

## Del Sol Advantage V

### Fee Schedule

ADA CODE	GENERAL DENTISTRY	PATIENT FEE
<b>EVALUATIONS</b>		
0120	Periodic oral evaluation	\$15
0140	Limited oral evaluation (focused)	\$25
0150	Comprehensive evaluation	\$15
<b>PREVENTIVE</b>		
0210	Full Mouth x-ray, intraoral	\$35
0220-0230	Single x-ray, intraoral, periapical	\$10
0270	Bitewings - single film	\$10
0272	Bitewings - two films	\$15
0274	Bitewings - four films	\$20
0330	Panoramic x-ray	\$45
0460	Pulp Vitality Test, 1 or more teeth	\$8
1110	Prophylaxis - adult cleaning	\$35
1120	Prophylaxis - child cleaning	\$28
1203-1204	Fluoride treatment, topical	\$10
1351	Sealant- per tooth	\$15
1510	Space maintainer-fixed unilateral	\$160
1515	Space maintainer-fixed bilateral	\$200
1550	Recement space maintainer	\$30
<b>RESTORATIONS (Fillings and Crowns)</b>		
2140	Amalgam - 1 surface	\$62
2150	Amalgam - 2 surface	\$75
2160	Amalgam - 3 surface	\$90
2161	Amalgam - 4 surface	\$120
2330	Composite - 1 surface - anterior	\$78
2331	Composite - 2 surface - anterior	\$110
2332	Composite - 3 surface - anterior	\$130
2335	Composite - 4 surface - anterior	\$175

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<b>RESTORATIONS (Fillings and Crowns)</b>		
2391	Composite - 1 surface - posterior	\$122
2392	Composite -2 surface - posterior	\$145
2393	Composite - 3 surface - posterior	\$185
2394	Composite - 4 surface - posterior	\$260
<b>INLAY/ONLAY RESTORATIONS</b>		
2510	Inlay - metallic 1 surface	\$450
2520	Inlay - metallic 2 surface	\$545
2530	Inlay - metallic 3 surface or more	\$560
2542	Onlay - metallic - 2 surface	\$615
2543	Onlay - metallic - 3 surface	\$630
2544	Onlay - metallic 4 surfaces	\$650
2610	Inlay - porcelain/ceramic 1 surface	\$725
2620	Inlay - porcelain/ceramic 2 surface	\$745
2630	Inlay - porcelain/ceramic 3 surface	\$765
2642	Onlay - porcelain/ceramic 2 surface	\$765
2643	Onlay - porcelain/ceramic 3 surface	\$805
2644	Onlay - porcelain/ceramic 4+ surface	\$840
<b>CROWN-SINGLE RESTORATIONS</b>		
**2740	Crown - porcelain/ceramic (CEREC)	\$850
2750	Crown - porcelain/high noble	\$798
2752	Crown - porcelain/noble metal	\$725
2790	Crown - full cast high noble metal	\$798
2792	Crown - full cast-noble metal	\$723
2920	Recement permanent crown	\$40
2930	Crown-prefab stainless steel primary tooth	\$115
2950	Core buildup, including pins, per tooth	\$105
2952	Cast post & core per tooth	\$145
2954	Prefab post & core	\$125
2999	Porcelain margin	\$90
<p><b>** Limited lifetime warranty included with Cerec if all necessary treatment is completed, home care recommended by the doctor is followed and the recall program of "recommended continued care" is followed (cancellations must be rescheduled and treatment rendered within thirty days of the original appointment).</b></p>		

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<b>ENDODONTICS when performed by general dentist</b>		
3220	Therapeutic pulpotomy	\$56
3221	Pulpal debridement, not part of RCT	\$75
3310	RCT Anterior - excluding final restoration	\$390
3320	RCT Bicuspid - excluding final restoration	\$475
<b>PERIODONTICS when performed by general dentist</b>		
4341	Scaling/Root Planing, 4 or more teeth per quad	\$125
4342	Scaling/Root Planing, 1-3 teeth per quad	\$90
4355	Full Mouth Debridement	\$85
4910	Periodontal Maintenance, per visit	\$75
4381	Arestin-Mincocycline HCl	\$25 per site
4999	Subgingival Irrigation	\$20/ \$35
<b>DENTURES AND PARTIALS</b>		
5110	Complete denture maxillary	\$890
5120	Complete denture mandibular	\$890
5130	Immediate denture - maxillary	\$890
5140	Immediate denture - mandibular	\$890
5213	Maxillary partial denture cast metal	\$835
5214	Mandibular partial denture cast base	\$835
5225	Maxillary partial flexible frame	\$925
5226	Mandibular partial flexible frame	\$925
5281	Removable unilateral partial denture cast metal, all clasps and teeth	\$375
5510-5610	Partial/ Denture - repair base, per arch*	\$150
5520	Denture - replace teeth (per tooth)	\$98
5850/5851	Tissue Conditioning per arch	\$115
<b><i>*First three adjustments after dentures/partials are at no charge within 6 months of initial treatment placement.</i></b>		
<b>ADJUSTMENTS TO DENTURES</b>		
5650	Add tooth to existing partial, each tooth	\$98
5730-5731	Reline complete denture chair side per arch	\$105
5740-5741	Reline partial denture chair side per arch	\$105
5750-5751	Reline complete denture in lab per arch	\$190
5760-5761	Reline complete partial denture in lab per arch	\$190
5820-5821	Interim partial denture per arch	\$280
<b>FIXED BRIDGE WORK</b>		
6210	Pontic/Crown - cast-high noble metal	\$850
6212	Pontic/Crown - cast-noble metal	\$723
6240	Pontic/Crown - porcelain/high noble metal	\$850

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ADA CODE		PATIENT FEE
<b>FIXED BRIDGE WORK</b>		
6242	Pontic/Crown - porcelain/noble metal	\$725
6245	Pontic/Crown-porcelain/ceramic	\$850
6740	Abutment/Crown - porcelain/ceramic	\$850
6750	Abutment/Crown - porcelain/high noble	\$850
6752	Abutment/Crown - porcelain/ noble metal	\$725
6790	Abutment/Crown - full cast high noble metal	\$850
6792	Abutment/Crown - full cast noble metal	\$723
6930	Recement fixed partial denture	\$60
<b>EXTRACTIONS when performed by general dentist</b>		
7111	Coronal remnants deciduous tooth	\$55
7140	Extraction, erupted tooth or exposed root	\$84
7210	Surgical removal of erupted tooth	\$143
0431	Vizilite (oral cancer screening)	\$40
9110	Palliative Treatment	\$50
9230	Nitrous Oxide Analgesia	\$45
9240	Nitrous Nosepiece	\$7
9940	Occlusal Guard (hard/soft)	\$325
<b>TEETH WHITENING PROCEDURES</b>		
O06	Teeth Whitening Therapy Upper Arch	\$99.50
O07	Teeth Whitening Therapy Lower Arch	\$99.50
<b>END OF GENERAL DENTISTRY FEES</b>		

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ADA CODE	SPECIALTY CARE	PATIENT FEE
<b>SPECIALTY performed by a Specialist</b>		
<b>Diagnosis and Treatment Planning</b>		
0150	Comprehensive Exam	\$78
0210	Full mouth x-rays	\$78
0220	Single PA film	\$17
0330	Panoramic x-ray	\$90
9230	Nitrous Oxide	\$43
<b>ENDODONTICS</b>		
0140	Limited Endodontic Evaluation	\$60
3310	Anterior Root Canal	\$587
3320	Bicuspid Root Canal	\$690
3330	Molar Root Canal	\$838
3346	Retreat Anterior Canal	\$690
3347	Retreat Bicuspid Canal	\$795
3348	Retreat Molar Canal	\$988
<b>ORTHODONTICS</b>		
8999	Diagnostic work up	\$250
8080	Comprehensive orthodontic treatment - adolescent	\$3,100
8090	Comprehensive orthodontic treatment - adult	\$3,350
8680	Ortho retention - removal of appliances per arch	\$156
8999	Final orthodontic records	\$195
8080/8090	Invisalign - full case	\$4,900
<b>PERIODONTAL</b>		
0180	Comprehensive Periodontal Evaluation	\$78
4249	Crown Lengthening, 1 or 2 teeth	\$525/ \$699
4249	Crown Lengthening, 3 plus teeth per quad	\$890
4260	Osseous Surgery, 4 or more teeth per quad	\$927
4261	Osseous Surgery, 1-3 teeth	\$590
4265	Emdogain (Biora) per site	\$450
4341	Scaling/Root Planing, 4 or more teeth per quad	\$195
4342	Scaling/Root Planing, 1-3 teeth per quad	\$146
4910	Perio Maintenance (hygienist), per visit	\$95
4999	Subgingival Irrigation	\$20/\$35
4381	Arestin - Minocycline HCl	\$ 25 per site
4263	Bone Graft - Single Site	\$395

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<b>SPECIALTY performed by a Specialist</b>		
<b>SURGICAL IMPLANT</b>		
0363	ICAT Scan	\$199/\$390
*6010	Implant, 1 tooth	\$1,765
<p><i>*Price is for implant only. It does not include crown or any other treatment deemed necessary by the performing specialist.</i></p>		
<b>ORAL SURGERY</b>		
7210	Surgical extraction, erupted tooth	\$180
7230	Partial Bony Impaction	\$229
7230	Partial Bony Impaction	\$229
7240	Full Bony Impaction	\$280
7241	Fully Bony - complicated	\$315
7280	Surgical access of tooth	\$324
7283	Place Device Facilitate Eruption	\$133
7286	Biopsy of Oral Tissue-Soft	\$255
7510	Incision and drainage	\$190
9220	General Anesthetic 30 minutes	\$209
9221	General Anesthetic 15 minutes	\$94
<b>TMJ</b>		
<p>TMJ is a covered benefit with a 20% discount off of usual and customary fees.</p>		
<p><i>*Any procedure not listed is available to the member at a 20% discount off the participating dentists usual fee, with exceptions where noted.</i></p>		
<b>TEETH WHITENING PROCEDURES</b>		
O06	Teeth Whitening Therapy Upper Arch	\$99.50
O07	Teeth Whitening Therapy Lower Arch	\$99.50
*T13	ZOOM Laser Whitening	\$350
<p><i>* Upper/Lower arch teeth whitening trays included</i></p>		