

CROWN DENTAL PLAN, INC.

2024 Fee Schedule



Procedures Performed by GENERAL PRACTITIONERS

<u>CODE</u>	<u>PROCEDURES</u>	<u>MEMBER FEE</u>
<u>DIAGNOSTIC PROCEDURES</u> <u>Performed By General Dentist</u>		
D0150	Comprehensive Oral Examination	Free
D0120	Periodic Oral Exam Routine 6 month check-up	Free
D0210	Intraoral Complete X-rays (inc. Bitewings)	\$70
D0220	Periapical X-ray (not with exam.) Per Film	\$15
D0330	X-Ray - Panoramic Film	\$55
D9110	Emergency Treatment of Dental Pain	\$65
<u>PREVENTIVE PROCEDURES</u> <u>Performed By General Dentist</u>		
D1110	Adult Cleaning & Polishing 1 per year	Free
	Additional Cleanings	\$55
D1120	Child Cleaning & Polishing 1 per year	Free
	Additional Cleanings	\$45
D1204	Topical Application of Flouride Child	\$30
D1351	Sealant Per Tooth	\$28
<u>RESTORATIVE PROCEDURES</u> <u>Performed By General Dentist</u>		
D2140	Silver Amalgam - One Surface	\$75
D2150	Silver Amalgam - Two Surfaces	\$90
D2160	Silver Amalgam - Three Surfaces	\$110
D2161	Silver Amalgam - Four or more Surfaces	\$130
D2330	Composite Resin - Anterior - One Surface	\$85
D2331	Composite Resin - Anterior - Two Surfaces	\$100
D2332	Composite Resin - Anterior - Three Surfaces	\$125
D2335	Composite Resin - Anterior - Four or more surfaces	\$160
D2391	Composite Resin - Posterior - One Surface	\$90
D2392	Composite Resin - Posterior - Two Surfaces	\$115
D2393	Composite Resin - Posterior - Three Surfaces	\$145
D2394	Composite Resin - Posterior - Four or more surfaces	\$175
D2920	Recement Crown	\$60
D2940	Sedative Filling	\$65
D2950	Core Buildup, including any pins	\$135
D2952	Cast Post & Core (non-gold) Laboratory	\$200
D2954	Prefabricated post and core in addition to Crown	\$165
<u>COSMETIC PROCEDURES</u> <u>Performed By General Dentist</u>		
D2962	Porcelain Laminates - Per Tooth Laboratory	\$485
D2960	Veneer - Resin Chairside	\$335
<u>CROWNS - Fees Do Not Include Lab Charges</u>		
D2740	Crown - Porcelain	\$560
D2952	Cast Post - Core	\$200
D2954	Prefabricated Post - Core	\$165
<u>ENDODONTIC PROCEDURES - Excluding Final Restoration - Performed by General Dentist</u>		
D3310	Root Canal Therapy - Anterior	\$425
D3320	Root Canal Therapy - Bicuspid	\$525
D3330	Root Canal Therapy - Molar	\$650

PERIODONTIC PROCEDURES Performed by General Dentist

D4210	Gingivectomy or Gingivoplasty - Per Quadrant	\$330
D4211	Gingivectomy or Gingivoplasty - Per Tooth	\$140
D4260	Osseous Surgery - Per Quadrant	\$550
D4270	Pedicle Soft Tissue Graft Procedure	\$500
D4341	Periodontal Scaling & Root Planing - Per Quadrant	\$150

PROSTHODONTICS, REMOVABLE BRIDGES Performed by General Dentist

D5110	Complete Upper - (including 6 months post care)	\$850
D5120	Complete Lower - (including 6 months post care)	\$850
D5211	Upper Partial - Acrylic Base	\$650
D5212	Lower Partial - Acrylic Base	\$650
D5213	Upper Partial - Cast metal framework/resin base	\$950
D5214	Lower Partial - Cast metal framework/resin base	\$950
D5510	Repair Denture Base	\$125
D5520	Repair Missing or Broken Tooth on Complete Denture (per tooth)	\$100
D5730	Reline Complete Upper Denture Chairside	\$180
D5731	Reline Complete Lower Denture Chairside	\$170
D5750	Reline Complete Upper Denture Laboratory	\$240
D5751	Reline Complete Lower Denture Laboratory	\$240
D1525	Space Maintainer - able Bilateral	\$240

PROSTHODONTICS, FIXED BRIDGES Performed by General Dentist

D6240	Pontic- Porcelain/Metal	\$700
D6930	Recement Fixed Partial Denture	\$80
D6970	Cast Post&Core	\$190
D6971	Cast Post	\$125
D6972	Prefabricated Post & Core	\$150

ORAL SURGERY Performed by General Dentist

D7140	Extraction-Single Tooth (Simple)	\$100
D7220	Removal of Impacted Tooth-Soft Tissue	\$170
D7230	Removal of Impacted Tooth- Partially Boney	\$220
D7240	Removal of Impacted Tooth-Completely Boney	\$240
D7510	Incision & Drainage of Abscess	\$110

FOR ALL PROCEDURES NOT SPECIFICALLY LISTED, CROWN DENTAL PLAN MEMBERS SHOULD BE GIVEN A 25% DISCOUNT FROM USUAL AND CUSTOMARY CHARGES.

ORTHODONTICS ADULTS & CHILDREN - 25% DISCOUNT

FEES QUOTED MAY NOT INCLUDE ALL LAB FEES. LAB FEES WILL BE MEMBERS RESPONSIBILITY.

SPECIALISTS ARE NOT SUBJECT TO THIS FEE SCHEDULE. FEES SHOULD BE DISCOUNTED BY 25%, FROM USUAL & CUSTOMARY CHARGES

**THIS PLAN IS NOT DENTAL INSURANCE
DISCOUNTS WILL NOT BE PROVIDED FOR ANY SERVICES PERFORMED BY A NON-PARTICIPATING DENTIST**

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