

Prepaid Group Dental Plan

Plan E

<u>PROCEDURE</u>	<u>PATIENT COST</u>
DIAGNOSTIC	
Charting history, oral examination, periodic recall examination (every six months), emergency treatment	No Charge
RADIOGRAPHIC	
Complete intraoral series, periapical and bitewing films	No Charge
Intraoral periapical	No Charge
Each additional single film (periapical or bitewing)	No Charge
Occlusal view x-ray	No Charge
Lateral jaw x-ray, each	No Charge
Four bitewing x-ray films	No Charge
Antero-posterior x-ray of head and jaw	No Charge
Cephalometric radiograph	No Charge
Panoramic (panography) including bitewings	No Charge
PREVENTIVE	
Oral prophylaxis (every six months)	No Charge
Topical fluoride treatment following prophylaxis	No Charge
Space maintainers – unilateral	No Charge
Space maintainers – bilateral	No Charge
OPERATIVE (RESTORATIVE) SERVICES	
Primary Silver amalgam – 1 surface	No Charge
Primary Silver amalgam – 2 surfaces	No Charge
Primary Silver amalgam – 3 surfaces or more	No Charge
Permanent Silver amalgam – 1 surface	No Charge
Permanent Silver amalgam – 2 surfaces	No Charge
Permanent Silver amalgam – 3 surfaces or more	No Charge
Silver amalgam reinforcement pins – 1 st	No Charge
Each additional pin	No Charge
Composite filling (for front teeth)	No Charge
Composite Class III	No Charge
Composite Class IV	No Charge
Core build-up (including any pins)	No Charge

PROCEDURE

PATIENT COST

PERIODONTIA

Root scaling and root planing (per quadrant)	No Charge
Prophylaxis, medication and minor bite correction	No Charge
Gingivectomy, Gingivoplasty (per quadrant)	No Charge
Occlusal adjustment (and/or equilibration)	No Charge
Bite guard	No Charge
Osseous surgery (per quadrant)	No Charge

ENDODONTICS (INCLUDING RADIOGRAPHS)

Single root canal, filling	No Charge
Double root canal, filling	No Charge
Triple or more root canal, filling	No Charge
Apicoectomy (per root)	No Charge

SIMPLE EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Single tooth	No Charge
Each additional tooth	No Charge

ORAL SURGERY EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Surgical extraction	No Charge
Extraction of tooth (soft tissue impaction)	No Charge
Extraction of tooth (partial bony impaction)	No Charge
Extraction of tooth (complete bony impaction)	No Charge
Alveoplasty/Alveolectomy (per jaw maximum) per quadrant in conjunction with extraction	No Charge
Alveoplasty, including ridge extension, arch	No Charge
Excision of benign tumor, lesion diameter up to 2.5 cm	No Charge
Removal of cyst up to 2.5 cm diameter	No Charge

PROSTHETICS (INCLUDING ADJUSTMENTS AND RELINES FOR 6 MONTHS FOLLOWING INSTALLATION) REMOVABLE

Full upper denture	No Charge
Full lower denture	No Charge
Partial upper or lower denture without clasps, acrylic base	No Charge
Partial upper or lower denture with two chrome clasps with rests, acrylic base	No Charge
Partial upper or lower with chrome lingual or palatal bar with two clasps and rests, acrylic base	No Charge
Repair broken full or partial denture, no teeth damaged	No Charge
Repair broken full or partial denture, replace broken tooth	No Charge
Each additional tooth	No Charge

<u>PROCEDURE</u>	<u>PATIENT COST</u>
Replace broken tooth on denture, no other repairs	No Charge
Each additional tooth	No Charge
Adding tooth to partial denture to replace extracted tooth	No Charge
Each additional tooth	No Charge
Reattaching clasp on denture, clasp intact	No Charge
Replacing broken clasp with new clasp on denture	No Charge
Relining upper or lower full or partial denture (office) once every three years	No Charge
Relining upper or lower full or partial denture (lab) once every three years	No Charge
Jump case, complete denture (duplicate of denture) once every three years	No Charge
CROWNS	
Two surface gold inlay	No Charge
Three or more surfaces gold inlay	No Charge
Acrylic jacket	No Charge
Acrylic with metal (semi-precious)	No Charge
Porcelain jacket	No Charge
Porcelain fused to metal (semi-precious) ³ / ₄ cast	No Charge
Full cast	No Charge
BRIDGES – PONTICS & ABUTMENTS (FIXED)*	
Cast	No Charge
Maryland bridge	No Charge
Porcelain fused to metal (semi-precious)	No Charge
Plastic processed to metal (semi-precious)	No Charge
ORTHODONTIC	
Maximum, 24 months (to age 19)	\$ 500.00
Adult (19 years or older)	\$ 1,250.00

*Refer to exclusion #22