

## Crown Dental Plan Fee Schedule:

Description of benefits is on the last page!

Code	Description		Your Cost	Savings	Without our Plan
0111	Infection Control (Sterilization Fee)		\$ 10	\$ 15	\$ 25
0120	Periodic Oral Exam	**	\$ 30	\$ 22	\$ 52
0140	Limited Oral Exam	**	\$ 45	\$ 43	\$ 88
0145	Oral evaluation 3 yrs of age or younger	**	\$ 41	\$ 15	\$ 56
0150	Comprehensive Exam	**	\$ 50	\$ 53	\$ 103
0160	Detailed Oral Evaluation by Periodontic Report		\$ 40	\$ 60	\$ 100
0170	Re-Evaluation		\$ 35	\$ 23	\$ 58
0180	Comprehensive Periodontic Evaluation		\$ 60	\$ 59	\$ 119
0210	X-Rays Complete Series	**	\$ 65	\$ 65	\$ 130
0220	X-Ray 1st film		\$ 15	\$ 13	\$ 28
0230	X-Rays each additional		\$ 10	\$ 15	\$ 25
0240	X-Ray Occlusal Film		\$ 10	\$ 39	\$ 49
0250	X-Ray Extra oral First Film		\$ 10	\$ 39	\$ 49
0260	X-Ray Extra oral Each Additional Film		\$ 10	\$ 28	\$ 38
0270	X-Ray Bitewing Single Film		\$ 10	\$ 14	\$ 24
0272	X-Ray Bitewing Two Films		\$ 20	\$ 28	\$ 48
0273	X-Ray Bitewing Three Films		\$ 23	\$ 37	\$ 60
0274	X-Ray Bitewing Four Films		\$ 38	\$ 28	\$ 66
0277	Vertical bitewings 7 to 8 films		\$ 49	\$ 26	\$ 75
0330	X-Ray Panoramic Film	**	\$ 65	\$ 55	\$ 120
0415	Collection of micro organisms for culture		\$ 49	\$ 26	\$ 75
0431	Oral Cancer Screening		\$ 45	\$ 36	\$ 81
0460	Pulp Vitality tests		\$ 21	\$ 34	\$ 55
0470	Diagnostic casts		\$ 45	\$ 73	\$ 118
0486	Accession of brush biopsy sample		\$ 177	\$ 43	\$ 220
0502	Other oral pathology procedures, by report		\$ 181	\$ 69	\$ 250

### Preventive Procedures \*\* (Cleanings)

These procedures are for preventing oral diseases.

Code	Description		Your Cost	Savings	Without our Plan
1110	Adult Cleanings (Prophylaxis)	**	\$ 60	\$ 40	\$100
1120	Child Cleanings (Prophylaxis)	**	\$ 54	\$ 18	\$ 72
1206	Topical fluoride varnish		\$ 28	\$ 24	\$ 52
1208	Topical fluoride		\$ 28	\$ 22	\$ 50
1351	Sealant Per Tooth		\$ 35	\$ 19	\$ 54

### Restorative Procedures \*\* (Fillings) to restore lost tooth structures.

2330	Resin Composite 1 Surface Anterior		\$ 98	\$103	\$ 201
2331	Resin Composite 2 Surface Anterior		\$ 120	\$123	\$ 243
2332	Resin Composite 3 Surface Anterior		\$ 145	\$154	\$ 299
2335	Resin Composite 4 or More Surface Anterior		\$ 265	\$109	\$ 374
2390	Resin Based composite crown		\$ 291	\$ 60	\$ 350
2391	Resin Based Composite 1 Surface Posterior		\$ 101	\$ 90	\$ 191
2392	Resin Based Composite 2 Surface Posterior		\$ 130	\$145	\$ 275
2393	Resin Based Composite 3 Surface Posterior		\$ 155	\$184	\$ 339

<u>Code</u>	<u>Description</u>	<u>Your Cost</u>	<u>Savings</u>	<u>Without our Plan</u>
2394	Resin Based Composite 4 or more Surface Posterior	\$ 185	\$ 220	\$ 405
2510	Inlay Metal 1 Surface	\$ 450	\$ 238	\$ 688
2520	Inlay Metal 2 Surface	\$ 540	\$ 202	\$ 742
2530	Inlay Metal 3 or more Surfaces	\$ 540	\$ 259	\$ 799
2542	On lay Metallic 2 Surfaces	\$ 625	\$ 213	\$ 838
2543	On lay Metallic 3 Surfaces	\$ 625	\$ 223	\$ 848
2544	On lay Metallic 4 or More Surfaces	\$ 625	\$ 233	\$ 858
2610	In lay Porcelain 1 Surfaces	\$ 675	\$ 175	\$ 850
2620	In lay Porcelain 2 Surfaces	\$ 675	\$ 175	\$ 850
2630	In lay Porcelain 3 or More Surfaces	\$ 675	\$ 150	\$ 825
2642	On lay Porcelain 2 Surfaces	\$ 825	\$ 410	\$1235
2643	On lay Porcelain 3 Surfaces	\$ 825	\$ 410	\$1235
2644	On lay Porcelain 4 or More Surfaces	\$ 700	\$ 250	\$ 950
2662	On lay Resin Composite 2 Surfaces	\$ 600	\$ 275	\$ 875
2663	On lay Resin Composite 3 Surfaces	\$ 600	\$ 275	\$ 875
2664	On lay Resin Composite 4 or More Surfaces	\$ 600	\$ 275	\$ 875

**Crown & Bridge Procedures \*\*** (NOTE: Extra charge for GOLD)

<u>Code</u>	<u>Description</u>	<u>Your Cost</u>	<u>Savings</u>	<u>Without our Plan</u>
2740	Crown Porcelain / Ceramic Substrate *	\$ 770	\$ 441	\$1211
2750	Crown Porcelain High Noble Metal *	\$ 759	\$ 430	\$1189
2751	Crown Porcelain Base Metal *	\$ 695	\$ 561	\$1256
2752	Crown Porcelain Noble Metal *	\$ 695	\$ 361	\$1056
2790	Full Cast Gold Crown *	\$ 695	\$ 401	\$1096
2791	Crown full cast predominantly base metal *	\$ 680	\$ 530	\$1210
2792	Crown full cast noble metal *	\$ 665	\$ 607	\$1272
2910	Re-cement Inlay *	\$ 65	\$ 56	\$ 121
2920	Re-cement Crown *	\$ 70	\$ 38	\$ 108
2930	Stainless Steel Crown Prefab Primary	\$ 245	\$ 205	\$ 450
2931	Stainless Steel Crown Prefab Permanent	\$ 230	\$ 240	\$ 470
2932	Prefab Resin Crown	\$ 192	\$ 108	\$ 300
2933	Prefab stainless steel crown with resin window	\$ 202	\$ 98	\$ 300
2940	Sedative filling	\$ 85	\$ 52	\$ 137
2950	Core Build-Up / Pins	\$ 151	\$ 129	\$ 280
2951	Pin Retention per Tooth	\$ 62	\$ 30	\$ 92
2952	Cast Post & Core in Addition / Crown	\$ 175	\$ 309	\$ 484
2954	Prefab Post / Core in Addition / Crown	\$ 177	\$ 210	\$ 387
2960	Labial (Laminate) Veneer (Chair side)	\$ 495	\$ 210	\$ 705
2961	Labial Veneer (Resin) Lab	\$ 655	\$ 266	\$ 921
2962	Labial Veneer Porcelain Lab	\$ 810	\$ 414	\$1224
2970	Temporary Crown	\$ 100	\$ 247	\$ 347
2971	Additional procedures to const. new crown	\$ 115	\$ 70	\$ 185
2975	Coping	\$ 71	\$ 24	\$ 95
2980	Crown Repair	\$ 90	\$ 257	\$ 347

**Endodontist Procedures \*\*** (Root Canal Therapy) For disease of the dental pulp.

3110	Pulp Cap Direct (excluding Final)	\$ 75	\$ 28	\$ 103
3220	Therapeutic Pulpotomy (excluding Final Crown)	\$ 101	\$ 145	\$ 246
3221	Pulpal therapy (resorbable filling) anterior prim.	\$ 150	\$ 135	\$ 285
3310	Root Canal Anterior (excluding Final Crown)	\$ 484	\$ 417	\$ 901
3320	Root Canal Bicuspid (excluding Final Crown)	\$ 565	\$ 452	\$ 1017
3330	Root Canal Molar (excluding Final Crown)	\$ 735	\$ 506	\$ 1241

<u>Code</u>	<u>Description</u>	<u>Your Cost</u>	<u>Savings</u>	<u>Without our Plan</u>
3346	Root Canal Re-treatment Anterior	\$ 368	\$ 470	\$ 838
3347	Root Canal Re-treatment Bicuspid	\$ 399	\$ 440	\$ 839
3348	Root Canal Re-treatment Molar	\$ 570	\$ 330	\$ 900
3351	Apexification / Re-calcification Initial	\$ 121	\$ 234	\$ 355
3410	Apicoectomy / periodontic Surg-Anterior	\$ 345	\$ 365	\$ 710
3421	Apicoectomy / Bicuspid 1 <sup>st</sup> Root	\$ 390	\$ 405	\$ 795
3425	Apicoectomy / Molar 1 <sup>st</sup> Root	\$ 395	\$ 430	\$ 825
3426	Apicoectomy / Peri. Surgery Additional Root	\$ 140	\$ 131	\$ 271
3430	Retrograde Filling	\$ 101	\$ 174	\$ 275
3450	Root amputation – per tooth	\$ 225	\$ 125	\$ 350

**Periodontist Procedures \*\* (Gum Treatment) Treating diseases of the gingival tissues.**

4210	Gingivectomy / gingivoplasty Per Quad	\$ 250	\$ 248	\$ 498
4211	Gingiv / gingivoplasty per Tooth	\$ 125	\$ 126	\$ 251
4240	Gingival Flap Procedure incl. rt. planning per quad	\$ 390	\$ 385	\$ 775
4241	Gingival Flap Includes Root Plan 1-3	\$ 325	\$ 218	\$ 538
4249	Crown Length – Hard by report	\$ 490	\$ 435	\$ 925
4260	Osseous Surg. Inc. Flap Ent. Grafts & Closures	\$ 615	\$ 265	\$ 880
4263	Bone replacement graft first site in quadrant	\$ 380	\$ 383	\$ 763
4264	Bone replacement graft each additional site/ quad	\$ 305	\$ 342	\$ 647
4265	Biologic materials to aid in soft & osseous tissues	\$ 295	\$ 388	\$ 683
4266	Guided tissue regeneration resorbable barrier / site	\$ 330	\$ 95	\$ 425
4267	Guided tissue regeneration non-resorbable barrier	\$ 244	\$ 74	\$ 318
4268	Surgical revision procedure, per tooth	\$ 315	\$ 125	\$ 440
4270	Pedicle Tissue Graft	\$ 375	\$ 300	\$ 675
4271	Free Soft Tissue Graft & Donor Site	\$ 400	\$ 361	\$ 761
4341	Perio Scaling Root Planning > 4 Teeth	\$ 172	\$ 129	\$ 301
4342	Periodontal RPC (1 to 3 Teeth)	\$ 101	\$ 67	\$ 168
4355	Full Mouth Debridement	\$ 115	\$ 99	\$ 214
4381	Localized delivery of antimicrobial agents	\$ 61	\$ 94	\$ 155
4910	Periodontal Maintenance	\$ 91	\$ 52	\$ 143
4920	Unscheduled dressing change	\$ 25	\$ 25	\$ 50

**Prosthodontist Procedures \*\* (Dentures) for providing artificial replacements for missing natural teeth.**

<u>Code</u>	<u>Description</u>	<u>Your Cost</u>	<u>Savings</u>	<u>Without our Plan</u>
5110	Complete Denture Upper (High Quality)	\$1175	\$1170	\$ 2345
5120	Complete Denture Lower (High Quality)	\$1175	\$2083	\$ 3258
5130	Immediate Dentures Upper (High Quality)	\$1510	\$1748	\$ 3258
5140	Immediate Dentures Lower (High Quality)	\$1510	\$1748	\$ 3258
5211	Upper Partial Denture Resin Base	\$1110	\$ 567	\$ 1672
5212	Lower Partial Denture Resin Base	\$1110	\$ 567	\$ 1672
5213	Upper Partial Denture (Cast Metal)	\$1250	\$ 908	\$ 2158
5214	Lower Partial Denture (Cast Metal)	\$1250	\$ 915	\$ 2164
5225	Maxillary partial denture flexible base	\$1025	\$ 833	\$ 1858
5226	Mandibular partial denture flexible base	\$1025	\$ 826	\$ 1851
5281	Removable Unilateral Partial Denture	\$ 475	\$ 747	\$ 1222
5410	Adjust Complete Denture Uppers	\$ 65	\$ 26	\$ 91
5411	Adjust Complete Denture Lower	\$ 65	\$ 26	\$ 91
5421	Adjust Partial Denture Uppers	\$ 65	\$ 26	\$ 91
5422	Adjust Partial Denture Lower	\$ 65	\$ 26	\$ 91
5510	Repair Broken Complete Denture Base	\$ 85	\$ 178	\$ 263
5520	Replace Missing / Broken Teeth Comp. Dent.	\$ 80	\$ 150	\$ 230

<u>Code</u>	<u>Description</u>	<u>Your Cost</u>	<u>Savings</u>	<u>Without our Plan</u>
5610	Repair Resin Denture Base	\$ 85	\$ 95	\$ 180
5620	Repair Cast Framework	\$ 90	\$ 160	\$ 250
5630	Repair / replace Broken Clasp	\$ 100	\$ 290	\$ 390
5640	Replace Broken Teeth – Per Tooth	\$ 75	\$ 185	\$ 260
5650	Add Tooth to Existing Partial Denture	\$ 121	\$ 155	\$ 276
5660	Add Clasp To Existing Partial Denture	\$ 110	\$ 280	\$ 390
5710	Rebase Complete Upper Denture	\$ 340	\$ 364	\$ 704
5711	Rebase Complete Lower Denture	\$ 340	\$ 363	\$ 703
5720	Rebase Upper Partial Denture	\$ 315	\$ 363	\$ 678
5721	Rebase Lower Partial Denture	\$ 315	\$ 363	\$ 678
5730	Reline Complete Upper Denture (chair side)	\$ 197	\$ 481	\$ 582
5731	Reline Complete Lower Denture (chair side)	\$ 197	\$ 455	\$ 652
5740	Reline Upper Partial Denture (chair side)	\$ 255	\$ 397	\$ 652
5741	Reline Lower Partial Denture (chair side)	\$ 255	\$ 397	\$ 652
5750	Reline Complete Upper Denture (Lab)	\$ 255	\$ 397	\$ 652
5751	Reline Complete Lower Denture (Lab)	\$ 255	\$ 397	\$ 652
5760	Reline Upper Partial Dentures (Lab)	\$ 255	\$ 397	\$ 652
5761	Reline Lower Partial Dentures (Lab)	\$ 255	\$ 397	\$ 652
5820	Interim Partial Denture Upper	\$ 400	\$ 365	\$ 765
5821	Interim Partial Denture Lower	\$ 400	\$ 365	\$ 765
5850	Tissue Conditioning Upper	\$ 51	\$ 103	\$ 154
5851	Tissue Conditioning Lower	\$ 51	\$ 105	\$ 156
5860	Over denture complete by report	\$ 890	\$ 420	\$1310
5861	Over denture partial by report	\$ 890	\$ 420	\$1310
5862	Precision attachment, by report	\$ 380	\$ 125	\$ 505

**Pontics Procedures \*\* (Bridge work) (NOTE: Extra charge for GOLD)**  
**For providing artificial replacements for missing natural teeth.**

<u>Code</u>	<u>Description</u>	<u>Your Cost</u>	<u>Savings</u>	<u>Without our Plan</u>
6210	Pontic High Noble *	\$ 687	\$ 537	\$1224
6212	Pontic Noble Metal *	\$ 676	\$ 548	\$1224
6240	Pontic Porcelain / High Noble Metal *	\$ 680	\$ 544	\$1224
6241	Pontic Porcelain / Metal*	\$ 660	\$ 544	\$1224
6242	Pontic Porcelain / Noble Metal *	\$ 682	\$ 574	\$1256
6245	Pontic porcelain / Ceramic	\$ 755	\$ 576	\$1331
6740	Retainer Crown Porcelain / Ceramic	\$ 755	\$ 470	\$1225
6750	Retainer Crown Porcelain High Noble Metal *	\$ 740	\$ 484	\$1224
6751	Retainer Crown porcelain fused Base metal*	\$ 720	\$ 537	\$1257
6752	Retainer Crown Porcelain Base Metal *	\$ 730	\$ 494	\$1224
6780	Retainer crown ¾ cast high noble metal*	\$ 730	\$ 494	\$1224
6790	Crown Full Cast High Noble Metal *	\$ 680	\$ 544	\$1224
6791	Crown Full Cast Base Metal *	\$ 640	\$ 622	\$1262
6792	Crown Full Cast Noble Metal *	\$ 640	\$ 584	\$1224
6930	Re-cement fixed partial denture	\$ 65	\$ 75	\$ 140
6940	Stress breaker	\$ 220	\$ 95	\$ 315
6950	Precision attachment	\$ 305	\$ 155	\$ 460
6970	Cast Post / Core + Fix Part. Dent. Retainer	\$ 180	\$ 135	\$ 315
6971	Cast Post / Partial of bridge retainer	\$ 165	\$ 125	\$ 290
6975	Coping metal	\$ 55	\$ 35	\$ 90
6980	Bridge Repair by Report	\$ 121	\$ 149	\$ 270

## Extraction Procedures \*\*

These are procedures for treating teeth that are non-restorable.

Code	Description	Your Cost	Savings	Without our Plan
7111	Coronal Remnants Deciduous (Including Soft)	\$ 55	\$ 43	\$ 98
7140	Simple Extraction, Erupted or Exposed Tooth	\$ 90	\$ 131	\$ 221
7210	Surg. Removal of Tooth	\$ 205	\$ 130	\$ 335
7220	Remove Impact Tooth Soft Tissue	\$ 255	\$ 121	\$ 376
7230	Remove Impact Tooth Part Bony	\$ 325	\$ 147	\$ 472
7240	Remove Impact Tooth Complete Bony	\$ 390	\$ 192	\$ 582
7241	Surg. Removal / Tooth W/ Complications	\$ 255	\$ 157	\$ 412
7250	Surgical Removal of Root	\$ 190	\$ 100	\$ 290
7260	Oroantral fistula closure	\$ 490	\$ 191	\$ 681
7261	Primary closure of sinus perforation	\$ 191	\$ 79	\$ 270
7270	Tooth Re-implantations / Stabilization	\$ 220	\$ 195	\$ 415
7280	Surgical Access of Un-erupted Tooth	\$ 165	\$ 215	\$ 380
7285	Biopsy Oral Tissue Hard	\$ 150	\$ 150	\$ 300
7286	Biopsy Oral Tissue Soft	\$ 100	\$ 490	\$ 590
7287	Exfoliative cytological sample collection	\$ 164	\$ 64	\$ 228
7290	Tooth Repositioned Surg.	\$ 110	\$ 180	\$ 290
7310	Ridge Prep Conj. W/ Exits	\$ 95	\$ 95	\$ 190
7320	Ridge Prep Not W / Exits	\$ 110	\$ 185	\$ 295
7471	Removal of exostosis per site	\$ 220	\$ 87	\$ 307
7473	Removal of torus mandibularis	\$ 318	\$ 106	\$ 424
7510	Incision & drainage of abscess intra oral soft tissue	\$ 188	\$ 62	\$ 250
7511	Incision & drainage of abscess complicated	\$ 240	\$ 80	\$ 320
7520	Incision and drainage of abscess extra oral	\$ 175	\$ 45	\$ 220
7970	Excision of hyperplastic tissue per arch	\$ 251	\$ 109	\$ 360
7971	Excision of peri-coronal gingival	\$ 244	\$ 96	\$ 340

## Emergency Treatments

Code	Description	Your Cost	Savings	Without our Plan
9110	Palliative (emergency) During Hours	\$ 75	\$ 83	\$ 158
9440	Palliative (emergency) After Hours	\$ 125	\$ 75	\$ 200



## Membership Benefits

- \* Super savings on all dental procedures
- \* No deductibles or co-payments
- \* No annual maximum
- \* No waiting periods or pre-existing condition exclusions
- \* Broad choice of quality dentists and specialists
- \* Specialist rates reduced by 20%
- \* Dentist who perform Specialists procedures provide 20% off their UCR

## Membership Costs

- \* New Annual Memberships fees are often one-third of the cost of traditional dental health insurance
- \* Member pays procedural fee to provider on the same day of service
- \* Usual Customary Rate (**USUAL CUSTOMARY RATE**) is the average cost patient would expect to pay for procedure without belonging to Crown Dental Plan.
- \* Dental procedures not listed on fee schedule are discounted 20%

- Endodontic (extensive root canals)
- Orthodontics (braces)
- Prosthodontics (bridges and dentures)
- Oral Surgery (TMJ, major extractions)
- Periodontics (gum treatment)



## Appointments

- \* Appointments are accepted after the effective date of coverage shown on your membership card
- \* Dental providers may need to perform a complete work-up in order to determine an effective oral treatment plan
- \* Dentists and Specialists are subject to change without notice
- \* If services are required immediately Crown Dental Association will verify coverage with your dentist on the day your enrollment fee is received
- \* Missed appointment without a 24 hour advanced to the provider shall result in a \$40 missed appointment fee
- \* Crown Dental Association reassigns primary dentists to the nearest home/office location or by member choice should your dentist decide not to continue with Crown

## Eligible Dependents

- \* All dependents are covered under the age of 19 or full time students up to age 26 years old or family members incapable of self-sustaining employment by reason of a developmental disability or physical handicap.
- \* All eligible dependents must reside in the same house
- \* Dependents may not be added to Crown Dental Plan once your membership card is issued

## Exclusions/Limitations

- \* Services for injuries covered by workman's Compensation
- \* Oral surgery requiring the setting of fractures or dislocations
- \* Services covered by other medical/dental insurance plans
- \* Treatment of malignancies, cysts, or congenital defects

## Enrollment

- \* Crown Dental Plan enrollment form is found on the last page
- \* Select primary dentist and enter provider code in the area indicated on the enrollment form and include membership fee
- \* Membership card arrives within three to five business days after your membership application is processed
- \* Crown Dental Plans website [crowndentalplan.com](http://crowndentalplan.com) contain a provider list: go to "dentists page" tab on the upper left section of the web
- \* Sign, include payment, and mail to: Crown Dental Plan 1237 S Val Vista Mesa, AZ 85204
- \* After membership card is mailed the annual fee is non-refundable

On the following pages you will find the fee schedule for dental procedures as categorized by America Dental Association (ADA) for 2019 Regional Survey of dental fees. Crown members can identify price and savings per procedure, as compared to the usual customary rates charged for those procedures. Fee Schedule for dental procedures listed in this brochure is subject to change without notice.

\* Extra charge for gold, high noble metal and lab fees.

\*\* Some dentists also perform listed procedures above as specialists. If your dentist is performing these services as a specialist, their office agrees to discount those procedures by **20%** off the specialist USUAL CUSTOMARY RATE. Services performed by mobile dentists charge additional fees for the first visit and no trip charge will apply. Subsequent mobile services will charge a trip fee in addition to plan fees for services rendered. Be sure you understand those fees before professional services are rendered.

**UCR** - (Usual Customary Rate) is the fee charged by a dentist for a specific dental procedure. The **USUAL CUSTOMARY RATE'S** listed above, represent "average fees" charged for dental procedures performed within the state. **USUAL CUSTOMARY RATE'S** do vary by dentist, so be sure to understand the specific usual customary rates of your dentist before professional services are rendered. Procedures not listed are discounted by **20%** off the dentist's usual customary rates.

The normal rate (**USUAL CUSTOMARY RATE**) column has been calculated as the average cost of dental procedures performed within your state. Price averages do vary, so be sure to understand your dentist or specialist **USUAL CUSTOMARY RATE** before professional services are rendered. Lab fees vary from dentist to dentist but should not be a major factor in the cost of procedures.

Missed appointment without a 24 hour advanced notice to the dentist shall result in a \$40 missed appointment fee.

If your primary general dentists' office is closed you may contact another primary general dentist on the plan for dental services without that office being listed on your membership card. That office may require however complete workups including an office visit fee and x-rays prior to rendering any services even though you may have had a recent visit and x-rays with your primary general dentists. Fee Schedule for dental procedures listed in this brochure is subject to change without notice. You may visit our website at [www.crowndentalplan.com](http://www.crowndentalplan.com) for the most current fee schedule or contact us at **(480) 964-7449** Crown Dental Plan 1237 S Val Vista Dr. Mesa, AZ 85204 Crown Dental Plan is here to serve you.

**(Revised March 2019)**