



Crown Dental Plans Policy Fee Schedule

The Crown Fees below lists a typical fee charged for each procedure and what it would cost you without Crown Dental Plans Policy. The Crown procedure fees Charged at any particular office location in our network may vary based on the unique costs and overhead inherent to that location but the discount is still a major benefit. You can contact your Dental office to verify their fee discounted by our policy. Procedures not listed are discounted by your provider through our policy.

The Normal Fee section below reflect the Usual Cost without the Crown Dental Policy.
Specialists in our network gives a 20% Discount off their Usual and Customary Office Rates

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|----------|------------------------------------------------------|----------------------|---------------|
| 0120 | Periodic Oral Exam | \$ 49 | \$ 70 |
| 0140 | Limited Oral Exam | \$ 66 | \$115 |
| 0150 | Comprehensive Oral Exam | \$ 61 | \$110 |
| 0170 | Re-Evaluation | \$ 53 | \$ 98 |
| 0180 | Comprehensive Periodontal Evaluation | \$ 90 | \$140 |
| 0210 | Intraoral Complete series Radiographic images X-Rays | \$ 94 | \$170 |
| 0220 | Intraoral X-Ray First Film | \$ 32 | \$ 40 |
| 0230 | Intraoral X-Ray each additional | \$ 27 | \$ 35 |
| 0240 | X-Ray Occlusal Film | \$ 32 | \$ 56 |
| 0250 | Extra-oral 2D X-Ray | \$ 38 | \$ 70 |
| 0270 | X-Ray Bitewing Single Film | \$ 34 | \$ 40 |
| 0272 | X-Ray Bitewing Two Films | \$ 45 | \$ 65 |
| 0273 | X-Ray Bitewing Three Films | \$ 57 | \$ 75 |
| 0274 | X-Ray Bitewing Four Films | \$ 71 | \$ 85 |
| 0277 | Vertical Bitewings Seven to Eight Films | \$ 71 | \$127 |
| 0330 | X-Ray Panoramic Film ¹ | \$ 108 | \$155 |
| 0350 | 2D Oral/Facial photographic image | \$ 57 | \$105 |
| 0470 | Diagnostic Casts | \$ 185 | \$400 |
| 0471 | Diagnostic Wax Up | \$ 185 | \$400 |

Preventive Procedures (Cleanings) Procedures listed below are to prevent oral diseases.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|----------|--------------------------------------------------------|----------------------|---------------|
| 1110 | Adult Cleanings (Prophylaxis) | \$ 94 | \$115 |
| 1120 | Child Cleanings (Prophylaxis) | \$ 70 | \$ 95 |
| 1206 | Topical Fluoride Varnish | \$ 30 | \$ 45 |
| 1208 | Topical Fluoride excluding Varnish | \$ 30 | \$ 45 |
| 1351 | Sealant per Tooth | \$ 40 | \$ 75 |
| 1353 | Sealant Repair – per tooth | \$ 28 | \$ 50 |
| 1354 | Application of Caries arresting medicament – per tooth | \$ 30 | \$ 55 |

Restorative Procedures (Fillings) Procedures to restore lost tooth structures.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|----------|-------------------------------------------------------|----------------------|---------------|
| 2140 | Amalgam – one surface, primary or permanent | \$ 120 | \$220 |
| 2150 | Amalgam – two surfaces, primary or permanent | \$ 154 | \$280 |
| 2160 | Amalgam – three surfaces, primary or permanent | \$ 188 | \$340 |
| 2161 | Amalgam – four or more surfaces, primary or permanent | \$ 224 | \$400 |
| 2330 | Resin Composite 1 Surface Anterior | \$ 171 | \$205 |
| 2331 | Resin Composite 2 Surface Anterior | \$ 180 | \$205 |

Source: Informal Table above: data adapted from the American Dental Association (ADA), Health Policy Institute, “Dental Fees, Results from the 2022 Survey of Dental Fees.”²

Restorative Procedures (Fillings) Procedures to restore lost tooth structures

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|---------------------------------------------------|-----------------------------|----------------------|
| 2332 | Resin Composite 3 Surface Anterior | \$ 220 | \$ 315 |
| 2335 | Resin Composite 4 or more Surface Anterior | \$ 281 | \$ 390 |
| 2391 | Resin Based Composite 1 Surface Posterior | \$ 162 | \$ 230 |
| 2392 | Resin Based Composite 2 Surface Posterior | \$ 214 | \$ 290 |
| 2393 | Resin Based Composite 3 Surface Posterior | \$ 259 | \$ 360 |
| 2394 | Resin Based Composite 4 or more Surface Posterior | \$ 324 | \$ 430 |
| 2643 | Onlay Porcelain / Ceramic three Surfaces | \$ 825 | \$1250 |
| 2644 | Onlay Porcelain 4 or more Surfaces | \$ 926 | \$1460 |
| 2663 | Onlay Resin Composite 3 Surfaces | \$ 656 | \$1055 |
| 2664 | Onlay Resin Composite 4 or more Surfaces | \$ 739 | \$1320 |

Crowns & Bridge Procedures

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|-------------------------------------------|-----------------------------|----------------------|
| 2740 | Crown Porcelain /Ceramic Substrate | \$ 990 | \$1410 |
| 2750 | Crown Porcelain High Noble Metal | \$ 859 | \$1310 |
| 2751 | Crown Porcelain Base Metal | \$ 705 | \$1150 |
| 2752 | Crown Porcelain Noble Metal | \$ 770 | \$1325 |
| 2783 | Crown ¾ porcelain/ceramic | \$ 840 | \$1520 |
| 2790 | Full Cast High Noble metal | \$ 812 | \$1470 |
| 2791 | Crown Full Cast predominantly Base Metal | \$ 796 | \$1430 |
| 2792 | Crown Full Cast Noble Metal | \$ 808 | \$1450 |
| 2910 | Recement Inlay | \$ 116 | \$ 145 |
| 2920 | Recement or Re-bond Crown | \$ 109 | \$ 140 |
| 2930 | Stainless Steel Crown Prefab Primary | \$ 254 | \$ 365 |
| 2931 | Stainless Steel Crown Prefab Permanent | \$ 280 | \$ 415 |
| 2940 | Protective Restoration | \$ 103 | \$ 160 |
| 2950 | Core Buildup /Pins | \$ 282 | \$ 330 |
| 2951 | Pin Retention per Tooth | \$ 69 | \$ 80 |
| 2952 | Cast Post & Core in Addition /Crown | \$ 325 | \$ 475 |
| 2954 | Prefab Post /Core in Addition /Crown | \$ 305 | \$ 400 |
| 2960 | Labial Veneer (Resin) direct | \$ 565 | \$ 840 |
| 2961 | Labial Veneer (Resin) Lab indirect | \$ 691 | \$1200 |
| 2962 | Labial Veneer Porcelain Laminate indirect | \$ 918 | \$1500 |
| 2970 | Temporary Prosthetic Crown | \$ 415 | \$ 725 |
| 2975 | Coping | \$ 168 | \$ 305 |
| 2980 | Crown Repair | \$ 288 | \$ 345 |

Endodontist Procedures (Root Canal Therapy) Dental procedures for disease of the dental pulp.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|----------------------------------------------------------------|-----------------------------|----------------------|
| 3110 | Pulp Cap Direct (excluding Final) | \$ 86 | \$ 120 |
| 3220 | Therapeutic Pulpotomy (excluding Final Crown) | \$ 200 | \$ 285 |
| 3310 | Endodontic therapy Root Canal Anterior (excluding Final Crown) | \$ 720 | \$1000 |
| 3320 | Endodontic therapy Root Canal Bicuspid (excluding Final Crown) | \$ 790 | \$1150 |
| 3330 | Endodontic therapy Root Canal Molar (excluding Final Crown) | \$ 945 | \$1370 |

Source: Informal Table above: data adapted from the ADA, Health Policy Institute, "2022 Survey of Dental Fees."⁴

Endodontist Procedures (Root Canal Therapy) Dental procedures for disease of the dental pulp.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|---------------------------------------------------------|-----------------------------|----------------------|
| 3346 | Root Canal Retreatment Anterior | \$ 880 | \$1200 |
| 3347 | Root Canal Retreatment Premolar | \$ 910 | \$1365 |
| 3348 | Root Canal Retreatment Molar | \$ 990 | \$1675 |
| 3421 | Apicoectomy premolar / Bicuspid 1 st Root | \$ 854 | \$1240 |
| 3428 | Bone Graft in conj.with periradicular surgery per tooth | \$ 259 | \$ 465 |
| 3429 | Bone graft in conj. with surgery each additional tooth | \$ 784 | \$1410 |
| 3431 | Biologic materials to aid in soft & osseous tissue | \$ 412 | \$ 740 |
| 3432 | Guided tissue regeneration conjunction with surgery | \$ 280 | \$ 505 |
| 3471 | Surgical repair of root resorption – anterior | \$ 965 | \$1725 |
| 3472 | Surgical repair of root resorption – premolar | \$ 965 | \$1725 |
| 3473 | Surgical repair of root resorption – molar | \$ 965 | \$1725 |
| 3501 | Surgical Exposure root surface w/o apicoectomy antr. | \$ 564 | \$1010 |
| 3502 | Surgical Exposure root surf. w/o apicoectomy premolar | \$ 564 | \$1010 |
| 3503 | Surgical exposure of root surf. w/o apicoectomy Molar | \$ 564 | \$1010 |
| 3911 | Intraorifice Barrier | \$ 83 | \$ 150 |
| 3921 | Decoronation of submergence of an erupted tooth | \$ 308 | \$ 555 |

Periodontist Procedures (Gum Treatment) Procedures to treat disease of the gingival tissues.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|-----------------------------------------------------------|-----------------------------|----------------------|
| 4211 | Gingivectomy /Gingivoplasty one to three per quadrant | \$ 315 | \$ 480 |
| 4212 | Gingivectomy per tooth | \$ 280 | \$ 400 |
| 4277 | Free soft tissue graft procedure first tooth, implant | \$ 844 | \$1515 |
| 4278 | Free soft tissue graft procedure ea. Addl. contiguous | \$ 550 | \$ 985 |
| 4283 | Autogenous Connective tissue graft procedure | \$ 675 | \$1210 |
| 4285 | Non-autogenous connective tissue graft procedure | \$ 675 | \$1210 |
| 4321 | Provisional Splinting – extra coronal | \$ 205 | \$ 370 |
| 4322 | Splint – intra– coronal natural teeth or prosthetic crown | \$ 318 | \$ 565 |
| 4323 | Splint –extra–coronal natural teeth or prosthetic crown | \$ 289 | \$ 515 |
| 4341 | Periodontal Scaling Root Planning > 4 Teeth | \$ 240 | \$ 305 |
| 4342 | Periodontal RPC (1 to 3 Teeth) | \$ 170 | \$ 240 |
| 4346 | Scaling presence generalized or severe gingival inflame | \$ 110 | \$ 200 |
| 4355 | Full Mouth Debridement | \$ 214 | \$ 225 |
| 4381 | Localized Delivery of Antimicrobial Agents | \$ 125 | \$ 110 |
| 4910 | Periodontal Maintenance | \$ 101 | \$ 180 |

Prosthodontist (Dentures) Artificial replacements for missing natural teeth. Extra charge for lab fees.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|---------------------------------------------------|-----------------------------|----------------------|
| 5110 | Complete Denture – maxillary | \$1510 | \$2420 |
| 5120 | Complete Denture – mandibular | \$1510 | \$2420 |
| 5130 | Immediate Dentures – maxillary | \$1510 | \$2420 |
| 5140 | Immediate Dentures – mandibular | \$1510 | \$2420 |
| 5211 | Maxillary partial denture – resin base | \$1510 | \$2420 |
| 5212 | Mandibular partial denture – resin base | \$1510 | \$2420 |
| 5213 | Maxillary partial denture – cast metal framework | \$1510 | \$2420 |
| 5214 | Mandibular partial denture – cast metal framework | \$1510 | \$2420 |
| 5221 | Immediate Maxillary partial denture – resin base | \$1510 | \$2420 |
| 5222 | Immediate Mandibular partial denture – resin base | \$1510 | \$2420 |

Prosthodontist (Dentures) Artificial replacements for missing natural teeth. Extra charge for lab fees.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|---------------------------------------------------------|-----------------------------|----------------------|
| 5223 | Immediate Maxillary partial dent cast metal framework | \$1510 | \$2420 |
| 5224 | Immediate Mandibular partial dent cast metal framework | \$1510 | \$2420 |
| 5227 | Immediate Maxillary partial denture flexible base Upper | \$1510 | \$2420 |
| 5228 | Immediate Mandibular partial denture flexible Lower | \$1510 | \$2420 |
| 5410 | Adjust Complete Denture Maxillary Upper | \$ 93 | \$ 110 |
| 5411 | Adjust Complete Denture Mandibular Lower | \$ 93 | \$ 115 |
| 5421 | Adjust Partial Denture Maxillary Upper | \$ 93 | \$ 115 |
| 5422 | Adjust Partial Denture Mandibular Lower | \$ 93 | \$ 105 |
| 5510 | Repair Broken Complete Denture Base | \$ 175 | \$ 235 |
| 5520 | Replace Missing /Broken Teeth-Complete Denture | \$ 160 | \$ 230 |
| 5610 | Repair resin denture base | \$ 130 | \$ 235 |
| 5611 | Repair Resin Partial Denture Base, Mandibular | \$ 190 | \$ 220 |
| 5612 | Repair Resin Partial Denture Base, Maxillary | \$ 190 | \$ 245 |
| 5621 | Repair Cast Partial Framework, Mandibular | \$ 205 | \$ 260 |
| 5622 | Repair Cast Partial Framework, Maxillary | \$ 205 | \$ 260 |
| 5630 | Repair /Replace Broken Clasp | \$ 214 | \$ 315 |
| 5640 | Replace Broken Teeth per Tooth | \$ 190 | \$ 255 |
| 5650 | Add Tooth to Existing Partial Denture | \$ 215 | \$ 290 |
| 5660 | Add Clasp to Existing Partial Denture per tooth | \$ 230 | \$ 320 |
| 5710 | Rebase Complete Upper Maxillary Denture | \$ 460 | \$ 825 |
| 5720 | Rebase Maxillary Partial Denture Upper | \$ 430 | \$ 775 |
| 5721 | Rebase Mandibular Partial Denture Lower | \$ 434 | \$ 775 |
| 5730 | Reline Complete Maxillary Upper Denture (direct) | \$ 330 | \$ 440 |
| 5731 | Reline Complete Mandibular Denture Lower (direct) | \$ 330 | \$ 400 |
| 5740 | Reline Maxillary Partial Denture Upper (direct) | \$ 329 | \$ 415 |
| 5741 | Reline Mandibular Partial Denture Lower (direct) | \$ 329 | \$ 450 |
| 5750 | Reline Complete Maxillary Denture Upper (indirect) | \$ 367 | \$ 555 |
| 5751 | Reline Complete Mandibular Denture Lower (indirect) | \$ 375 | \$ 570 |
| 5760 | Reline Maxillary Partial Dentures Upper (indirect) | \$ 365 | \$ 525 |
| 5761 | Reline Mandibular Partial Dentures Lower (indirect) | \$ 367 | \$ 520 |
| 5820 | Interim Partial Denture Maxillary Upper | \$ 473 | \$ 815 |
| 5821 | Interim Partial Denture Mandibular Lower | \$ 473 | \$ 825 |

Pontics Procedures (Bridgework) Artificial replacements for missing natural teeth.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|-----------------------------------------------------------|-----------------------------|----------------------|
| 6210 | Pontic High Cast Noble | \$ 995 | \$1615 |
| 6211 | Pontic – cast predominantly base metal | \$ 835 | \$1315 |
| 6240 | Pontic Porcelain / fused to High Noble Metal | \$ 835 | \$1325 |
| 6241 | Pontic Porcelain / fused to Base Metal | \$ 835 | \$1200 |
| 6242 | Pontic Porcelain / fused to Noble Metal | \$ 960 | \$1270 |
| 6243 | Pontic – porcelain fused to titanium and titanium alloys | \$ 815 | \$1185 |
| 6548 | Retainer – porcelain ceramic resin bond fixed prosthesis | \$ 790 | \$1115 |
| 6549 | Retainer – for resin bonded fixed prosthesis | \$ 667 | \$1195 |
| 6610 | Retainer – on lay cast high noble metal, two surfaces | \$ 690 | \$1235 |
| 6611 | Retainer on lay–cast high noble metal , 3 / more surfaces | \$ 755 | \$1350 |
| 6740 | Retainer Crown Porcelain /Ceramic | \$ 980 | \$1400 |

Pontics Procedures (Bridgework) Artificial replacements for missing natural teeth.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|---------------------------------------------------------|-----------------------------|----------------------|
| 6750 | Retainer Crown Porcelain fused to High Noble Metal | \$ 975 | \$1305 |
| 6751 | Retainer Crown Porcelain Fused to Base Metal | \$ 875 | \$1200 |
| 6752 | Retainer Crown Porcelain fused to Noble Metal | \$ 905 | \$1265 |
| 6790 | Retainer Crown Full Cast High Noble Metal | \$ 910 | \$1290 |
| 6930 | Re-cement or Re-bond Fixed Partial Denture | \$ 155 | \$ 205 |
| 6980 | Fixed Partial Dent. Repair necessitated restore failure | \$ 125 | \$ 155 |

Extraction Procedures Treatments for non-restorable teeth.

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|-----------------------------------------------------|-----------------------------|----------------------|
| 7111 | Extraction, Coronal Remnants – Primary tooth | \$ 120 | \$ 165 |
| 7140 | Extraction, erupted tooth or Exposed Tooth | \$ 175 | \$ 245 |
| 7210 | Extraction, erupted tooth requiring removal of bone | \$ 270 | \$ 355 |
| 7220 | Remove Impacted Tooth Soft Tissue | \$ 285 | \$ 415 |
| 7230 | Remove Impacted Tooth Partially Bony | \$ 360 | \$ 490 |
| 7240 | Remove Impacted Tooth Completely Bony | \$ 490 | \$ 600 |
| 7250 | Removal of residual tooth roots. Surgically | \$ 300 | \$ 380 |
| 7270 | Tooth Re-Implantations and/or Stabilization | \$ 410 | \$ 505 |

Emergency Treatments

| ADA Code | Procedure Description | Crown Procedure Fees | Without Crown |
|-----------------|-------------------------------------------------|-----------------------------|----------------------|
| 9110 | Palliative (emergency) Treatment of Dental Pain | \$ 125 | \$ 165 |
| 9440 | Office visit - after Regularly scheduled hours | \$ 70 | \$ 105 |

Notes

1. “Crown Dental Plan Fee Schedule.” Pages 1-7. Provides procedures and discounted benefits: General Dental Providers that performs **Specialist** procedures such as Preventative, Restorative, Crowns & Bridges, Endodontics, Periodontics, Pontics, and Extraction; is at a twenty percent (20%) of Provider Specialist Usual Customary Rate (UCR). Discount is twenty percent (20%).

2. American Dental Association (ADA), Health Policy Institute. “Dental Fees, Results from the 2022 Survey of Dental Fees.” The ADA website states: “The American Dental Association’s (ADA) survey of fees charged by general practitioners and specialists is gathered from a nationwide random sample of dentists who were asked to record the fee most often charged for each of 269 different dental procedures. Continuing, “The 2022 Survey of Dental Fees sample was selected from the ADA’s national sampling frame of active private practitioners, which includes member and non-member dentists. The survey, representing 11.2% of the population, was a simple random probability sample of 15,000 dentists in private practice, of whom approximately 60% were general practitioners and 40% were specialists.” Crown Dental Plan Fee Schedule: Code, Procedure, Non-Member Cost category; data adapted from the “2022 Survey of Dental Fees.”

3. “Crown Dental Plan Fee Schedule.” Page 1-7. Lab Fee charges are at the discretion of Dental Provider. Gold and High Noble Metal require additional fee.

4. ADA and Health Policy Institute. “2022 Survey of Dental Fees.” In regard to the “2022 Survey of Dental Fees,” The ADA specific survey information: national average fees broken down for both general practitioners and each of the six specialties, national level statistics for fees for more than 200 commonly performed dental procedures, average fees charged by general practitioners broken down into nine regional areas based on U.S. Census divisions, standard deviation and percentiles for each fee. Crown Dental Plan Fee Schedule for Non-Member Cost category represents the Usual Customary Rate (UCR) or “average fee” dental Providers typically charges for dental procedures without Crown Dental Plan Membership. The Usual Customary Rate price averages do vary by geographic region, zip code, dental procedure, and Dental Provider. Crown Dental Plan Members must understand Provider recommended procedure (s), specific Membership discount per procedure, and aggregate cost due before Provider services rendered.



Membership Benefits

- Annual Memberships are often one-third of the cost of traditional dental insurance
- Members save off the dental offices Usual Customary Rate (UCR)
- Members save up to twenty percent (20%) off Specialist UCR
- Pre-existing conditions are covered
- Annual Membership fee is typically recovered after only one office visit
Retain all Membership benefits
- Annual Membership includes unlimited discount Benefits. Members Fees varies based on the office Location
- Changing Provider Dentist in our network you can
- Easily identify cost per procedure and compare Membership savings by contacting dentists UCR/ Non-Member fees
- Crown Membership reduces overall dental cost. Care Credit® can also finance your procedures offered at the Provider Offices that is connected to them
- Membership has no deductibles, copays, or waiting periods

Membership Costs

- Annual Single Membership \$99.95
- Annual Two Person Membership \$139.95
- Annual Family Membership \$179.95
- Group Plan cost varies by group size and geographic Region: Contact Crown Dental Plan for a complimentary assessment on how best to provide dental health care coverage for your business or association
- Annual Membership renewal fee due at Membership effective date
- Member pays procedure fee to Provider same day services rendered
- Non-Member cost or Usual Customary Rate (UCR) represents the average cost patient would expect to pay for Dentist or Specialist procedure without Crown Dental Plan Membership

Membership Enrollment

- Enroll or Renew Membership at www.crowndentalplan.com, choose Enroll/Renew and follow online steps to complete Membership enrollment
- Method of payment: pay online by credit card or print online enrollment form and mail; fax or Enroll/Renew by telephone
- Acceptable forms of payment are cash, credit cards, personal Checks, money orders, or cashier's check
- After enrollment and payment are processed Membership card arrives within three to five business days
- After Membership card is mailed, annual fee is non-refundable
- Mailing address: Crown Dental Plan, 1237 S. Val Vista Drive, Mesa, AZ 85295
- Crown Dental Plan Corporate Telephone # (480) 964-7449
- Crown Dental Plan Fax (480) 627-0557



Eligible Dependents

- All dependents under the age of 19 years old or full-time students up to age 26 years old are covered
- Family members incapable of self-sustaining employment by reason of developmental disability or physical handicap are covered
- Eligible dependents are required to reside in the same household
- Once Membership card is issued, Dependents may be added to Crown Dental Plan for an additional fee

Exclusions/Limitations

- The Crown Dental Plan Fee Schedule cost per procedure is subject to change without notice
- Services for injuries covered by Workman's Compensation
- Services covered by other Medical/Dental insurance plans
- Oral surgery requiring the setting of fractures or dislocation
- Treatment of malignancies, cysts, or congenital defects
- If Primary General Dentist office closes, Member can select a new In-Network Provider and the new dentist may require the Member to complete a dental evaluation which may include an additional office visit and x-ray fees
- When Provider Dentist performs Specialist service, the discount is twenty percent (20%)

Appointments

- Appointments are accepted after the effective date of coverage located on the Membership Card
- To determine an effective oral treatment plan Dental Provider may need to perform a complete diagnostic evaluation
- Without 24 hour advance cancellation Member charged \$50 fee for missed Provider appointment
- When dental services are required immediately Crown Dental Plan verifies coverage with Provider Dentist on the day of enrollment
- Primary Dental Provider may be reassigned to Member's proximal home or office location, or by Member choice if Provider decides not to continue with Crown Dental Plan
- Dentist and Specialist office policies and procedures are subject to change without notice