

**SCHEDULE OF BENEFITS AND SUBSCRIBER COPAYMENTS**

**FGC+B**

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOINTMENTS</b>			<b>ENDODONTICS</b>		
9430	Office visit - during regularly scheduled hours	NO CHARGE	3220	Therapeutic pulpotomy (excluding final restoration)	\$20.00
9440	Office visit - after hours	\$35.00	<b>Root Canals</b>		
0999	Diagnosis and treatment plan presentation	NO CHARGE	3310	Anterior (excluding final restoration)	\$95.00
<b>DIAGNOSTIC</b>			3320	Bicuspid (excluding final restoration)	\$135.00
0110	Initial oral examination	NO CHARGE	3330	Molar (excluding final restoration)	\$175.00
0120	Periodic Oral Evaluation	NO CHARGE	3410	Apicoectomy/periradicular surgery - anterior	\$65.00
0150	Comprehensive Oral Eval. new or established patient	NO CHARGE	<b>PERIODONTICS</b>		
0460	Pulp vitality test	NO CHARGE	4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$105.00
0470	Diagnostic casts	NO CHARGE	4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$105.00
0999	Diagnosis and treatment plan presentation	NO CHARGE	4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$300.00
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8.00	4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$300.00
<b>RADIOGRAPHS (X-rays)</b>			4271	Free soft tissue graft procedure (including donor site surgery)	\$215.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$37.50
0220	Intraoral - periapical first film	NO CHARGE	4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$37.50
0230	Intraoral - periapical each additional fillm	NO CHARGE	4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$35.00
0270	Bitewing - single film	NO CHARGE	4910	Periodontal maintenance	\$35.00
0272	Bitewing - two films	NO CHARGE	<b>*PROSTHODONTICS</b>		
0274	Bitewing - four films	NO CHARGE	<b>Standard complete dentures (includes adjustments within 30 days)</b>		
0330	Panoramic film	NO CHARGE	5110	Complete denture - maxillary (includes adjustments within the first 30 days)	\$200.00
<b>PREVENTIVE</b>			5120	Complete denture - mandibular (includes adjustments within the first 30 days)	\$200.00
1110	Prophylaxis - adult (maximum four per year)	NO CHARGE	5130	Immediate denture - maxillary (includes adjustments within the first 30 days)	\$230.00
1120	Prophylaxis - child (maximum four per year)	NO CHARGE	5140	Immediate denture - mandibular (includes adjustments within the first 30 days)	\$230.00
1201	Topical application of fluoride (including prophylaxis) - child up to age 16	NO CHARGE	<b>Partial dentures (includes adjustments within 30 days)</b>		
1203	Topical application of fluoride (prophylaxis not included) - child up to age 16	NO CHARGE	5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$205.00
1204	Topical application of fluoride (prophylaxis not included) - adult	NO CHARGE	5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$205.00
1205	Topical application of fluoride (including prophylaxis) - adult	NO CHARGE	5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280.00
1330	Oral hygiene instructions	NO CHARGE	5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280.00
1351	Sealant - per tooth	\$7.00	5410	Adjustment, complete denture - maxillary	\$10.00
<b>SPACE MAINTAINERS</b>			5411	Adjustment, complete denture - mandibular	\$10.00
1510	Space maintainer - fixed - unilateral	\$35.00	5421	Adjust partial denture - maxillary	\$10.00
1515	Space maintainer - fixed - bilateral	\$35.00	5422	Adjust partial denture - mandibular	\$10.00
1520	Space maintainer - removable - unilateral	\$75.00	<b>*REPAIRS TO PROSTHETICS</b>		
1525	Space maintainer - removable - bilateral	\$75.00	5510	Repair broken complete denture base	\$15.00 plus lab
<b>RESTORATIVE (Fillings)</b>			5520	Replace missing or broken teeth - complete denture (each tooth)	\$7.00 plus lab
<b>Amalgam (Silver)</b>			5630	Repair or replace broken clasp	\$15.00 plus lab
2140	Amalgam - one surface, primary or permanent	NO CHARGE	5640	Replace broken teeth - per tooth	\$7.00 plus lab
2150	Amalgam - two surfaces, primary or permanent	NO CHARGE	5650	Add tooth to existing partial denture	\$30.00
2160	Amalgam - three surfaces, primary or permanent	NO CHARGE	5850	Tissue conditioning, maxillary	\$25.00
2161	Amalgam - four or more surfaces, primary or permanent	NO CHARGE	5851	Tissue conditioning, mandibular	\$25.00
<b>Resin restoration (Including acid etch, glass ionomer liner)</b>			5730	Reline complete maxillary denture (chairside)	\$45.00
2330	Resin-based composite - one surface, anterior	\$12.00	5731	Reline complete mandibular denture (chairside)	\$45.00
2331	Resin-based composite - two surfaces, anterior	\$20.00	5740	Reline maxillary partial denture (chairside)	\$45.00
2332	Resin-based composite - three surfaces, anterior	\$25.00	5741	Reline mandibular partial denture (chairside)	\$45.00
2510	Inlay - metallic - one surface	\$85.00	5750	Reline complete maxillary denture (laboratory)	\$35.00 plus lab
2520	Inlay - metallic - two surfaces	\$95.00	5751	Reline complete mandibular denture (laboratory)	\$35.00 plus lab
2530	Inlay - metallic - three or more surfaces	\$120.00	5760	Reline maxillary partial denture (laboratory)	\$35.00 plus lab
2542	Onlay - metallic - two surfaces (in addition to inlay)	\$150.00	5761	Reline mandibular partial denture (laboratory)	\$35.00 plus lab
2543	Onlay - metallic - three surfaces (in addition to inlay)	\$150.00	<b>EXTRACTIONS/ORAL SURGERY</b>		
2544	Onlay - metallic - four or more surfaces (in addition to inlay)	\$150.00	7111	Extraction, coronal remnants - deciduous tooth - one per visit	NO CHARGE
2781	Crown - 3/4 cast predominantly base metal	\$175.00	7111	Extraction, coronal remnants - deciduous tooth - more than one per visit	\$5.00
2940	Sedative filling	NO CHARGE	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - one per visit	NO CHARGE
2951	Pin retention - per tooth, in addition to restoration	\$12.00	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - more than one per visit	\$5.00
<b>*CROWN &amp; BRIDGE</b>			7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$20.00
2930	Prefabricated stainless steel crown - primary tooth	\$35.00	7220	Removal of impacted tooth - soft tissue	\$25.00
2932	Prefabricated resin crown	\$45.00	7240	Removal of impacted tooth - partially bony	\$50.00
2790	Crown - full cast high noble metal	\$185.00	7240	Removal of impacted tooth - completely bony	\$75.00
2791	Crown - full cast predominantly base metal	\$185.00	7250	Surgical removal of residual tooth roots (cutting procedure)	\$20.00
2792	Crown - full cast noble metal	\$185.00	7310	Alveoplasty in conjunction with extractions - per quadrant	\$25.00
6790	Crown - full cast high noble metal	\$185.00	7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25.00
6791	Crown - full cast predominantly base metal	\$185.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$25.00
6792	Crown - full cast noble metal	\$185.00	7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25.00
2750	Crown - porcelain fused to predominantly base metal	\$200.00	7450	Removal of benign odontogenic cyst or tumor-lesion - lesion diameter up to 1.25 cm	\$25.00
2751	Crown - porcelain fused to high noble metal	\$200.00	7451	Removal of benign odontogenic cyst or tumor-lesion - lesion diameter greater than 1.25 cm	\$40.00
2752	Crown - porcelain fused to noble metal	\$200.00	7510	Incision and drainage of abscess - intraoral soft tissue	\$18.00
6740	Crown - porcelain fused to high noble metal	\$200.00	7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36.00
6741	Crown - porcelain fused to predominantly base metal	\$200.00	7970	Excision of hyperplastic tissue - per arch	\$35.00
6752	Crown - porcelain fused to noble metal	\$200.00			
<b>*Pontics</b>					
6210	Pontic - cast high noble metal	\$185.00			
6211	Pontic - cast predominantly base metal	\$185.00			
6212	Pontic - cast noble metal	\$185.00			
6240	Pontic - porcelain fused to high noble metal	\$200.00			
6241	Pontic - porcelain fused to predominantly base metal	\$200.00			
6242	Pontic - porcelain fused to noble metal	\$200.00			
2952	Cast post and core in addition to crown	\$90.00			
2954	Prefabricated post and core in addition to crown	\$60.00			
2910	Recement inlay, onlay or partial coverage restoration	\$10.00			
2920	Recement crown	\$10.00			
6930	Recement fixed partial denture	\$10.00			

\*Plus laboratory fees when applicable.

**SCHEDULE OF BENEFITS AND SUBSCRIBER COPAYMENTS - cont.**

**FGC+B**

ADA CODE	PROCEDURE	PATIENT PAYS
<b>ORTHODONTICS</b>		
<b>Orthodontic Therapy: The orthodontic fee for a normal Class II banded case for up to 24 months:</b>		
8070	Comprehensive orthodontic treatment of the transitional dentition	.....\$1,400.00
	Consultation	.....NO CHARGE
	Evaluation	.....\$35.00
	Treatment plan and records	.....\$250.00
8080	Comprehensive orthodontic treatment of the adolescent dentition	.....\$1,400.00
	Consultation	.....NO CHARGE
	Evaluation	.....\$35.00
	Treatment plan and records	.....\$250.00
8090	Comprehensive orthodontic treatment of the adult dentition	.....\$1,900.00
	Consultation	.....NO CHARGE
	Evaluation	.....\$35.00
	Treatment plan and records	.....\$250.00
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	.....Additional
<b>ANESTHESIA</b>		
9110	Palliative (emergency) treatment of dental pain - minor procedure	.....\$15.00
9215	Local anesthesia	.....NO CHARGE
<b>ADJUNCTIVE SERVICES</b>		
9951	Occlusal adjustment - limited	.....\$20.00
9952	Occlusal adjustment - complete	.....\$150.00
9999	Broken appointments (without 24 hour notice) - per 15 min to maximum of \$40.00	.....\$10.00

**NOTE:**

- 1) The above co-payments apply only when treatment is performed at a Participating General Dentist or Specialist.
- 2) If you should need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist, Orthodontist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist.
- 3) The above co-payments for crown and bridge treatment are exclusive of the additional cost for noble (semi-precious) or high noble (precious) metal.
- 4) Not all Participating Dentists perform all listed covered procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- 5) Unlisted procedures are available at the Participating Dentist's usual fee less 25%.
- 6) When crown and/or bridge treatment exceeds six units, the member will be charged an additional \$25.00 per unit.

**SPECIALISTS:**

Should you need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Prosthodontists, Pediatric Dentist), you may be referred by your Participating General Dentist. Copayment amounts are applicable when treatment is performed by your selected Participating General Dentist or by a Participating Specialist.