



Careington International POS 7

Care POS DENTAL PLAN

Sample Fee Schedule

Effective January 1, 2008

This sample schedule is an abbreviated list taken from the full CarePOS fee schedule and applies to services provided by a participating general dentist. The purpose of this schedule is to establish the maximum fee that a general dentist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider. Participant is responsible for full payment of all charges at the time of service, including any lab fees. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 20% discount. Your participating provider will have a complete fee schedule, or you may request one by calling 800-290-0523.

Code	THIS IS NOT INSURANCE	Fee
Diagnostic		
0120	Periodic Oral Evaluation - Established Patient	\$25.00
0150	Comprehensive Oral Evaluation-New or Established Patient	\$44.00
0210	Intraoral-Complete Series Including Bitewings	\$75.00
0220	Intraoral-Periapical-First Film	\$14.00
0230	Intraoral-Periapical-Each Additional Film	\$11.00
0240	Intraoral-Occlusal Film	\$21.00
0250	Extraoral-First Film	\$28.00
0260	Extraoral-Each Additional Film	\$27.00
0270	Bitewing-Single Film	\$15.00
0272	Bitewings-Two Films	\$23.00
0274	Bitewings-Four Films	\$33.00
0277	Vertical Bitewings-7 to 8 Films	\$43.00
0330	Panoramic Film	\$60.00
Preventive		
1110	Prophylaxis-Adult	\$49.00
1120	Prophylaxis-Child	\$36.00
1203	Topical Application of Fluoride Not Including Prophylaxis-Child	\$21.00
1204	Topical Application of Fluoride Not Including Prophylaxis-Adult	\$21.00
Restorative		
2140	Amalgam-One Surface, Primary or Permanent	\$66.00
2710	Crown-Resin-Based Composite (Indirect)	\$229.00
2720	Crown-Resin with High Noble Metal	\$631.00
2721	Crown-Resin with Predominantly Base Metal	\$591.00
Endodontics		
3310	Root Canal-Anterior (Excluding Final Restoration)	\$391.00
3320	Root Canal-Bicuspid (Excluding Final Restoration)	\$477.00
3330	Root Canal-Molar (Excluding Final Restoration)	\$617.00
Periodontics		
4341	Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant	\$132.00
Prosthodontics (Fixed)		
5110	Complete Denture-Maxillary	\$838.00
5120	Complete Denture-Mandibular	\$838.00
Oral Surgery		
7140	Extraction-Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$83.00

Plan C = 7 - Care POS 7