

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|-----------------------------------------------------------------------------------------------------------------------|----------|
| D0120 | Periodic oral evaluation | \$32.00 |
| D0140 | Limited oral evaluation - problem focused | \$48.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$43.00 |
| D0150 | Comprehensive oral evaluation - new or established patient | \$57.00 |
| D0170 | Re-evaluation - limited, problem focused (Established patient; not post-operative visit) | \$44.00 |
| D0171 | Re-evaluation - post-operative office visit | \$34.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$60.00 |
| D0190 | Screening of a patient | \$36.00 |
| D0191 | Assessment of a patient | \$34.00 |
| D0210 | Intraoral - complete series (including bitewings) | \$89.00 |
| D0220 | Intraoral - periapical - first film | \$18.00 |
| D0230 | Intraoral - periapical - each additional film | \$15.00 |
| D0240 | Intraoral - occlusal film | \$26.00 |
| D0250 | Extra-oral - D2 projection radiographic images created using a stationary radiation source, and detector | \$40.00 |
| D0251 | Extra-oral posterior dental radiographic image | \$39.00 |
| D0270 | Bitewing - single film | \$18.00 |
| D0272 | Bitewings - two films | \$30.00 |
| D0273 | Bitewings, three films | \$36.00 |
| D0274 | Bitewings - four films | \$43.00 |
| D0290 | Posterior-anterior or lateral skull and facial bone survey radiographic image | \$88.00 |
| D0310 | Sialography | \$237.00 |
| D0320 | Sialography | \$382.00 |
| D0321 | Other temporomandibular joint films, by report | \$173.60 |
| D0322 | Tomographic survey | \$328.00 |
| D0330 | Panoramic film | \$76.00 |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | \$81.00 |
| D0350 | 2D Oral/facial photographic image obtained intra-orally or extra-orally | \$47.00 |
| D0351 | 3D photographic image | \$65.00 |
| D0364 | Cone beam CT capture and interpretation with limited field of view - less than one whole jaw | \$298.40 |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | \$313.60 |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium | \$304.80 |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws with or without cranium | \$313.60 |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | \$304.80 |
| D0369 | Maxillofacial MRI capture and interpretation | \$312.00 |
| D0370 | Maxillofacial ultrasound capture and interpretation | \$438.40 |
| D0371 | Sialoendoscopy capture and interpretation | \$435.20 |
| D0380 | Cone beam CT image capture with limited field of view - less than one whole jaw | \$278.40 |

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| D0381 | Cone beam CT image capture with field of view of one full dental arch - mandible | \$307.20 |
| D0382 | Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium | \$310.40 |
| D0383 | Cone beam CT image capture with field of view of both jaws, with or without cranium | \$175.00 |
| D0384 | Cone beam CT capture for TMJ series including two or more exposures | \$291.20 |
| D0385 | Maxillofacial MRI image capture | \$436.80 |
| D0386 | Maxillofacial ultrasound image capture | \$393.60 |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | \$254.40 |
| D0393 | Treatment simulation using 3D image volume | \$229.60 |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality | \$236.00 |
| D0395 | Fusion of two or more 3D image volumes of one or more modalities | \$285.60 |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report | \$112.00 |
| D0415 | Collection of microorganisms for culture and sensitivity | \$111.00 |
| D0416 | Viral culture | \$105.00 |
| D0417 | Collection and preparation of saliva sample for laboratory diagnostic testing | \$120.00 |
| D0418 | Analysis of saliva sample | \$99.00 |
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | \$97.00 |
| D0423 | Genetic test for susceptibility to diseases - specimen analysis | \$100.00 |
| D0425 | Caries susceptibility tests | \$47.00 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$44.00 |
| D0460 | Pulp vitality tests | \$37.00 |
| D0470 | Diagnostic casts | \$73.00 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$78.00 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$106.00 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$124.00 |
| D0475 | Decalcification procedures | \$129.00 |
| D0476 | Special stains for microorganisms | \$191.00 |
| D0477 | Special stains, not for microorganisms | \$197.00 |
| D0478 | Immunohistochemical stains | \$107.00 |
| D0479 | Tissue in-situ hybridization, including interpretation | \$149.00 |
| D0480 | Processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report | \$109.00 |
| D0481 | Electron microscopy-diagnostic | \$128.00 |
| D0482 | Direct immunofluorescence | \$66.00 |
| D0483 | Indirect immunofluorescence | \$79.00 |
| D0484 | Consultation on slides prepared elsewhere | \$108.00 |
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| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | \$125.00 |
| D0486 | Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report | \$101.00 |
| D0502 | Other oral pathology procedures, by report | \$168.00 |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum | \$0.00 |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | \$67.20 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | \$61.60 |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | \$61.60 |
| D0999 | Unspecified diagnostic procedure, by report | \$114.40 |
| D1110 | Prophylaxis - adult | \$60.00 |
| D1120 | Prophylaxis - child | \$43.00 |
| D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients | \$27.00 |
| D1208 | Topical application of fluoride - excluding varnish | \$24.00 |
| D1310 | Nutritional counseling for control of dental disease | \$44.00 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | \$48.00 |
| D1330 | Oral hygiene instructions | \$47.20 |
| D1351 | Sealant - per tooth | \$36.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | \$68.00 |
| D1353 | Sealant repair - per tooth | \$36.00 |
| D1354 | Interim caries arresting medicament application | \$37.00 |
| D1510 | Space maintainer - fixed - unilateral | \$213.00 |
| D1515 | Space maintainer - fixed - bilateral | \$288.00 |
| D1520 | Space maintainer - removable - unilateral | \$258.00 |
| D1525 | Space maintainer - removable - bilateral | \$328.00 |
| D1550 | Re-cement or re-bond space maintainer | \$54.00 |
| D1555 | Removal of fixed space maintainer | \$53.00 |
| D1575 | Distal shoe space maintainer - fixed - unilateral | \$204.00 |
| D1999 | Unspecified preventive procedure, by report | \$112.80 |
| D2140 | Amalgam - one surface, primary or permanent | \$96.00 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$120.00 |
| D2160 | Amalgam - three surfaces, primary or permanent | \$147.00 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | \$174.00 |
| D2330 | Resin-based composite - one surface, anterior | \$113.00 |
| D2331 | Resin-based composite - two surfaces, anterior | \$126.00 |
| D2332 | Resin-based composite - three surfaces, anterior | \$147.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$193.00 |
| D2390 | Resin-based composite crown, anterior | \$304.00 |
| D2391 | Resin-based composite - one surface, posterior | \$123.00 |
| D2392 | Resin-based composite - two surfaces, posterior | \$159.00 |
| D2393 | Resin-based composite - three surfaces, posterior | \$195.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$235.00 |
| D2410 | Gold foil - one surface | \$422.00 |

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| D2420 | Gold foil - two surfaces | \$491.00 |
| D2430 | Gold foil - three surfaces | \$546.00 |
| D2510 | Inlay - metallic - one surface | \$571.00 |
| D2520 | Inlay - metallic - two surfaces | \$615.00 |
| D2530 | Inlay - metallic- three or more surfaces | \$655.00 |
| D2542 | Onlay - metallic - two surfaces | \$675.00 |
| D2543 | Onlay - metallic - three surfaces | \$712.00 |
| D2544 | Onlay - metallic - four or more surfaces | \$743.00 |
| D2610 | Inlay - porcelain/ceramic - one surface | \$617.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$646.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$680.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$695.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$722.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$750.00 |
| D2650 | Inlay - resin-based composite composite/resin - one surface | \$573.00 |
| D2651 | Inlay - resin-based composite composite/resin - two surfaces | \$592.00 |
| D2652 | Inlay - resin-based composite composite/resin - three or more surfaces | \$623.00 |
| D2662 | Onlay - resin-based composite composite/resin - two surfaces | \$632.00 |
| D2663 | Onlay - resin-based composite composite/resin - three surfaces | \$661.00 |
| D2664 | Onlay - resin-based composite composite/resin - four or more surfaces | \$687.00 |
| D2710 | Crown - resin - based composite (indirect) | \$624.00 |
| D2712 | Crown - 3/4 resin - based composite (indirect) | \$677.00 |
| D2720 | Crown - resin with high noble metal | \$722.00 |
| D2721 | Crown - resin with predominantly base metal | \$685.00 |
| D2722 | Crown - resin with noble metal | \$707.00 |
| D2740 | Crown - porcelain/ceramic substrate | \$780.00 |
| D2750 | Crown - porcelain fused to high noble metal | \$781.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | \$712.00 |
| D2752 | Crown - porcelain fused to noble metal | \$744.00 |
| D2780 | Crown - 3/4 cast high noble metal | \$747.00 |
| D2781 | Crown - 3/4 cast predominately base metal | \$702.00 |
| D2782 | Crown - 3/4 cast noble metal | \$723.00 |
| D2783 | Crown - 3/4 porcelain/ceramic | \$762.00 |
| D2790 | Crown - full cast high noble metal | \$801.00 |
| D2791 | Crown - full cast predominantly base metal | \$705.00 |
| D2792 | Crown - full cast noble metal | \$742.00 |
| D2794 | Crown - titanium | \$764.00 |
| D2799 | Provisional crown | \$295.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$76.00 |
| D2915 | Re-cement or rebond indirectly fabricated or prefabricated post and core | \$73.00 |
| D2920 | Re-cement or re-bond crown | \$73.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | \$160.00 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth | \$238.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$183.00 |

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| D2931 | Prefabricated stainless steel crown - permanent tooth | \$208.00 |
| D2932 | Prefabricated resin crown | \$229.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$236.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | \$248.00 |
| D2940 | Protective restoration | \$80.00 |
| D2941 | Interim therapeutic restoration - primary dentition | \$101.00 |
| D2949 | Restorative foundation for an indirect restoration | \$138.00 |
| D2950 | Core buildup, including any pins | \$180.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$48.00 |
| D2952 | Cast post and core in addition to crown | \$277.00 |
| D2953 | Each additional cast post - same tooth | \$202.00 |
| D2954 | Prefabricated post and core in addition to crown | \$232.00 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | \$198.00 |
| D2957 | Each additional prefabricated post - same tooth | \$131.00 |
| D2960 | Labial veneer (resin laminate) - chairside | \$431.00 |
| D2961 | Labial veneer (resin laminate) - laboratory | \$647.00 |
| D2962 | Labial veneer (porcelain laminate) - laboratory | \$796.00 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | \$126.00 |
| D2975 | Coping | \$420.00 |
| D2980 | Crown repair, necessitated by restorative material failure | \$191.00 |
| D2981 | Inlay repair necessitated by restorative material failure | \$183.00 |
| D2982 | Onlay repair necessitated by restorative material failure | \$189.00 |
| D2983 | Veneer repair necessitated by restorative material failure | \$193.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions | \$115.00 |
| D2999 | Unspecified restorative procedure, by report | \$188.80 |
| D3110 | Pulp cap - direct (excluding final restoration) | \$55.00 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$55.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$135.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$156.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$195.00 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | \$185.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$207.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$516.00 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | \$586.00 |
| D3330 | Endodontic therapy, molar (excluding final restoration) | \$711.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$387.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$303.00 |
| D3333 | Internal root repair of perforation defects | \$225.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$592.00 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | \$672.00 |

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|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| D3348 | Retreatment of previous root canal therapy - molar | \$800.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$239.00 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | \$174.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | \$356.00 |
| D3355 | Pulpal regeneration - initial visit | \$361.60 |
| D3356 | Pulpal regeneration - interim medication replacement | \$226.40 |
| D3357 | Pulpal regeneration - completion of treatment | \$241.00 |
| D3410 | Apicoectomy/periradicular surgery - anterior | \$478.00 |
| D3421 | Apicoectomy/periradicular surgery - bicuspid (first root) | \$534.00 |
| D3425 | Apicoectomy/periradicular surgery - molar (first root) | \$599.00 |
| D3426 | Apicoectomy/periradicular surgery - (each additional root) | \$270.00 |
| D3427 | Periradicular surgery without apicoectomy | \$414.00 |
| D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | \$352.00 |
| D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site | \$272.00 |
| D3430 | Retrograde filling - per root | \$186.00 |
| D3431 | Biologic materials to aid in soft osseous tissue regeneration in conjunction with periradicular surgery | \$304.00 |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | \$324.00 |
| D3450 | Root amputation - per root | \$324.00 |
| D3460 | Endodontic endosseous implant | \$1,005.00 |
| D3470 | Intentional reimplantation (including necessary splinting) | \$531.00 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$147.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$306.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$167.00 |
| D3999 | Unspecified endodontic procedure, by report | \$230.40 |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$415.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$209.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$174.00 |
| D4230 | Anatomical crown exposure – four or more contiguous teeth per quadrant | \$507.00 |
| D4231 | Anatomical crown exposure – one to three teeth per quadrant | \$394.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$497.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$414.00 |
| D4245 | Apically positioned flap | \$528.00 |
| D4249 | Clinical crown lengthening - hard tissue | \$519.00 |

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| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$728.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$592.00 |
| D4263 | Bone replacement graft - first site in quadrant | \$429.00 |
| D4264 | Bone replacement graft - each additional site in quadrant | \$333.00 |
| D4265 | Bioogic materials to aid in soft and osseous tissue regeneration | \$355.00 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site | \$508.00 |
| D4267 | Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal) | \$582.00 |
| D4268 | Surgical revision procedure, per tooth | \$530.00 |
| D4270 | Pedicle soft tissue graft procedure | \$555.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$729.00 |
| D4274 | Distal/distal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$450.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | \$688.00 |
| D4276 | Combined connective tissue and double pedicle graft, per tooth | \$725.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | \$645.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | \$420.00 |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$517.00 |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$507.00 |
| D4320 | Provisional splinting - intracoronal | \$340.00 |
| D4321 | Provisional splinting - extracoronal | \$311.00 |
| D4341 | Periodontal scaling and root planing, - four or more teeth per quadrant | \$174.00 |
| D4342 | Periodontal scaling and root planing, - one to three teeth per quadrant | \$124.00 |
| D4346 | Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation | \$93.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | \$123.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | \$102.40 |
| D4910 | Periodontal maintenance | \$92.00 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | \$68.00 |
| D4921 | Givgival irrigation - per quadrant | \$30.00 |
| D4999 | Unspecified periodontal procedure, by report | \$135.20 |
| D5110 | Complete denture - maxillary | \$1,134.00 |
| D5120 | Complete denture - mandibular | \$1,179.00 |

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| D5130 | Immediate denture - maxillary | \$1,258.00 |
| D5140 | Immediate denture - mandibular | \$1,263.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$923.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$923.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,218.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,228.00 |
| D5221 | Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$972.00 |
| D5222 | Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$963.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,198.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,194.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$1,082.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$1,076.00 |
| D5281 | Removable unilateral partial denture - one piece cast metal (including clasps and teeth) | \$663.00 |
| D5410 | Adjust complete denture - maxillary | \$60.00 |
| D5411 | Adjust complete denture - mandibular | \$60.00 |
| D5421 | Adjust partial denture - maxillary | \$60.00 |
| D5422 | Adjust partial denture - mandibular | \$59.00 |
| D5510 | Repair broken complete denture base | \$144.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$128.00 |
| D5610 | Repair resin denture base | \$141.00 |
| D5620 | Repair cast framework | \$196.00 |
| D5630 | Repair or replace broken clasp - per tooth | \$183.00 |
| D5640 | Replace broken teeth - per tooth | \$128.00 |
| D5650 | Add tooth to existing partial denture | \$154.00 |
| D5660 | Add clasp to existing partial denture - per tooth | \$183.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$499.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$508.00 |
| D5710 | Rebase complete maxillary denture | \$404.00 |
| D5711 | Rebase complete mandibular denture | \$407.00 |
| D5720 | Rebase maxillary partial denture | \$386.00 |
| D5721 | Rebase mandibular partial denture | \$385.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$255.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$253.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$251.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$251.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$313.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$323.00 |

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| D5760 | Reline maxillary partial denture (laboratory) | \$319.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$319.00 |
| D5810 | Interim complete denture (maxillary) | \$586.00 |
| D5811 | Interim complete denture (mandibular) | \$585.00 |
| D5820 | Interim partial denture (maxillary) | \$477.00 |
| D5821 | Interim partial denture (mandibular) | \$474.00 |
| D5986 | Fluoride gel carrier | \$181.60 |
| D5987 | Commissure splint | \$902.40 |
| D6010 | Surgical placement of implant body; endosteal implant | \$1,297.00 |
| D6011 | Second stage implant surgery | \$267.00 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$1,068.00 |
| D6013 | Surgical placement of mini implant | \$635.00 |
| D6040 | Surgical placement; eosteal implant | \$6,298.40 |
| D6050 | Surgical placement; transosteal implant | \$3,486.00 |
| D6051 | Interim adutment | \$323.00 |
| D6052 | Semi-precision attachment abutment | \$502.00 |
| D6055 | Dental implant supported connecting bar | \$2,007.00 |
| D6056 | Prefabricated abutment - includes placement | \$498.00 |
| D6057 | Custom abutment - includes placement | \$602.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$964.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$972.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominately base metal) | \$891.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$917.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$942.00 |
| D6063 | Abutment supported cast metal crown (predominately base metal) | \$882.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$917.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$1,009.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$1,030.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$1,043.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | \$973.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$972.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$921.00 |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | \$988.00 |
| D6073 | Abutment supported retainer for cast metal FPD (predominately base metal) | \$915.00 |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | \$912.00 |
| D6075 | Implant supported retainer for ceramic FPD | \$1,017.00 |
| D6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | \$1,031.00 |
| D6080 | Implant maintenance procedures, including removal or prosthesis, cleansing prosthesis and abutments and reinsertion of prosthesis | \$195.00 |
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2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$186.00 |
| D6090 | Repair implant supported prosthesis, by report | \$632.00 |
| D6091 | Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment | \$389.00 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$102.00 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$123.00 |
| D6094 | Abutment supported crown - (titanium) | \$934.00 |
| D6095 | Repair implant abutment, by report | \$616.80 |
| D6101 | Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | \$450.00 |
| D6102 | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | \$545.00 |
| D6103 | Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately | \$465.00 |
| D6104 | Bone graft at time of implant placement | \$408.00 |
| D6110 | Implant/abutment supported removable denture for edentulous arch - maxillary | \$1,839.00 |
| D6111 | Implant/abutment supported removable denture for edentulous arch - mandibular | \$1,816.00 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch - maxillary | \$1,778.00 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch - mandibular | \$1,815.00 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch - maxillary | \$4,418.00 |
| D6115 | Implant/abutment supported fixed denture for edentulous arch - mandibular | \$4,043.00 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch - maxillary | \$3,084.00 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch - mandibular | \$3,138.00 |
| D6190 | Radiographic/surgical implant index, by report | \$363.20 |
| D6194 | Abutment supported retainer crown for FPD - titanium | \$906.00 |
| D6199 | Unspecified implant procedure, by report | \$727.20 |
| D6205 | Pontic - indirect resin based composite | \$663.00 |
| D6210 | Pontic - cast high noble metal | \$765.00 |
| D6211 | Pontic - cast predominantly base metal | \$706.00 |
| D6212 | Pontic - cast noble metal | \$728.00 |
| D6214 | Pontic - titanium | \$747.00 |
| D6240 | Pontic - porcelain fused to high noble metal | \$777.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$712.00 |
| D6242 | Pontic - porcelain fused to noble metal | \$744.00 |
| D6245 | Pontic - porcelain/ceramic | \$777.00 |
| D6250 | Pontic - resin with high noble metal | \$744.00 |

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|----------------------------------------------------------------|----------|
| D6251 | Pontic - resin with predominantly base metal | \$724.00 |
| D6252 | Pontic - resin with noble metal | \$714.00 |
| D6253 | Provisional pontic | \$472.00 |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | \$568.00 |
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | \$636.00 |
| D6549 | Resin retainer - for resin bonded fixed prosthesis | \$576.00 |
| D6600 | Inlay - porcelain/ceramic, two surfaces | \$657.00 |
| D6601 | Inlay - porcelain/ceramic, three or more surfaces | \$697.00 |
| D6602 | Inlay - cast high noble metal, two surfaces | \$666.00 |
| D6603 | Inlay - cast high noble metal, three or more surfaces | \$699.00 |
| D6604 | Inlay - cast predominantly base metal, two surfaces | \$655.00 |
| D6605 | Inlay - cast predominantly base metal, three or more surfaces | \$680.00 |
| D6606 | Inlay - cast noble metal, two surfaces | \$663.00 |
| D6607 | Inlay - cast noble metal, three or more surfaces | \$657.00 |
| D6608 | Onlay - porcelain.ceramic, two surfaces | \$712.00 |
| D6609 | Onlay - porcelain.ceramic, three or more surfaces | \$746.00 |
| D6610 | Onlay - cast high noble metal, two surfaces | \$725.00 |
| D6611 | Onlay - cast high noble metal, three or more surfaces | \$747.00 |
| D6612 | Onlay - cast predominantly base metal, two surfaces | \$689.00 |
| D6613 | Onlay - cast predominantly base metal, three or more surfaces | \$714.00 |
| D6614 | Onlay - cast noble metal, two surfaces | \$693.00 |
| D6615 | Onlay - cast noble metal, three or more surfaces | \$733.00 |
| D6624 | Inlay - titanium | \$712.00 |
| D6634 | Onlay - titanium | \$744.00 |
| D6710 | Crown - indirect resin based composite | \$671.00 |
| D6720 | Crown - resin with high noble metal | \$733.00 |
| D6721 | Crown - resin with predominantly base metal | \$701.00 |
| D6722 | Crown - resin with noble metal | \$730.00 |
| D6740 | Crown - porcelain/ceramic | \$781.00 |
| D6750 | Crown - porcelain fused to high noble metal | \$783.00 |
| D6751 | Crown - porcelain fused to predominantly base metal | \$718.00 |
| D6752 | Crown - porcelain fused to noble metal | \$744.00 |
| D6780 | Crown - 3/4 cast high noble metal | \$744.00 |
| D6781 | Crown - 3/4 cast predominately base metal | \$714.00 |
| D6782 | Crown - 3/4 cast noble metal | \$734.00 |
| D6783 | Crown - 3/4 porcelain/ceramic | \$747.00 |
| D6790 | Crown - full cast high noble metal | \$777.00 |
| D6791 | Crown - full cast predominantly base metal | \$705.00 |
| D6792 | Crown - full cast noble metal | \$731.00 |
| D6793 | Provisional retainer crown | \$349.00 |
| D6794 | Crown - titanium | \$730.00 |
| D6920 | Connector bar | \$692.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$117.00 |
| D6940 | Stress breaker | \$282.00 |
| D6950 | Precision attachment | \$438.00 |

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|------------------------------------------------------------------------------------------------------------------|------------|
| D6980 | Fixed partial denture repair, by report | \$344.00 |
| D6985 | Pediatric partial denture, fixed | \$601.00 |
| D6999 | Unspecified, fixed prosthodontic procedure, by report | \$466.40 |
| D7111 | Extraction, coronal remnants - deciduous tooth | \$90.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$121.00 |
| D7210 | Extraction, erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | \$189.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$216.00 |
| D7230 | Removal of impacted tooth - partially bony | \$270.00 |
| D7240 | Removal of impacted tooth - completely bony | \$328.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$384.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$206.00 |
| D7251 | Coronectomy | \$303.00 |
| D7260 | Oroantral fistula closure (Range: \$300 - \$1500 depending on complexity) | \$659.00 |
| D7261 | Primary closure of a sinus perforation | \$504.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$375.00 |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | \$495.00 |
| D7280 | Exposure of an unerupted tooth | \$321.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$323.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$318.00 |
| D7285 | Incisional biopsy of oral tissue - hard (bone, tooth) | \$290.00 |
| D7286 | Incisional biopsy of oral tissue - soft | \$223.00 |
| D7287 | Exfoliative cytology sample collection | \$120.00 |
| D7288 | Brush biopsy - transepithelial sample collection | \$128.00 |
| D7290 | Surgical repositioning of teeth | \$323.00 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$264.00 |
| D7292 | Placement: temporary anchorage device [screw retained plate] requiring flap | \$2,464.00 |
| D7293 | Placement of temporary anchorage device without flap | \$2,051.20 |
| D7294 | Placement of temporary anchorage device without flap | \$1,300.00 |
| D7295 | Bone harvest, auto graft proc | \$821.60 |
| D7310 | Alveoloplasty in conjunction with extractions - per quadrant | \$202.00 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth of tooth spaces, per quadrant | \$204.00 |
| D7320 | Alveoloplasty not in conjunction with extractions - per quadrant | \$298.00 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth of tooth spaces, per quadrant | \$281.00 |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | \$1,158.40 |
| D7350 | Vestibuloplasty - ridge extension | \$2,132.00 |
| D7410 | Excision of benign lesion up to 1.25 cm | \$380.80 |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$544.80 |
| D7412 | Excision of benign lesion, complicated | \$818.40 |
| D7413 | Excision of malignant lesion up to 1.25 cm | \$662.40 |

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|-----------------------------------------------------------------------------------------------------------------------|------------|
| D7415 | Excision of malignant lesion, complicated | \$1,077.60 |
| D7440 | Excision of malignant tumor - lesion diameter up to 1.25 cm | \$762.40 |
| D7441 | Excision of malignant tumor - lesion diameter greater than 1.25 cm | \$1,318.40 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$549.60 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$798.40 |
| D7460 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | \$508.00 |
| D7461 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$811.20 |
| D7465 | Destruction of lesion by physical or chemical method, by report | \$379.20 |
| D7471 | Removal of lateral exostosis - (maxilla or mandible) | \$465.00 |
| D7473 | Removal of torus mandibularis | \$534.00 |
| D7485 | Reduction of osseous tuberosity | \$485.00 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$163.00 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$237.00 |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | \$306.00 |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | \$3,785.60 |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | \$2,856.80 |
| D7650 | Malar and/or zygomatic arch - open reduction | \$3,156.00 |
| D7912 | Complicated suture - greater than 5 cm | \$728.80 |
| D7921 | Collection and application of autologous blood concentrate product | \$370.40 |
| D7940 | Osteoplasty - orthognathic deformities | \$3,416.00 |
| D7941 | Osteotomy - mandibular rami | \$7,520.00 |
| D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft | \$7,253.60 |
| D7944 | Osteotomy - segmented or subapical - per sextant or quadrant | \$5,833.60 |
| D7945 | Osteotomy - body of mandible | \$5,932.80 |
| D7951 | Sinus augmentation with bone or bone substitutes | \$2,608.00 |
| D7952 | Sinus augmentation via a vertical approach | \$1,742.40 |
| D7953 | Bone replacement graft for ridge perservation - per site | \$616.80 |
| D7955 | Repair of maxillofacial soft and hard tissue defect | \$2,951.20 |
| D7960 | Frenulectomy - also know as frenectomy or frenotomy - separate procedure not incidental to another procedure | \$380.80 |
| D7963 | Frenuloplasty | \$433.60 |
| D7970 | Excision of hyperplastic tissue - per arch | \$436.00 |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | \$305.60 |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | \$2,100.80 |
| D7999 | Unspecified oral surgery procedure, by report | \$554.40 |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$86.00 |
| D9120 | Fixed partial denture sectioning | \$153.00 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$200.00 |
| D9211 | Regional block anesthesia | \$78.40 |
| D9212 | Trigeminal division block anesthesia | \$215.20 |

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|------------------------------------------------------------------------------------------------------------------|----------|
| D9215 | Local anesthesia | \$56.00 |
| D9219 | Evaluation for deep sedation or general anesthesia | \$90.40 |
| D9223 | Deep sedation/General anesthesia - each 15 minute increment | \$144.00 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$50.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment | \$128.00 |
| D9248 | Non-intravenous conscious sedation | \$272.00 |
| D9310 | Consultation (diagnostic service provided by a dentist or physician other than practitioner providing treatment) | \$84.00 |
| D9311 | Consultation with a medical health care professional | \$84.00 |
| D9410 | House/extended care facility call | \$154.00 |
| D9420 | Hospital call | \$193.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$50.00 |
| D9440 | Office visit - after regularly scheduled hours | \$117.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$97.00 |
| D9610 | Therapeutic drug injection, by report | \$93.60 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$125.00 |
| D9630 | Other drugs and/or medicaments dispensed in the office for home use | \$38.40 |
| D9910 | Application of desensitizing medicament | \$37.00 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | \$48.00 |
| D9920 | Behavior management, by report | \$129.60 |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | \$108.80 |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | \$24.00 |
| D9420 | Hospital call | \$193.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$50.00 |
| D9440 | Office visit - after regularly scheduled hours | \$117.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$97.00 |
| D9610 | Therapeutic drug injection, by report | \$93.60 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$125.00 |
| D9630 | Other drugs and/or medicaments dispensed in the office for home use | \$38.40 |
| D9910 | Application of desensitizing medicament | \$37.00 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | \$48.00 |
| D9920 | Behavior management, by report | \$129.60 |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | \$108.80 |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | \$24.00 |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | \$24.00 |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | \$24.00 |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | \$24.00 |
| D9940 | Occlusal guard, by report | \$504.80 |
| D9941 | Fabrication of athletic mouthguard | \$161.00 |
| D9942 | Repair and/or relines of occlusal guard | \$164.00 |

2021 PLATINUM LOYALTY PLAN FEE SCHEDULE

| ADA CODE | PROCEDURE DESCRIPTION | FEES |
|----------|----------------------------------------------------------------|----------|
| D9943 | Occlusal guard adjustment | \$87.20 |
| D9950 | Occlusion analysis - mounted case | \$232.00 |
| D9951 | Occlusal adjustment - limited | \$118.00 |
| D9952 | Occlusal adjustment - complete | \$446.00 |
| D9971 | Odontoplasty 1-2 teeth; includes removal of enamel projections | \$111.00 |
| D9972 | External bleaching - per arch - performed in office | \$349.00 |
| D9973 | External bleaching - per tooth | \$207.20 |

