



Crown Dental Plan
2022 Fee Schedule

PROCEDURES PROVIDED BY GENERAL DENTISTS

<u>CODE</u>	<u>PROCEDURES</u>	<u>MEMBER FEE</u>
<u>DIAGNOSTIC PROCEDURES</u>		
D0150	Comprehensive Oral Examination	Free
D0120	Periodic Oral Exam Routine 6 month check-up	Free
D0210	Intraoral Complete X-rays (inc. Bitewings)	\$60
D0220	Periapical X-ray (not with exam.) Per Film	\$12
D0330	X-Ray - Panoramic Film	\$55
D9110	Emergency Treatment of Dental Pain	\$50
<u>PREVENTIVE PROCEDURES</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	\$18
D1351	Sealant Per Tooth	\$22
<u>RESTORATIVE PROCEDURES</u>		
D2140	Silver Amalgam - One Surface	\$55
D2150	Silver Amalgam - Two Surfaces	\$68
D2160	Silver Amalgam - Three Surfaces	\$80
D2161	Silver Amalgam - Four or more Surfaces	\$100
D2330	Composite Resin - Anterior - One Surface	\$60
D2331	Composite Resin - Anterior - Two Surfaces	\$80
D2332	Composite Resin - Anterior - Three Surfaces	\$95
D2335	Composite Resin - Anterior - Four or more surfaces	\$120
D2391	Composite Resin - Posterior - One Surface	\$95
D2392	Composite Resin - Posterior - Two Surfaces	\$105
D2393	Composite Resin - Posterior - Three Surfaces	\$110
D2394	Composite Resin - Posterior - Four or more surfaces	\$135
D2920	Recement Crown	\$40
D2940	Sedative Filling	\$50
D2950	Core Buildup, including any pins	\$105
D2954	Prefabricated post and core in addition to Crown	\$145
<u>COSMETIC PROCEDURES</u>		
D2962	Porcelain Laminates - Per Tooth Laboratory	\$425
D2960	Veneer - Resin Chairside	\$300
<u>CROWNS - Fees Do Not Include Lab Charges</u>		
D2740	Crown - Porcelain	\$550
D2952	Cast Post - Core	\$200
D2954	Prefabricated Post - Core	\$150
D2970	Temporary Crown	\$100
<u>ENDODONTIC PROCEDURES - Excluding Final Restoration</u>		
D3220	Therapeutic Pulpotomy	\$75
D3310	Root Canal Therapy - Anterior	\$350
D3320	Root Canal Therapy - Bicuspid	\$450
D3330	Root Canal Therapy - Molar	\$550

PERIODONTIC PROCEDURES

D4210	Gingectomy or Gingivoplasty - Per Quadrant	\$300
D4211	Gingectomy or Gingivoplasty - Per Tooth	\$75
D4260	Osseous Surgery - Per Quadrant	\$500
D4270	Pedicle Soft Tissue Graft Procedure	\$225
D4341	Periodontal Scaling & Root Planing - Per Quadrant	\$140

PROSTHODONTICS, REMOVABLE BRIDGES

D5110	Complete Upper - (including 6 months post care)	\$650
D5120	Complete Lower - (including 6 months post care)	\$650
D5211	Upper Partial - Acrylic Base	\$500
D5212	Lower Partial - Acrylic Base	\$500
D5213	Upper Partial - Cast metal framework/resin base	\$700
D5214	Lower Partial - Cast metal framework/resin base	\$700
D5510	Repair Denture Base	\$90
D5520	Repair Missing or Broken Tooth on Complete Denture (per tooth)	\$70
D5730	Reline Complete Upper Denture Chairside	\$130
D5731	Reline Complete Lower Denture Chairside	\$130
D1520	Space Maintainer - Removable Unilateral	\$175
D1525	Space Maintainer - Removable Bilateral	\$225

PROSTHODONTICS, FIXED BRIDGES

D6240	Pontic- Porcelain/Metal	\$600
D6930	Recement Fixed Partial Denture	\$75
D6970	Cast Post&Core	\$190
D6971	Cast Post	\$125
D6972	Prefabricated Post & Core	\$150

ORAL SURGERY

D7140	Extraction-Single Tooth (Simple)	\$75
D7220	Removal of Impacted Tooth-Soft Tissue	\$150
D7230	Removal of Impacted Tooth- Partially Boney	\$175
D7240	Removal of Impacted Tooth-Completely Boney	\$210
D7510	Incision & Drainage of Abscess	\$80

All of the above fees are for services performed by participating General Dentists.

ORTHODONTICS

Services Performed by Orthodontist

Comprehensive Orthodontic Treatment - Adolescent & Adult

25% Discount

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

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

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