HealthPlus Membership Network
General Practitioners Schedule of Benefits--Plan A-100

ADA CODE	PROCEDURE	USUAL FEE	YOUR FEE
DIAGNOSTIC			
00100	Clinical Oral Exam ----------	48	No Charge
00150	Initial Oral Exam	90	No Charge
00120	Periodic Oral Exam	49	No Charge
00130	Emergency Oral Exam	105	37
00210	X-Ray Complete Series	121	45
00272	X-Ray Bite Wing (Two)	39	No Charge
00274	X-Ray Bite Wing (Four)	54	No Charge
00330	X-Ray Panorex	106	45
	Material Sterilization Fee Per Visit	32	10
	Broken Appointment (Without 24hr Notice)	35	25
	X-Rays Duplicating Fee	35	20
PREVENTIVE			
01110	Adult Cleaning 1st per/year	83	47
01120	Child Cleaning 1st per/year	64	36
01110	Adult Cleaning 2nd same year	95	No Charge
01120	Child Cleaning 2nd same year	74	No Charge
01130	Difficult Cleaning	105	57
01203	Fluoride (Child 1 Per Year)	34	10
01204	Fluoride Treatment (Adult)	54	25
01300	Sealant/ Tooth	50	20
01330	Oral Hygiene Instructions	59	No Charge
01340	Preventative Care Instructions	25	No Charge
***RESTORATIVE (Fillings)**			
02110	Amalgam - 1 Surf. Decid	79	39
02120	Amalgam - 2 Surf. Decid	96	46
02130	Amalgam - 3 Surf. Decid	116	58
02131	Amalgam - 4 Surf. Decid	121	66
02140	Amalgam - 1 Surf. Perm	99	43
02150	Amalgam - 2 Surf. Perm	116	56
02160	Amalgam - 3 Surf. Perm	128	68
02161	Amalgam - 4 Surf. Perm	160	73
02210	Silicate Cement	49	No Charge
02330	1 Surf Resin Anterior	107	53
02331	2 Surf Resin Anterior	117	64
02332	3 Surf Resin Anterior	137	74
02335	4 Surf Resin (Incisal Edge)	187	94
02380	1 Surf Resin Posterior Primary	107	53
02381	2 Surf Resin Posterior Primary	122	78
02382	3 Surf Resin Posterior Primary	141	90
02391	1 Surf Resin Posterior Perm	113	58
02392	2 Surf Resin Posterior Perm	141	83
02393	3 Surf Resin Posterior Perm	192	98

***Acid Etching Add to resin Composite Filling $ 10.00**

Precision Cast Fillings InLays/ OnLays… 25% OFF UCR
All Other Fillings not shown…… 25% OFF UCR

ADA CODE	PROCEDURE	USUAL FEE	YOUR FEE
****CROWNS & BRIDGES**			
02740	Porcelain Crown	860	397
02750	Porcelain Crown/ High Noble	899	470
02751	Porcelain Crown/ Metal	867	399
02752	Porcelain Crown/ Noble	862	439
02791	Full Cast Crown	800	375
02810	3/4 Crown/ Metal	635	310
02930	Crown/ Stainless Steel	268	125
02910	Recement inlay	93	37
02920	Recement Crown	89	37
02940	Sedative Filling (each Tooth)	38	12
02950	Crown Build up	158	77
02951	Pin Retention	59	29
02970	Temporary Crown/ With Perm	255	N/C
02970	Temporary Crown/ W/O Perm	255	115
02960	Bonding Per Tooth	25% OFF UCR	
	Laminate Veneer	25% OFF UCR	
	Bleaching and Whitening……	25% OFF UCR	
	Lumineers	25% OFF UCR	
****PERIODONTICS** (Gum treatment)			
04100	Perio Hygiene Instructions	25	N/C
04210	Gingioplasty/ Quad	375	239
04211	Gingivectomy Per Tooth	165	82
04260	Osseous Surgery/ Quad	560	330
04910	Perio Prophy (Cleaning)	129	68
04341	Perio Scaling / Planing Per Quad	25% Off UCR	
04355	Full Mouth Debridement	25% Off UCR	
**** PROSTHODONTICS (Removable)**			
05110	Comp. Upper Dentures	1100	568
05120	Comp. Lower Dentures	1100	568
05130	Immediate Uppers	1150	593
05140	Immediate Lowers	1150	593
05211	Upper Partial/ Resin Base	1000	518
05212	Lower Partial/ Resin Base	1000	518
05213	Upper Partial/ Resin W / Metal	1100	568
05214	Lower Partial/ Resin W / Metal	1100	568
05750	Reline Upper (Laboratory)	268	131
05751	Reline Lower (Laboratory)	268	131
05730	Reline Upper (office)	199	98
05731	Reline Lower (office)	199	98
05999	Adjustments Upper / Lower	69	38
05640	Replace Per Tooth	98	48
05610	Repair Denture base	146	84

"THIS IS A DISCOUNT PROGRAM,"
" THIS IS NOT INSURANCE"

ADA CODE	PROCEDURE	USUAL FEE	YOURFEE
ENDODONTICS (Root Canal Treatment)			
03110	Pulp Cap Direct	58	35
03120	Pulp Cap Indirect	53	31
03220	Vital Pulpotomy	132	58
03310	Root Canal Therapy 1 Canal	25% Off UCR	
03320	Root Canal Therapy 2 Canals	25% Off UCR	
03330	Root Canal Therapy 3 Canals	25% Off UCR	
03340	Root Canal Therapy 4 Canals	25% Off UCR	
03940	Recalcification Per Tooth	72	37
PONTICS (Fixed)			
06545	Cast Metal Retainer	535	318
06241	Pontic Porcelain / Base Metal	594	338
06251	Crown Porcelain / Base Metal	644	338
06930	Recementation	88	45
ORAL SURGERY			
07110	Extractions Single Tooth	25% OFF UCR	
07120	Extractions Additional Per Tooth	25% OFF UCR	
	Molar Removal	25% OFF UCR	
	Surgical Removal	25 % OFF UCR	
	IMPLANTS	25 % OFF UCR	

ORTHODONTICS

Orthodontics as performed by a provider in our provider directory 25% OFF UCR
Membership must be current for Orthodontics Benefit & Discounts

OTHER SPECIALTY SERVICES

Treatments provided by a participating specialist if available, will be at 20% - 25% OFF USUAL, CUSTOMARY, & REGULAR for Endodontics, Pedodontics (children), Prosthodontic, Orthodontics, Periodontics and Oral Surgery. Please discuss your case with the Specialist prior to beginning service.

*USUAL CUSTOMARY & REASONABLE FEES WILL VARY IN EACH AREA

** ADDITIONAL CHARGES FOR PRECIOUS METALS
** ADDITIONAL CHARGES FOR LAB FEE (not to exceed $125.00)

"FEE SCHEDULE" As performed by a General Practitioner

PLEASE NOTE THAT SERVICES NOT OUTLINED
ARE ON A 25% DISCOUNT

"Fee Schedules and Membership Fees may be updated as needed and are subject to change without notice to members"

Please call your network provider in advance to confirm their plan participation and fees.

Revised 08/2009