacement of tooth structure lost from wear or attrition.
2. No adjunctive dental services including all local anesthetics (except as provided under major oral surgery).
3. Member fees for endodontic procedures DO NOT include the cost of the final restoration.
4. Named lab and related costs; only those lab and related costs listed member fee are included.
5. Charges for any hospital or other surgical or treatment facility and any additional fees by a dentist for treatment in any such facility are not included.
6. Services received before the member's effective date are not included.
7. Services received after coverage for the member ends are not included.
8. Members of Complete Dental Plan would be able to start using their new benefits as soon as they receive their identification documents.

EXAMS

D0150	Comprehensive Oral Evaluation	NO CHARGE
D0140	Limited Oral Evaluation	NO CHARGE
D0120	Periodic Oral Evaluation	NO CHARGE

RADIOGRAPHY

D0220	Intraoral Periapical	NO CHARGE
D0274	Bitewings Four Films	NO CHARGE
D0272	Bitewings Two Films	NO CHARGE
D0210	X-Ray, Intraoral - Complete Series (Including Bitewings)	NO CHARGE
D0330	Panoramic Film (not to Replace FMX)	\$ 20.00

PREVENTIVE DENTISTRY

D1110	Prophylaxis - Adults	\$ 30.00
D1120	Prophylaxis - Child	\$ 30.00
D1203	Topical Fluoride	\$ 20.00

RESTORATIVE DENTISTRY

D2140	Amalgam - 1 Surface, Primary or Permanent	\$ 50.00
D2150	Amalgam - 2 Surfaces, Primary or Permanent	\$ 55.00
D2160	Amalgam - 3 Surfaces, Primary or Permanent	\$ 60.00
D2161	Amalgam - 4 Surfaces, Primary or Permanent	\$ 75.00
D2330	Resin-Based Composite - 1 Surface, Anterior	\$ 50.00
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$ 60.00
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$ 70.00
D2335	Resin-Based Composite - 4 or More Surfaces or Involving Incisal Angle, Anterior	\$ 80.00
D2391	Resin-Based Composite - 1 Surface, Posterior	\$ 60.00
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$ 70.00
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$ 80.00
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior	\$ 90.00
D2740	Crown Porcelain/Ceramic Substrate	\$ 650.00
D2750	Crown - Porcelain Fused to High Noble Metal	\$ 500.00
D2751	Crown - Porcelain Fused to Predominantly Based Metal	\$ 400.00
D2752	Crown - Porcelain Fused to Noble Metal	\$ 450.00
D2790	Crown - Full Cast High Noble Metal	\$ 500.00
D2791	Crown - Full Cast Predominantly Base Metal	\$ 400.00
D2792	Crown - Full Cast Noble Metal	\$ 450.00

RESTORATIVE DENTISTRY (CONT'D)

D2799	Provisional Crown	\$	90.00
D2920	Recement Crown	\$	20.00
D2940	Sedative Filling	\$	30.00
D2950	Core Build up	\$	90.00
D2951	Pin Retention in Addition to Restoration (per Tooth)	\$	20.00
D2952	Post and Core	\$	150.00
D2953	Each Additional Cast Post - Same Tooth	\$	100.00
D2954	Prefabricated Post and Core in Addition to Crown	\$	125.00
D2955	Post Removal (NOT in Conjunction with Endodontic Therapy)	\$	30.00
D2957	Each Additional Prefabricated Post - Same Tooth	\$	30.00
D2960	Labial Veneer (Resin Laminated) - Chairside	\$	200.00
D2961	Labial Veneer (Resin Laminated) - Laboratory	\$	250.00
D2962	Labial Veneer (Porcelain Laminated) - Laboratory	\$	450.00
D2970	Temporary Crown (Fracture Tooth)	\$	50.00

ENDODONTIC SERVICES

D3110	Pulp Cap, Direct (Excluding Final Restoration)	\$	25.00
D3120	Pulp Cap, Indirect (Excluding Final Restoration)	\$	25.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$	75.00
D3221	Pulpal Therapy (Resorb Filling) Anterior, Primary	\$	95.00
D3240	Pulpal Therapy (Resorb Filling) Posterior, Primary	\$	90.00
D3310	Endodontic Therapy – Anterior (Excluding Final Restoration)	\$	450.00
D3320	Endodontic Therapy – Bicuspid (Excluding Final Restoration)	\$	575.00
D3330	Endodontic Therapy – Molar (Excluding Final Restoration)	\$	700.00
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	\$	85.00
D3332	Incomplete Endodontic Therapy, Inoperable or Fractured Tooth	\$	125.00
D3333	Internal Root Repair of Perforation Defects	\$	130.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$	500.00
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$	600.00
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$	700.00

PERIODONTIC SERVICES

D4210	Gingivectomy/Gingivoplastic 4 or More Contiguous Teeth per Quad	\$	150.00
D4211	Gingivectomy/Gingivoplasty 1 to 3 Teeth per Quad	\$	90.00
D4240	Gingival Flap Procedure, Including Root Planing 4 or More Teeth per Quad	\$	300.00

PERIODONTIC SERVICES (CONT'D)

D4241	Gingival Flap Procedure, Including Root Planing 1 to 3 Teeth per Quad	\$	250.00
D4245	Apically Positioned Flap	\$	150.00
D4249	Clinical Crown Lengthening	\$	150.00
D4260	Osseous Surgery (Including Flap Entry and Closure) 4 or More Contiguous Teeth per Quad	\$	400.00
D4261	Osseous Surgery (Including Flap Entry and Closure) 1 to 3 Teeth per Quad	\$	350.00
D4263	Bone Replacement Graft - First Site in Quad	\$	200.00
D4264	Bone Replacement Graft - Each Additional Site in Quad	\$	120.00
D4341	Scaling and Root Planing Quad	\$	70.00
D4342	Periodontal - SC/RP 1 to 3 Teeth, Per Quad	\$	60.00
D4355	Full Mouth Debridement	\$	70.00
D4381	Delivery of Antimicrobial Agent	\$	40.00
D4910	Periodontal Maintenance	\$	50.00

PROSTHODONTIC SERVICES, REMOVABLE

D5110	Complete Denture, Maxillary	\$	400.00
D5120	Complete Denture, Mandibular	\$	400.00
D5130	Immediate Denture, Maxillary	\$	450.00
D5140	Immediate Denture, Mandibular	\$	450.00
D5211	Maxillary Partial Denture - Resin Base (Including Clasps)	\$	400.00
D5212	Mandibular Partial Denture - Resin Base (Including Clasps)	\$	400.00
D5213	Partial Denture - Maxillary Cast Metal - Acrylic	\$	500.00
D5214	Partial Denture - Mandibular Cast Metal - Acrylic	\$	500.00
D5225	Maxillary Partial Denture - Flexible Base	\$	600.00
D5226	Mandibular Partial Denture - Flexible Base	\$	600.00
D5410	Adjustment - Complete Denture, Maxillary		NO CHARGE
D5411	Adjustment - Complete Denture, Mandibular		NO CHARGE
D5421	Adjustment - Partial Denture, Maxillary		NO CHARGE
D5422	Adjustment - Partial Denture, Mandibular		NO CHARGE
D5510	Repair Broken Complete Denture Base	\$	70.00
D5520	Replace Broken Tooth - Complete Denture (Each Tooth)	\$	70.00
D5610	Repair Denture Resin Base	\$	70.00
D5630	Repair or Replace Broken Clasp	\$	50.00
D5640	Repair Broken Tooth (Each Tooth)	\$	50.00
D5650	Add a Tooth to Existing Partial Denture	\$	50.00
D5660	Add a Clasp to Existing Partial Denture	\$	50.00
D5710	Rebase Complete Maxillary Denture	\$	150.00

**PROSTHODONTIC SERVICES, REMOVABLE
(CONT.)**

D5711	Rebase Complete Mandibular Denture	\$	150.00
D5720	Rebase Maxillary Partial Denture	\$	150.00
D5721	Rebase Mandibular Partial Denture	\$	150.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$	90.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$	90.00
D5740	Reline Partial Maxillary Denture (Chairside)	\$	90.00
D5741	Reline Partial Mandibular Denture (Chairside)	\$	90.00
D5750	Reline Complete Maxillary Denture (Lab)	\$	150.00
D5751	Reline Complete Mandibular Denture (Lab)	\$	150.00
D5760	Reline Partial Maxillary Denture (Lab)	\$	110.00
D5761	Reline Partial Mandibular Denture (Lab)	\$	110.00
D5810	Interim Complete Denture - Maxillary	\$	250.00
D5811	Interim Complete Denture - Mandibular	\$	250.00
D5820	Interim Partial Denture - Maxillary	\$	250.00
D5821	Interim Partial Denture - Mandibular	\$	250.00
D5850	Tissue Conditioning - Maxillary	\$	55.00
D5859	Tissue Conditioning - Mandibular	\$	55.00
D5899	Denture Cleaning		NO CHARGE
D6010	Endosteal Implant	\$	750.00
D6211	Pontic - Cast, High Noble Metal	\$	400.00
D6212	Pontic - Cast, Predominantly Base Metal	\$	450.00

PROSTHODONTIC SERVICES, FIXED

D6240	Pontic - Porcelain Fused to High Noble Metal	\$	500.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$	400.00
D6242	Pontic - Porcelain Fused to Noble Metal	\$	450.00
D6245	Pontic - Porcelain/Ceramic	\$	600.00

ORAL SURGERY SERVICES

D7140	Extraction, Erupted Tooth, or Exposed Root (Elevation and/or Forceps Removal)	\$	70.00
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$	125.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$	150.00
D7230	Removal of Impacted Tooth - Partially Bony	\$	170.00
D7240	Removal of Impacted Tooth - Completely Bony	\$	200.00

ORAL SURGERY SERVICES (CONT'D)

D7241	Removal of Impacted Tooth - Completely Bony with Unusual Surgical Complications	\$	250.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$	100.00
D7280	Surgical Access of an Unerupted Tooth	\$	130.00
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	\$	130.00
D7310	Alveoloplasty with Extractions - Per Quad	\$	90.00
D7320	Alveoloplasty without Extractions - Per Quad	\$	100.00
D7470	Removal of Exostosis	\$	80.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$	70.00
D7960	Frenulectomy - Separate Procedure	\$	110.00

ORTHODONTIC SERVICES

D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$	1,800.00
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$	2,000.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$	2,500.00

OTHER SERVICES

D9110	Palliative (Emergency) Treatment of Dental Plan - Minor Procedure	\$	30.00
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedure		NO CHARGE