

CAREINGTON International
CARE POS Dental Plan
THIS IS NOT AN INSURANCE PLAN



This schedule applies to services provided by a participating General Dentist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider. **CARE POS** members are responsible for full payment for all charges at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give up to a 20% discount.*

PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE

| Code | Description | Fee |
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| Diagnostic | | |
| 0120 | Periodic Oral Evaluation - Established Patient | \$25.00 |
| 0140 | Limited Oral Evaluation-Problem Focused | \$41.00 |
| 0150 | Comprehensive Oral Evaluation-New or Established Patient | \$44.00 |
| 0160 | Detailed and Extensive Oral Evaluation-Problem Focused-By Report | \$112.00 |
| 0170 | Re-Evaluation-Limited-Problem Focused | \$31.00 |
| 0180 | Comprehensive Periodontal Evaluation-New or Established Patient | \$34.00 |
| 0210 | Intraoral-Complete Series Including Bitewings | \$75.00 |
| 0220 | Intraoral-Periapical-First Film | \$14.00 |
| 0230 | Intraoral-Periapical-Each Additional Film | \$11.00 |
| 0240 | Intraoral-Occlusal Film | \$21.00 |
| 0250 | Extraoral-First Film | \$28.00 |
| 0260 | Extraoral-Each Additional Film | \$27.00 |
| 0270 | Bitewing-Single Film | \$15.00 |
| 0272 | Bitewings-Two Films | \$23.00 |
| 0273 | Bitewings-Three Films | \$28.00 |
| 0274 | Bitewings-Four Films | \$33.00 |
| 0277 | Vertical Bitewings-7 to 8 Films | \$43.00 |
| 0330 | Panoramic Film | \$60.00 |
| 0340 | Cephalometric Film | \$74.00 |
| 0350 | Oral/Facial Photographic Images | \$35.00 |
| 0460 | Pulp Vitality Tests | \$29.00 |
| 0470 | Diagnostic Casts | \$63.00 |
| Preventive | | |
| 1110 | Prophylaxis-Adult | \$49.00 |
| 1120 | Prophylaxis-Child | \$36.00 |
| 1201 | Topical Application of Fluoride Including Prophylaxis-Child | \$51.00 |
| 1203 | Topical Application of Fluoride Not Including Prophylaxis-Child | \$21.00 |
| 1204 | Topical Application of Fluoride Not Including Prophylaxis-Adult | \$21.00 |
| 1205 | Topical Application of Fluoride Including Prophylaxis-Adult | \$60.00 |
| 1330 | Oral Hygiene Instructions | \$36.00 |
| 1351 | Sealant-Per Tooth | \$27.00 |
| 1510 | Space Maintainer-Fixed-Unilateral | \$177.00 |
| 1515 | Space Maintainer-Fixed-Bilateral | \$234.00 |
| 1520 | Space Maintainer-Removable-Unilateral | \$220.00 |
| 1525 | Space Maintainer-Removable-Bilateral | \$301.00 |
| 1550 | Recementation of Space Maintainer | \$38.00 |
| 1555 | Removal of Fixed Space Maintainer | 20% Discount |
| Restorative | | |
| 2140 | Amalgam-One Surface, Primary or Permanent | \$66.00 |
| 2150 | Amalgam-Two Surfaces, Primary or Permanent | \$86.00 |
| 2160 | Amalgam-Three Surfaces, Primary or Permanent | \$105.00 |
| 2161 | Amalgam-Four or More Surfaces, Primary or Permanent | \$128.00 |
| 2330 | Resin-Based Composite-One Surface, Anterior | \$78.00 |
| 2331 | Resin-Based Composite-Two Surfaces, Anterior | \$100.00 |
| 2332 | Resin-Based Composite-Three Surfaces, Anterior | \$122.00 |
| 2335 | Resin-Based Composite-Four or More Surfaces or Involving Incisal Angle, Anterior | \$145.00 |
| 2390 | Resin-Based Composite Crown, Anterior | \$205.00 |
| 2391 | Resin-Based Composite-One Surface, Posterior | \$88.00 |
| 2392 | Resin-Based Composite-Two Surfaces, Posterior | \$122.00 |
| 2393 | Resin-Based Composite-Three Surfaces, Posterior | \$152.00 |
| 2394 | Resin-Based Composite-Four or More Surfaces, Posterior | \$158.00 |
| 2510 | Inlay-Metallic-One Surface | \$370.00 |
| 2520 | Inlay-Metallic-Two Surfaces | \$420.00 |
| 2530 | Inlay-Metallic-Three or More Surfaces | \$484.00 |
| 2542 | Onlay-Metallic-Two Surfaces | \$443.00 |
| 2543 | Onlay-Metallic-Three Surfaces | \$496.00 |
| 2544 | Onlay-Metallic-Four or More Surfaces | \$516.00 |
| 2610 | Inlay-Porcelain/Ceramic-One Surface | \$435.00 |
| 2620 | Inlay-Porcelain/Ceramic-Two Surfaces | \$459.00 |
| 2630 | Inlay-Porcelain/Ceramic-Three or More Surfaces | \$489.00 |
| 2642 | Onlay-Porcelain/Ceramic-Two Surfaces | \$475.00 |
| 2643 | Onlay-Porcelain/Ceramic-Three Surfaces | \$512.00 |
| 2644 | Onlay-Porcelain/Ceramic-Four or More Surfaces | \$544.00 |
| 2650 | Inlay-Composite/Resin-One Surface | \$286.00 |
| 2651 | Inlay-Composite/Resin-Two Surfaces | \$340.00 |
| 2652 | Inlay-Composite/Resin-Three or More Surfaces | \$358.00 |
| 2662 | Onlay-Composite/Resin-Two Surfaces | \$453.00 |
| 2663 | Onlay-Composite/Resin-Three Surfaces | \$461.00 |
| 2664 | Onlay-Composite/Resin-Four or More Surfaces | \$484.00 |

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| 2710 | Crown-Resin-Based Composite (Indirect) | \$229.00 |
| 2720 | Crown-Resin with High Noble Metal | \$631.00 |
| 2721 | Crown-Resin with Predominantly Base Metal | \$591.00 |
| 2722 | Crown-Resin with Noble Metal | \$603.00 |
| 2740 | Crown-Porcelain/Ceramic Substrate | \$644.00 |
| 2750 | Crown-Porcelain Fused to High Noble Metal | \$638.00 |
| 2751 | Crown-Porcelain Fused to Predominantly Base Metal | \$594.00 |
| 2752 | Crown-Porcelain Fused to Noble Metal | \$608.00 |
| 2780 | Crown-3/4 Cast to High Noble Metal | \$623.00 |
| 2781 | Crown-3/4 Cast to Predominantly Base Metal | \$600.00 |
| 2782 | Crown-3/4 Cast Noble Metal | \$621.00 |
| 2783 | Crown-3/4 Porcelain/Ceramic (Does not include facial veneers) | \$662.00 |
| 2790 | Crown-Full Cast High Noble Metal | \$615.00 |
| 2791 | Crown-Full Cast Predominantly Base Metal | \$586.00 |
| 2792 | Crown-Full Cast Noble Metal | \$595.00 |
| 2910 | Recement Inlay, Onlay, or Partial Coverage Restoration | \$53.00 |
| 2920 | Recement Crown | \$56.00 |
| 2930 | Prefabricated Stainless Steel Crown-Primary | \$150.00 |
| 2931 | Prefabricated Stainless Steel Crown-Permanent | \$170.00 |
| 2932 | Prefabricated Resin Crown | \$185.00 |
| 2933 | Prefabricated Stainless Steel Crown with Resin Window | \$207.00 |
| 2940 | Sedative Filling | \$58.00 |
| 2950 | Core Build-Up, Including Any Pins | \$144.00 |
| 2951 | Pin Retention/Tooth, In Addition to Restoration | \$31.00 |
| 2952 | Post and Core In Addition to Crown, Indirectly Fabricated | \$219.00 |
| 2953 | Each Additional Indirectly Fabricated Post-Same Tooth | \$138.00 |
| 2954 | Prefabricated Post and Core in Addition to Crown | \$181.00 |
| 2955 | Post Removal Not in Conjunction with Endodontic Therapy | \$136.00 |
| 2957 | Each Additional Prefabricated Post-Same Tooth | \$66.00 |
| 2960 | Labial Veneer (Laminate)-Chairside | \$444.00 |
| | Endodontics | |
| 3110 | Pulp Cap-Direct (Excluding Final Restoration) | \$39.00 |
| 3120 | Pulp Cap-Indirect (Excluding Final Restoration) | \$31.00 |
| 3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | \$93.00 |
| 3221 | Pulpal Debridement- Primary and Permanent Teeth | \$92.00 |
| 3230 | Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth | \$98.00 |
| 3240 | Pulpal Therapy Resorbable Filling-Posterior Primary Tooth | \$106.00 |
| 3310 | Root Canal-Anterior (Excluding Final Restoration) | \$391.00 |
| 3320 | Root Canal-Bicuspid (Excluding Final Restoration) | \$477.00 |
| 3330 | Root Canal-Molar (Excluding Final Restoration) | \$617.00 |
| 3331 | Treatment of Root Canal Obstruction-Non-Surgical Access | \$208.00 |
| 3332 | Incomplete Endodontic Therapy-Inoperable, Unrestorable or Fractured Tooth | \$173.00 |
| 3333 | Internal Root Repair of Perforation Defects | \$106.00 |
| 3346 | Retreatment Previous Root Canal Therapy-Anterior | \$526.00 |
| 3347 | Retreatment Previous Root Canal Therapy-Bicuspid | \$621.00 |
| 3348 | Retreatment Previous Root Canal Therapy-Molar | \$747.00 |
| 3351 | Apexification/Recalcification-Initial Visit | \$222.00 |
| 3352 | Apexification/Recalcification-Interim Medication Replacement | \$97.00 |
| 3353 | Apexification/Recalcification-Final Visit | \$327.00 |
| 3410 | Apicoectomy/Periradicular Surgery-Anterior | \$448.00 |
| 3421 | Apicoectomy/Periradicular Surgery-Bicuspid (First Root) | \$489.00 |
| 3425 | Apicoectomy/Periradicular Surgery-Molar (First Root) | \$553.00 |
| 3426 | Apicoectomy/Periradicular Surgery (Each Additional Root) | \$184.00 |
| 3430 | Retrograde Filling-Per Root | \$135.00 |
| 3450 | Root Amputation-Per Root | \$275.00 |
| 3470 | Intentional Reimplantation (Including Necessary Splinting) | \$548.00 |
| 3910 | Surgical Procedure for Isolation of Tooth with Rubber Dam | \$72.00 |
| 3920 | Hemisection-Including Root Removal, Not Including Root Canal | \$215.00 |
| 3950 | Canal Preparation and Fitting of Preformed Dowel or Post | \$98.00 |
| | Periodontics | |
| 4210 | Gingivectomy or Gingivoplasty-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$383.00 |
| 4211 | Gingivectomy or Gingivoplasty-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$102.00 |
| 4230 | Anatomical Crown Exposure-Four or More Contiguous Teeth Per Quadrant | 20% Discount |
| 4231 | Anatomical Crown Exposure-One to Three Teeth Per Quadrant | 20% Discount |
| 4240 | Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quac | \$450.00 |
| 4241 | Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quac | \$327.00 |
| 4245 | Apically Positioned Flap | \$408.00 |
| 4249 | Clinical Crown Lengthening-Hard Tissue | \$514.00 |
| 4260 | Osseous Surgery (Including Flap Entry and Closure)-Four or More Contiguous Teeth or Bounded Teeth Spaces Per C | \$727.00 |
| 4261 | Osseous Surgery (Including Flap Entry and Closure)-One to Three Contiguous Teeth or Bounded Teeth Spaces Per C | \$420.00 |
| 4263 | Bone Replacement Graft-First Site in Quadrant | \$219.00 |
| 4264 | Bone Replacement Graft-Each Additional Site in Quadrant | \$110.00 |
| 4266 | Guided Tissue Regeneration-Resorbable Barrier per Site | \$265.00 |
| 4267 | Guided Tissue Regeneration-Nonresorbable Barrier per Site (Includes Membrane Removal) | \$341.00 |
| 4268 | Surgical Revision Procedure, per Tooth | \$412.00 |
| 4270 | Pedicle Soft Tissue Graft Procedure | \$537.00 |
| 4271 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) | \$553.00 |
| 4320 | Provisional Splinting-Intracoronal | \$243.00 |
| 4321 | Provisional Splinting-Extracoronal | \$213.00 |
| 4341 | Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant | \$132.00 |
| 4342 | Periodontal Scaling and Root Planing-One to Three Teeth Per Quadrant | \$64.00 |
| 4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | \$87.00 |
| 4910 | Periodontal Maintenance | \$78.00 |
| 4920 | Unscheduled Dressing Change (Not by Treating Dentist) | \$68.00 |

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| | Prosthodontics (removable) | |
| 5110 | Complete Denture-Maxillary | \$838.00 |
| 5120 | Complete Denture-Mandibular | \$838.00 |
| 5130 | Immediate Denture-Maxillary | \$915.00 |
| 5140 | Immediate Denture-Mandibular | \$915.00 |
| 5211 | Maxillary Partial Denture-Resin Base (Clasp/Rests) | \$823.00 |
| 5212 | Mandibular Partial Denture-Resin Base (Clasp/Rests) | \$823.00 |
| 5213 | Maxillary Partial Denture-Metal Frame with Resin Base | \$927.00 |
| 5214 | Mandibular Partial Denture-Metal Frame with Resin Base | \$927.00 |
| 5281 | Removable Unilateral Partial Denture-One Piece Cast Metal | \$540.00 |
| 5410 | Adjust Complete Denture-Maxillary | \$46.00 |
| 5411 | Adjust Complete Denture-Mandibular | \$46.00 |
| 5421 | Adjust Partial Denture-Maxillary | \$46.00 |
| 5422 | Adjust Partial Denture-Mandibular | \$46.00 |
| 5510 | Repair Broken Complete Denture Base | \$92.00 |
| 5520 | Replace Missing or Broken Teeth-Complete Denture (Each Tooth) | \$76.00 |
| 5610 | Repair Resin Denture Base | \$99.00 |
| 5620 | Repair Cast Framework, Partial Denture | \$107.00 |
| 5630 | Repair or Replace Broken Clasp, Partial Denture | \$130.00 |
| 5640 | Replace Broken Teeth-Per Tooth, Partial Denture | \$84.00 |
| 5650 | Add Tooth to Existing Partial Denture | \$114.00 |
| 5660 | Add Clasp to Existing Partial Denture | \$137.00 |
| 5710 | Rebase Complete Maxillary Denture | \$340.00 |
| 5711 | Rebase Complete Mandibular Denture | \$325.00 |
| 5720 | Rebase Maxillary Partial Denture | \$322.00 |
| 5721 | Rebase Mandibular Partial Denture | \$322.00 |
| 5730 | Reline Complete Maxillary Denture (Chairside) | \$192.00 |
| 5731 | Reline Complete Mandibular Denture (Chairside) | \$192.00 |
| 5740 | Reline Maxillary Partial Denture (Chairside) | \$175.00 |
| 5741 | Reline Mandibular Partial Denture (Chairside) | \$175.00 |
| 5750 | Reline Complete Maxillary Denture (Laboratory) | \$256.00 |
| 5751 | Reline Complete Mandibular Denture (Laboratory) | \$256.00 |
| 5760 | Reline Maxillary Partial Denture (Laboratory) | \$253.00 |
| 5761 | Reline Mandibular Partial Denture (Laboratory) | \$253.00 |
| 5810 | Interim Complete Denture-Maxillary | \$414.00 |
| 5811 | Interim Complete Denture-Mandibular | \$414.00 |
| 5820 | Interim Partial Denture-Maxillary | \$332.00 |
| 5821 | Interim Partial Denture-Mandibular | \$332.00 |
| 5850 | Tissue Conditioning-Maxillary | \$81.00 |
| 5851 | Tissue Conditioning-Mandibular | \$81.00 |
| | Prosthodontics (fixed) | |
| 6210 | Pontic-Cast High Noble Metal | \$532.00 |
| 6211 | Pontic-Cast Predominantly Base Metal | \$498.00 |
| 6212 | Pontic-Cast Noble Metal | \$519.00 |
| 6240 | Pontic-Porcelain Fused to High Noble Metal | \$525.00 |
| 6241 | Pontic-Porcelain Fused to Predominantly Base Metal | \$485.00 |
| 6242 | Pontic-Porcelain Fused to Noble Metal | \$512.00 |
| 6245 | Pontic-Porcelain/Ceramic | \$522.00 |
| 6250 | Pontic-Resin with High Noble Metal | \$519.00 |
| 6251 | Pontic-Resin with Predominantly Base Metal | \$479.00 |
| 6252 | Pontic-Resin with Noble Metal | \$494.00 |
| 6545 | Retainer-Cast Metal for Resin Bonded Fixed Prosthesis | \$221.00 |
| 6548 | Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis | \$468.00 |
| 6720 | Crown-Bridge Retainer-Resin with High Noble Metal | \$585.00 |
| 6721 | Crown-Bridge Retainer-Resin Predominantly Base Metal | \$555.00 |
| 6722 | Crown-Resin with Noble Metal | \$566.00 |
| 6740 | Crown-Porcelain/Ceramic | \$529.00 |
| 6750 | Crown-Retainer-Porcelain Fused to High Noble Metal | \$600.00 |
| 6751 | Crown-Retainer-Porcelain Fused to Predominantly Base Metal | \$559.00 |
| 6752 | Crown-Retainer-Porcelain Fused to Noble Metal | \$572.00 |
| 6780 | Crown-Retainer 3/4 Cast High Noble Metal | \$566.00 |
| 6781 | Crown-Retainer 3/4 Predominantly Base Metal | \$499.00 |
| 6782 | Crown-Retainer 3/4 Cast Noble Metal | \$504.00 |
| 6783 | Crown-Retainer 3/4 Porcelain/Ceramic | \$512.00 |
| 6790 | Crown-Retainer-Full Cast High Noble Metal | \$579.00 |
| 6791 | Crown-Retainer-Full Cast Predominantly Base Metal | \$548.00 |
| 6792 | Crown-Retainer-Full Cast Noble Metal | \$569.00 |
| 6930 | Recement Fixed Partial Denture | \$70.00 |
| 6970 | Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated | \$194.00 |
| 6971 | Cast Post Part of Bridge Retainer | \$171.00 |
| 6972 | Prefabricated Post and Core in Addition to Bridge Retainer | \$158.00 |
| 6973 | Core Buildup for Retainer, Including Any Pins | \$128.00 |
| 6975 | Coping-Metal | \$348.00 |
| 6976 | Each Additional Indirectly Fabricated Post-Same Tooth | \$126.00 |
| 6977 | Each Additional Prefabricated Post-Same Tooth | \$76.00 |
| | Oral Surgery | |
| 7111 | Extraction, Coronal Remnants - Deciduous Tooth | \$69.00 |
| 7140 | Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) | \$83.00 |
| 7210 | Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section | \$145.00 |
| 7220 | Removal of Impacted Tooth-Soft Tissue | \$164.00 |
| 7230 | Removal of Impacted Tooth-Partially Bony | \$217.00 |
| 7240 | Removal of Impacted Tooth-Completely Bony | \$255.00 |
| 7241 | Removal of Impacted Tooth-Completely Bony with Unusual Complications | \$320.00 |
| 7250 | Surgical Removal of Residual Tooth Roots (Cutting Procedure) | \$137.00 |
| 7270 | Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth | \$280.00 |
| 7272 | Tooth Transplantation | \$318.00 |

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| 7280 | Surgical Access of an Unerupted Tooth | \$306.00 |
| 7285 | Biopsy of Oral Tissue-Hard (Bone, Tooth) | \$498.00 |
| 7286 | Biopsy of Oral Tissue-Soft | \$222.00 |
| 7310 | Alveoloplasty in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant | \$152.00 |
| 7320 | Alveoloplasty Not in Conjunction with Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant | \$621.00 |
| 7450 | Removal of Benign Odontogenic Cyst or Tumor < 1.25 CM | \$443.00 |
| 7451 | Removal of Benign Odontogenic Cyst or Tumor > 1.25 CM | \$696.00 |
| 7460 | Removal of Benign Nonodontogenic Cyst or Tumor < 1.25 CM | \$443.00 |
| 7461 | Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM | \$696.00 |
| 7510 | Incision and Drainage Abscess-Intraoral Soft Tissue | \$145.00 |
| 7910 | Suture of Recent Small Wounds up to 5 CM | \$203.00 |
| 7911 | Complicated Suture up to 5 CM, Meticulous Closure | \$506.00 |
| 7912 | Complicated Suture Greater Than 5 CM, Meticulous Closure | \$525.00 |
| 7951 | Sinus Augmentation With Bone or Bone Substitutes | 20% Discount |
| 7960 | Frenulectomy (Frenectomy/Frenotomy) Separate Procedure | \$318.00 |
| 7970 | Excision of Hyperplastic Tissue/Per Arch | \$329.00 |
| 7971 | Excision of Pericoronary Gingiva | \$105.00 |
| | Orthodontics | |
| 8010 | Limited Orthodontic Treatment of the Primary Dentition | 20% Discount |
| 8020 | Limited Orthodontic Treatment of the Transitional Dentition | 20% Discount |
| 8030 | Limited Orthodontic Treatment of the Adolescent Dentition | 20% Discount |
| 8040 | Limited Orthodontic Treatment of the Adult Dentition | 20% Discount |
| 8050 | Interceptive Orthodontic Treatment of the Primary Dentition | 20% Discount |
| 8060 | Interceptive Orthodontic Treatment of the Transitional Dentition | 20% Discount |
| 8070 | Comprehensive Orthodontic Treatment of the Transitional Dentition | 20% Discount |
| 8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition | 20% Discount |
| 8090 | Comprehensive Orthodontic Treatment of the Adult Dentition | 20% Discount |
| 8210 | Removable Appliance Therapy | 20% Discount |
| 8660 | Pre-Orthodontic Treatment Visit | 20% Discount |
| | Adjunctive Services | |
| 9110 | Palliative (Emergency) Treatment-Dental Pain-Minor Procedure | \$53.00 |
| 9120 | Fixed Partial Denture Sectioning | 20% Discount |
| 9211 | Regional Block Anesthesia | \$24.00 |
| 9215 | Local Anesthesia | \$17.00 |
| 9230 | Analgesia | \$29.00 |
| 9310 | Consultation - Diagnostic Service by Dentist or Physician Other Than Requesting Dentist or Physician | \$113.00 |
| 9410 | Professional Visit-House Call | \$149.00 |
| 9420 | Professional Visit-Hospital Call | \$205.00 |
| 9430 | Office Visit for Observation (Regular Hours) No Other Services Performed | \$38.00 |
| 9440 | Office Visit-After Regular Hours | \$69.00 |
| 9910 | Application-Desensitizing Medicament | \$24.00 |
| 9911 | Application-Desensitizing Resin for Cervical and/or Root Surface | \$35.00 |
| 9941 | Fabrication of Athletic Mouthguard | \$85.00 |
| 9950 | Occlusion Analysis-Mounted Case | \$150.00 |
| 9951 | Occlusal Adjustment-Limited | \$68.00 |
| 9952 | Occlusal Adjustment-Complete | \$383.00 |
| 9970 | Enamel Microabrasion | \$26.00 |

*It is the Member's responsibility to verify that the dentist is a participating CAREINGTON provider before seeking any treatment. Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member at the dentist's 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 your CAREINGTON provider for a detailed treatment plan prior to beginning any work.

*Procedures not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee.

*Specialists will give up to a 20% discount off of their normal fees.

*Implants and some whitening procedures will not be discounted by all participating CAREINGTON providers. Implants and some whitening procedures will only be discounted if the participating CAREINGTON provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.

*If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of his normal fee.

*Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.

*CAREINGTON cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating CAREINGTON provider. Not all types of dentists may be available in your area.

*Some providers may charge for missed or broken appointments if no prior notice is given.

*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.

* CAREINGTON or its vendors may periodically adjust this fee schedule with 30 days notice to Client.

*While all participating CAREINGTON providers are professionally licensed in the state in which they practice, CAREINGTON does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating CAREINGTON provider should be directed in writing to: CAREINGTON International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.