

Your SmartSmileSM Dental Plan

Schedule of Covered Services and Copayments

SmartSmileSM covers more than 120 services including periodontal, orthodontic, denture and prosthodontic care. The most popular procedures are listed here for your convenience. A complete list including relevant *Limitations and Exclusions* is available upon request. The following procedures and those included on the complete list of Covered Services are available to you when performed by a participating general dentist.

Member ADA#	Service	Copayment
	Office visit charge (per visit)	10.00
DIAGNOSTIC AND PREVENTIVE SERVICES		
150	Comprehensive oral examination	5.00
210	Complete series x-rays Full-mouth x-rays— once every three years or as determined necessary by your dentist.	25.00
1201	Prophylaxis including fluoride - <i>child</i> Prophylaxis (cleaning) — maximum of two per contract year.	20.00
1205	Prophylaxis including fluoride - <i>adult</i> Prophylaxis (cleaning) — maximum of two per contract year.	25.00
1351	Sealant - per tooth	10.00
BASIC/RESTORATION SERVICES		
Amalgam restorations, permanent teeth:		
2140	Cavities involving one tooth surface	42.00
2161	Cavities involving four or more tooth surfaces	72.00
Composite fillings, (anterior):		
2330	Composite resin - one tooth surface	62.00
2335	Composite resin - four tooth surfaces including incisal angle	95.00
Root canals:		
3310	Anterior (excluding final restoration)	300.00
3320	Bicuspid (excluding final restoration)	355.00
3330	Molar (excluding final restoration)	590.00
Periodontics:		
4341	Perio scaling - per quadrant	85.00
Extractions:		
7140	Extraction, erupted tooth or exposed root	60.00
7210	Surgical extraction	135.00

MAJOR PROCEDURES

Inlays/Onlays:

**Patient is responsible for the cost of any laboratory charges*

2630	*Inlay - porcelain - three or more surfaces	390.00
2644	*Onlay - porcelain - four or more surfaces	390.00

Crowns:

**Patient is responsible for the cost of any laboratory charges*

2740	*Porcelain crown	400.00
2750	*Porcelain with precious metal	400.00
2751	*Porcelain with non-precious metal	400.00
2752	*Porcelain with semi-precious metal	400.00

Periodontal Surgery

4210	Gingivectomy or gingivoplasty, per quad	225.00
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Dentures:

(When performed by your general dentist)

5110	*Complete upper denture	425.00
5120	*Complete lower denture	425.00
5213	*Partial upper denture with chrome clasps	500.00
5214	*Partial lower denture with chrome clasps	500.00
5740/41	Office relines	125.00

Bridges:

**Patient is responsible for the cost of any laboratory charges*

6240	*Pontic porcelain fused to high noble metal	400.00
6750	*Crown-porcelain fused to high noble metal	400.00
6790	*Crown-full cast high noble metal	400.00

Oral surgery:

7220	Removal of impacted tooth - soft tissue	150.00
7230	Removal of impacted tooth - partially bony	180.00
7240	Removal of impacted tooth - completely bony	215.00

***Orthodontics:**

**Orthodontia is available only in those areas where Dental Health Services has contracted with an orthodontist.*

Consultation	40.00
(paid by enrollee and credited to banding if treatment commences)	
Child/Adult Conventional comprehensive treatment* (excluding x-rays and models)	3377.00
Retention-functional applicant (after orthodontic treatment)	315.00
<i>*Additional charges apply for more extensive treatment</i>	

Others:

No show appointment without 24 hour advance notice	40.00
9310 Second Opinion	20.00
9440 Emergency treatment after office hours	40.00
9940 *Occlusal guard, by report	175.00

**Patient is responsible for the cost of any laboratory charges*

Cosmetic services (e.g. veneers, bonding) will be offered at a 15% discount.

See Your Savings with SmartSmileSM

Examples of savings from six services.

ADA Code	Procedure	Regular Fee*	Your Copayment*	Your Savings*
120	Periodic Oral Evaluation	\$42.00	\$2.00	\$40.00
1110	Prophylaxis (Cleaning)	\$106.00	\$20.00	\$86.00
210	Complete Series X-rays	\$131.00	\$25.00	\$106.00
2150	2-Surface Amalgam Filling	\$206.00	\$47.00	\$159.00
3310	Root Canal - Anterior Tooth	\$469.00	\$300.00	\$169.00
2750**	Porcelain Crown	\$1011.00	\$400.00	\$611.00
Total:		\$1965.00	\$794.00	\$1171.00

PLUS, Cosmetic Services (e.g. veneers, bonding) will be offered at a 15% discount.

* Regular fees are the averages of the 80th percentile of usual and customary fees charged for each service, based on a 2005 dental fee analysis by Ingenix. Savings may vary based on actual dental services needed. We encourage you to contact your current dentist for a fee comparison. ** Patient is responsible for the cost of any laboratory charges.

It's easy to join SmartSmileSM today!