

Dental Savings Fee Schedule (General Dentist)

Dentists may add additional lab fees to discounted services with.

DIAGNOSTIC & PREVENTATIVE Fee

D0120 Periodic Oral Evaluation	\$20
D0150 Comprehensive Oral Evaluation	\$30
D0210 Xrays – Complete Series	\$60
D0274 Bitewings – Four Films	\$35
D0330 Panoramic Film	\$65
D1110 Prophylaxis – Adult Cleaning	\$55
D1120 Prophylaxis – Child Cleaning	\$45
D1203 Fluoride	\$15
D1351 Sealant – Per Tooth – No Age Limit	\$30

1 FREE DENTAL CLEANING (PROPHY) PER YEAR PER CARDHOLDER

- Exams & Xrays Not Included -

*Available at Select Participating Provider Locations

RESTORATIVE Fee

D2140 Amalgam – One Surface	\$55
D2150 Amalgam – Two Surfaces	\$75
D2160 Amalgam – Three Surfaces	\$85
D2161 Amalgam – Four Surfaces	\$105
D2330 Resin Based Composite – One Surface - Anterior	\$60
D2331 Resin Based Composite – Two Surfaces - Anterior	\$80
D2332 Resin Based Composite – Three Surfaces - Anterior	\$115
D2391 Resin Based Composite – One Surface - Posterior	\$80
D2392 Resin Based Composite – Two Surfaces - Posterior	\$105
D2393 Resin Based Composite – Three Surfaces - Posterior	\$140
D2394 Resin Based Composite – Four Surfaces - Posterior	\$170
D2750 * Crown – Porcelain Fused to High Noble Metal*	\$875
D2950 Core Buildup – Including any Pins	\$135
D2954 Prefabricated Post & Core	\$155

ENDODONTICS Fee

D3310 Root Canal – Anterior	\$500
D3320 Root Canal – Bicuspid	\$600
D3330 Root Canal – Molar	\$700

PERIODONTICS Fee

D4210 Gingivectomy Per Quad	\$400
D4211 Gingivectomy Per Tooth	\$200
D4341 Perio Scaling/Per Quadrant	\$70
D4381 Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle into Diseased Crevicular Tissue - Per Tooth, By Report	\$50 Per Site

PROSTHODONTICS Fee

D5110 *Complete Denture – Maxillary*	\$800
D5120 *Complete Denture – Mandibular*	\$800
D5213 *Maxillary Partial - Denture Bases* (Including any Conventional Clasps, Rests or Teeth)	\$875
D5214 *Mandibular Partial - Denture Bases* (Including any Conventional Clasps, Rests or Teeth)	\$875
D6010 Implant	20% off UCR fee
D6059 Implant Crown	20% off UCR fee

ORAL SURGERY Fee

D7140 Simple Extraction - Erupted Tooth/Exposed Root	\$85
D7210 Surgical Extraction	\$225
D7220 Removal Impacted Tooth – Soft Tissue	\$175
D7230 Removal Impacted Tooth – Partial Bony	\$200

IN-OFFICE WHITENING SYSTEM 25% Discount

DENTAL SPECIALISTS - 25% DISCOUNT OFF UCR FEES

Oral Surgeon, Periodontist, Endodontist, Orthodontist & Pedodontist

Dentists may add additional lab fees to discounted services with.

*Any Service not listed on Discounted Fee Schedule,
please refer to office private fees.*

*Patients Pay at Time of Service
No Claims, No Waiting, No Limitations*

Vision Savings Fee Schedule

VISION CARE Fee

Routine Eye Exam	\$5 off UCR fee
Exam - Contact Lens	\$10 off UCR fee

1 FREE EYE EXAM PER YEAR PER CARDHOLDER

*Available at Select Participating Provider Locations

LENS OPTIONS Fee

Ultraviolet Coating	25% off UCR fee
Tint – Solid or Gradient	25% off UCR fee
Standard Scratch-Resistance (Scratch A)	25% off UCR fee
Standard Polycarbonate	10% off UCR fee
Standard Progressive	10% off UCR fee
Basic Anti-Reflective Coating	20% off UCR fee
Blended Invisible Bifocal	20% off UCR fee
Intermediate Vision Lenses	20% off UCR fee
Polarized	20% off UCR fee
Other Lens Options/Features	20% off UCR fee

STANDARD LENSES - GLASS OR PLASTIC Fee

Single	10% off UCR fee
Bifocal	10% off UCR fee
Trifocal	10% off UCR fee
Frames	25% off UCR fee

CONTACT LENSES Non-Disposable: 15% Discount

NON-PRESCRIPTION SUNGLASSES 20% off UCR fee

LASER CORRECTION PRK, LASIK, & Custom LASIK: 15% off UCR fee

 (888) 926-5041
www.communityhealthplans.com

Fee Schedule Last Updated: 5/30/17