

SELECT



DentaQuest's Select Plan is a very affordable dental plan that provides a comprehensive set of dental benefits, including major services such as crowns and braces. And best of all, no referrals are needed for specialty services.

THE SELECT PLAN (SE 5)

DentaQuest®

MID-ATLANTIC, INC

Welcome to the Select Dental Plan

DentaQuest Mid-Atlantic, Inc. is pleased to present our Select Dental Plan. The Select Dental Plan is a dental benefit program offered through your employer, union, or association.

WHAT IS THE SELECT DENTAL PLAN?

The Select Dental Plan provides you with a comprehensive set of dental benefits, covering all areas of dentistry, with affordable member fees paid directly by the member to their dentist at the time of service. Most dental care is provided by a Participating General Dentist. Complex dental treatment may require care by a Participating Specialist. Here are some of the benefits that are available to you:

- ❖ Significant discounts for preventive care
- ❖ Affordable member fees paid directly to your dentist
- ❖ Each family member may select their own Participating General Dentist
- ❖ No deductibles of any kind at any time
- ❖ No maximum level of benefits - per year or lifetime
- ❖ No pre-authorizations or pre-determinations
- ❖ Cosmetic dentistry
- ❖ Orthodontic benefits

HOW DO I ENROLL?

1. Complete the DentaQuest Enrollment Application. If employee contributions are required, your signature authorizes payroll deductions.
2. It is not necessary to choose a Participating General Dentist at the time of enrollment. You may make your selection when you are ready to schedule an appointment by visiting our website at www.dentaquest.com or from our *Directory of Participating Dentists*. The most current listing may be found on our website.
3. Return your completed DentaQuest Enrollment Application to your supervisor or personnel director.
4. You will receive a Member Identification Card.
5. You may then call a Participating Dentist to schedule an appointment. Always present your Member

Q & A for the Select Dental Plan

WHO ARE THE PARTICIPATING DENTISTS?

Participating General Dentists and Specialists are carefully screened and selected for their commitment to quality patient care. Participating Dentists work together with their patients to achieve optimum oral health. Participating General Dentists have an incentive to emphasize preventive care and keep each patient healthy. All member fees are paid directly to the Participating General Dentist or Specialist by the patient at the time services are rendered. You may nominate a dentist for participation by contacting our Customer Service Department at 1-800-334-6277.

CAN I CHANGE MY PARTICIPATING GENERAL DENTIST?

Yes. Review our Directory of Participating General Dentists and Specialists and choose the Participating Dentist who is best for you. Since you do not need to make a selection at the time you apply for coverage, you may select your Participating General Dentist when you are ready to schedule an appointment. Simply identify yourself as a Select Dental Plan member after you have received your Member Identification Card. Always present your Member Identification Card at each dental appointment.

HOW CAN I CONTACT DENTAQUEST?

4061 Powder Mill Road, #325
Calverton, MD 20705-3149
1-800-334-6277 Toll Free
1-800-626-2579 Toll Free Fax
www.dentaquest.com

HOW DO I ACCESS SPECIALTY CARE?

There are times when a Specialist is needed to perform certain complex dental procedures. Your Participating General Dentist may refer you to a Participating Specialist, or you may directly contact any Participating Specialist. Referral forms are never required. The Specialists include:

ENDODONTIST	ROOT CANAL THERAPY
ORAL SURGEON	TOOTH EXTRACTIONS
	SURGICAL PROCEDURES
ORTHODONTIST	STRAIGHTENING OF
	TEETH/BRACES
PEDIATRIC DENTIST	DENTISTRY FOR CHILDREN
PERIODONTIST	GUM DISORDERS
	AND DISEASES
PROSTHODONTIST	COMPLEX FIXED AND
	REMOVABLE
	BRIDGES/DENTURES

Please consult your fee schedule for the appropriate member fee that is required for treatment performed by a Participating Specialist. Unlisted procedures are provided at a 20% reduction of their usual and customary fees. Treatment performed by Participating Pediatric Dentists and Prosthodontists is provided at a 20% reduction of their usual and customary fees.

WHAT IS AN OSHA FEE?

The Occupational Safety and Health Administration (OSHA) has instituted guidelines for dental offices to effectively provide infection control. OSHA requires that all dentists and their assistants use gloves, masks, protective eye wear and protective clothing when treating patients. Dental offices also use barrier wraps, autoclaves for instruments and handpieces, and medical waste disposal systems. These required procedures utilized by dental offices have dramatically increased the cost of dental care. This considerable added expense requires DentaQuest to allow all Participating Dentists to charge a \$7.00 OSHA compliance fee for all office visits. We feel that this modest member fee will contribute to the peace of mind associated with your visit to a Participating Dentist's office.

FOR THE MOST CURRENT LISTING OF PARTICIPATING DENTISTS, PLEASE VISIT OUR WEBSITE AT WWW.DENTAQUEST.COM.

Select Dental Plan (S5) Fee Schedule

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE
D0100-D0999	DIAGNOSTIC		
	CLINICAL ORAL EXAMINATIONS		
D0120	Periodic oral evaluation	\$45.00	\$18.00
D0140	* Limited oral evaluation - problem focused (by General Dentist)	\$65.00	\$35.00
D0150	* Comprehensive oral evaluation - new or established patient (by General Dentist)	\$80.00	\$39.00
D0170	* Re-evaluation - limited, problem focused - established patient; not post-operative visit (by General Dentist)	\$60.00	\$35.00
D0180	* Comprehensive periodontal evaluation - new or established patient (by General Dentist)	\$45.00	N/C
	RADIOGRAPHS		
D0210	* Intraoral - complete series (including bitewings) by General Dentist	\$120.00	\$49.00
D0210	** Intraoral - complete series (including bitewings) by Specialist Only	\$145.00	\$65.00
D0220	Intraoral - periapical - first film	\$22.00	\$10.00
D0230	Intraoral - periapical - each additional film	\$20.00	\$10.00
D0240	Intraoral - occlusal film	\$30.00	\$15.00
D0270	Bitewing - single film	\$22.00	\$10.00
D0272	Bitewings - two films	\$42.00	\$22.00
D0274	Bitewings - four films	\$55.00	\$38.00
D0277	Vertical bitewings - 7 to 8 films	\$90.00	\$45.00
D0330	* Panoramic film by General Dentist	\$110.00	\$45.00
D0330	** Panoramic film by Specialist Only	\$110.00	\$50.00
D0350	Oral/facial images (includes intra and extraoral images)	\$54.00	N/C
	TESTS AND LABORATORY EXAMINATIONS		
D0425	Caries susceptibility tests	\$19.00	N/C
D0460	Pulp vitality tests	\$45.00	\$22.00
D0470	Diagnostic casts	\$85.00	N/C
D1000-D1999	PREVENTIVE		
	DENTAL PROPHYLAXIS		
D1110	Prophylaxis - adult (every 6 months)	\$80.00	\$43.00
D1120	Prophylaxis - child (every 6 months) - age 14 and under	\$65.00	\$37.00
D4355	Full mouth debridement	\$150.00	\$60.00
	TOPICAL FLUORIDE TREATMENT		
D1203	Topical application of fluoride (prophylaxis not included) - child	\$30.00	\$8.00
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$30.00	\$8.00
	OTHER PREVENTIVE SERVICES		
D1310	Nutritional counseling for control of dental disease	\$35.00	N/C
D1330	Oral hygiene instructions	\$40.00	N/C
D1351	Sealant - per tooth	\$45.00	\$18.00
D1360	OSHA Compliance Fee - per office visit	\$10.00	\$7.00
	SPACE MAINTENANCE (passive appliances)		
D1510	* Space maintainer - fixed - unilateral	\$300.00	\$138.00
D1515	* Space maintainer - fixed - bilateral	\$425.00	\$180.00
D1520	* Space maintainer - removable - unilateral	\$300.00	\$170.00
D1525	* Space maintainer - removable - bilateral	\$450.00	\$235.00
D1550	* Recementation of space maintainer	\$55.00	\$35.00
	* As performed by a General Dentist		
D2000-D2999	RESTORATIVE		
	AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - one surface, primary or permanent	\$140.00	\$56.00
D2150	Amalgam - two surfaces, primary or permanent	\$145.00	\$68.00
D2160	Amalgam - three surfaces, primary or permanent	\$175.00	\$79.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$225.00	\$89.00
	RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure & resin bonding agents)		
D2330	Resin-based composite - one surface, anterior	\$125.00	\$66.00
D2331	Resin-based composite - two surfaces, anterior	\$165.00	\$76.00
D2332	Resin-based composite - three surfaces, anterior	\$210.00	\$89.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$235.00	\$115.00

SYMBOL KEY

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** Member Fee when performed by a Participating Specialist.

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Select Dental Plan (\$5) Fee Schedule

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE
D2000-D2999	RESTORATIVE - Continued		
D2391	Resin-based composite - one surface, posterior - primary or permanent	\$135.00	\$69.00
D2392	Resin-based composite - two surfaces, posterior - primary or permanent	\$195.00	\$79.00
D2393	Resin-based composite - three surfaces, posterior - primary or permanent	\$230.00	\$92.00
D2394	Resin-based composite - four or more surfaces, posterior - primary or permanent	\$275.00	\$115.00
	INLAY / ONLAY RESTORATIONS		
D2543	Onlay - metallic - three surfaces	\$950.00	\$395.00
D2544	Onlay - metallic - four or more surfaces	\$1,050.00	\$410.00
D2610	Inlay - porcelain/ceramic - one surface	\$655.00	\$330.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$880.00	\$385.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$950.00	\$405.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$950.00	\$420.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$1,000.00	\$455.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$950.00	\$480.00
D2650	Inlay - resin-based composite/resin - one surface (lab)	\$550.00	\$330.00
D2651	Inlay - resin-based composite/resin - two surfaces (lab)	\$675.00	\$385.00
D2652	Inlay - resin-based composite/resin - three or more surfaces (lab)	\$755.00	\$425.00
D2662	Onlay - resin-based composite/resin - two surfaces (lab)	\$725.00	\$425.00
D2663	Onlay - resin-based composite/resin - three surfaces (lab)	\$880.00	\$455.00
D2664	Onlay - resin-based composite/resin - four or more surfaces (lab)	\$950.00	\$480.00
	CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown - resin (laboratory - final restoration)	\$875.00	\$550.00
D2712	Crown - ³ / ₄ resin based composite (indirect) not to include facial veneers	\$875.00	\$550.00
D2720	Crown - resin with high noble metal	\$980.00	\$490.00
D2721	Crown - resin with predominantly base metal	\$980.00	\$490.00
D2722	Crown - resin with noble metal	\$980.00	\$490.00
D2740	Crown - porcelain/ceramic substrate	\$1,050.00	\$550.00
D2750	Crown - porcelain fused to high noble metal	\$1,000.00	\$550.00
D2751	Crown - porcelain fused to predominantly base metal	\$950.00	\$550.00
D2752	Crown - porcelain fused to noble metal	\$950.00	\$550.00
D2790	Crown - full cast high noble metal	\$1,000.00	\$540.00
D2791	Crown - full cast predominantly base metal	\$950.00	\$540.00
D2792	Crown - full cast noble metal	\$1,000.00	\$540.00
D2794	Crown titanium	\$1,000.00	\$550.00
D2799	Provisional crown	\$475.00	\$210.00
A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00.			
	OTHER RESTORATIVE SERVICES		
D2910	Recement inlay	\$85.00	\$45.00
D2920	Recement crown	\$85.00	\$45.00
D2930	Prefabricated stainless steel crown - primary tooth	\$265.00	\$125.00
D2940	Sedative filling	\$90.00	\$40.00
D2950	Core buildup, including any pins	\$250.00	\$125.00
D2951	Pin retention - per tooth, in addition to restoration	\$60.00	\$45.00
D2952	Cast post and core in addition to crown	\$335.00	\$175.00
D2954	Prefabricated post and core in addition to crown	\$275.00	\$135.00
D2960	Labial veneer (resin laminate) - chairside	\$500.00	\$235.00
D2961	Labial veneer (resin laminate) - lab	\$830.00	\$455.00
D2962	Labial veneer (porcelain laminate) - lab	\$1,000.00	\$495.00
D3000-D3999	ENDODONTICS		
D0140	** Limited oral evaluation - problem focused (by an Endodontist only)	\$95.00	\$45.00
	PULP CAPPING		
D3110	Pulp cap - direct (excluding final restoration)	\$65.00	\$10.00
D3120	Pulp cap - indirect (excluding final restoration)	\$65.00	\$10.00
	PULPOTOMY		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$175.00	\$95.00
D3221	Gross pulpal debridement, primary & permanent teeth	\$185.00	\$95.00
	ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$200.00	\$120.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$275.00	\$130.00

SYMBOL KEY

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** Member Fee when performed by a Participating Specialist.

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Select Dental Plan (S5) Fee Schedule

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE
D3000-D3999	ENDODONTICS - Continued		
	ENDODONTIC THERAPY (including treatment plan, clinical procedures, and follow-up care)		
D3310	* Root canal - Anterior (excluding final restoration)	\$775.00	\$385.00
D3320	* Root canal - Bicuspid (excluding final restoration)	\$850.00	\$465.00
D3330	* Root canal - Molar (excluding final restoration) * As performed by a General Dentist	\$1,100.00	\$595.00
D3310	** Root canal - Anterior (excluding final restoration)	\$985.00	\$595.00
D3320	** Root canal - Bicuspid (excluding final restoration)	\$1,100.00	\$695.00
D3330	** Root canal - Molar (excluding final restoration) ** As performed by an Endodontist only	\$1,250.00	\$795.00
	ENDODONTIC RETREATMENT (includes complete root canal therapy)		
D3346	** Retreatment of previous root canal therapy - Anterior	\$1,050.00	\$660.00
D3347	** Retreatment of previous root canal therapy - Bicuspid	\$1,250.00	\$775.00
D3348	** Retreatment of previous root canal therapy - Molar ** As performed by an Endodontist only	\$1,350.00	\$870.00
	OTHER ENDODONTIC PROCEDURES		
D3950	Canal preparation and fitting of preformed dowel or post	\$135.00	N/C
D4000-D4999	PERIODONTICS		
D0140	** Limited oral evaluation - problem focused (by Periodontist only)	\$95.00	\$45.00
D0180	** Comprehensive periodontal evaluation, new or established patient (by Periodontist only) (fee is inclusive of Code D0150 - comprehensive oral evaluation)	\$175.00	\$105.00
D0210	** Intraoral - complete series (including bitewings) (by Periodontist only)	\$145.00	\$60.00
	SURGICAL SERVICES (including usual post-operative care)		
D4210	Gingivectomy or gingivoplasty - (four or more contiguous teeth or bounded teeth spaces, per quadrant)	\$675.00	\$250.00
D4211	Gingivectomy or gingivoplasty - (one to three teeth, per quadrant)	\$225.00	\$165.00
D4240	Gingival flap procedure, including root planing - (four or more contiguous teeth or bounded teeth spaces, per quadrant)	\$795.00	\$485.00
D4241	Gingival flap procedure, including root planing - (one to three teeth, per quadrant)	\$585.00	\$405.00
D4249	Clinical crown lengthening - hard tissue	\$800.00	\$480.00
D4260	Osseous surgery (including flap entry & closure) - (four or more contiguous teeth or bounded teeth spaces, per quadrant)	\$1,000.00	\$735.00
D4261	Osseous surgery (including flap entry and closure) - (one to three teeth, per quadrant)	\$850.00	\$625.00
D4270	Pedicle soft tissue graft procedure	\$850.00	\$525.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$850.00	\$525.00
	NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal scaling and root planing - (four or more contiguous teeth or bounded teeth spaces, per quadrant)	\$225.00	\$120.00
D4342	Periodontal scaling and root planing - (one to three teeth, per quadrant)	\$150.00	\$105.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$150.00	\$60.00
D4910	Periodontal maintenance	\$125.00	\$80.00
D9940	** Occlusal guard (by Periodontist only)	\$500.00	\$315.00
D5000-D5899	PROSTHODONTICS (removable)		
	COMPLETE DENTURES (including routine post-delivery care)		
D5110	Complete denture - maxillary	\$1,250.00	\$615.00
D5120	Complete denture - mandibular	\$1,250.00	\$615.00
D5130	Immediate denture - maxillary	\$1,350.00	\$670.00
D5140	Immediate denture - mandibular	\$1,350.00	\$670.00
	PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)	\$1,050.00	\$575.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)	\$1,050.00	\$575.00
D5213	Maxillary partial denture - cast metal framework with resin dental bases (including any conventional clasps, rests & teeth)	\$1,300.00	\$695.00
D5214	Mandibular partial denture - cast metal framework with resin dental bases (including any conventional clasps, rests & teeth)	\$1,300.00	\$695.00
D5225	Maxillary partial denture - flexible base	\$1,250.00	\$695.00
D5226	Mandibular partial denture - flexible base	\$1,250.00	\$695.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps & teeth)	\$750.00	\$380.00

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** Member Fee when performed by a Participating Specialist.

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Select Dental Plan (\$5) Fee Schedule

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE
D5000-D5899	PROSTHODONTICS (removable) - Continued		
	ADJUSTMENTS TO DENTURES		
D5410	Adjust complete denture - maxillary	\$65.00	\$15.00
D5411	Adjust complete denture - mandibular	\$65.00	\$15.00
D5421	Adjust partial denture - maxillary	\$70.00	\$15.00
D5422	Adjust partial denture - mandibular	\$70.00	\$15.00
	REPAIRS TO COMPLETE DENTURES		
D5510	Repair broken complete denture base (office only)	\$100.00	\$52.00
D5510	Repair broken complete denture base (lab)	\$150.00	\$105.00
D5520	Replace missing or broken tooth - complete denture (office only) - one tooth or first tooth - plus \$10.00 for each additional tooth replaced	\$70.00	\$55.00
D5520	Replace missing or broken tooth - complete denture (lab) - one tooth or first tooth - plus \$20.00 for each additional tooth replaced	\$150.00	\$110.00
	REPAIRS TO PARTIAL DENTURES		
D5610	Repair resin denture base (office only)	\$110.00	\$52.00
D5610	Repair resin denture base (lab)	\$150.00	\$105.00
D5620	Repair cast framework (lab)	\$185.00	\$120.00
D5630	Repair or replace broken clasp - one clasp or first clasp - plus \$40.00 for each additional clasp added	\$185.00	\$125.00
D5640	Replace broken tooth - one tooth or first tooth - plus \$15.00 for each additional tooth replaced	\$160.00	\$115.00
D5650	Add tooth to existing partial denture - one tooth or first tooth - plus \$15.00 for each additional tooth added	\$160.00	\$115.00
D5660	Add clasp to existing partial denture - one clasp or first clasp - plus \$40.00 for each additional clasp added	\$195.00	\$125.00
	DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	\$395.00	\$225.00
D5711	Rebase complete mandibular denture	\$395.00	\$225.00
D5720	Rebase maxillary partial denture	\$385.00	\$190.00
D5721	Rebase mandibular partial denture	\$385.00	\$190.00
	DENTURE RELINE PROCEDURES		
D5730	Reline complete maxillary denture - office	\$300.00	\$145.00
D5731	Reline complete mandibular denture - office	\$300.00	\$145.00
D5740	Reline maxillary partial denture - office	\$250.00	\$145.00
D5741	Reline mandibular partial denture - office	\$250.00	\$145.00
D5750	Reline complete maxillary denture - lab	\$375.00	\$195.00
D5751	Reline complete mandibular denture - lab	\$375.00	\$195.00
D5760	Reline maxillary partial denture - lab	\$385.00	\$195.00
D5761	Reline mandibular partial denture - lab	\$385.00	\$195.00
	INTERIM PROSTHESIS		
D5810	Interim complete denture (maxillary)	\$750.00	\$325.00
D5811	Interim complete denture (mandibular)	\$750.00	\$325.00
D5820	Interim partial denture (maxillary)	\$550.00	\$295.00
D5821	Interim partial denture (mandibular)	\$550.00	\$295.00
	OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue conditioning, maxillary	\$155.00	\$76.00
D5851	Tissue conditioning, mandibular	\$155.00	\$76.00
D6200-D6999	PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture)		
	FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - indirect resin based composite	\$950.00	\$550.00
D6210	Pontic - cast high noble metal	\$1,000.00	\$540.00
D6211	Pontic - cast predominantly base metal	\$950.00	\$540.00
D6212	Pontic - cast noble metal	\$1,000.00	\$540.00
D6214	Pontic - titanium	\$1,000.00	\$550.00
D6240	Pontic - porcelain fused to high noble metal	\$1,000.00	\$550.00
D6241	Pontic - porcelain fused to predominantly base metal	\$950.00	\$550.00
D6242	Pontic - porcelain fused to noble metal	\$1,000.00	\$550.00
D6245	Pontic - porcelain/ceramic	\$1,050.00	\$550.00
D6250	Pontic - resin with high noble metal	\$980.00	\$490.00
D6251	Pontic - resin with predominantly base metal	\$980.00	\$490.00
D6252	Pontic - resin with noble metal	\$980.00	\$490.00

A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00.

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D6200-D6999	PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture) - Continued		
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
D6545	Retainer cast metal for resin bonded fixed prosthesis (MD bridge) (Charge pontics separately with appropriate code from the D6200 series)	\$550.00	\$255.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$775.00	\$550.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$950.00	\$540.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$950.00	\$540.00
D6615	Onlay - cast noble metal, three or more surfaces	\$880.00	\$540.00
D6624	Inlay - titanium	\$800.00	\$540.00
D6634	Onlay - titanium	\$800.00	\$540.00
A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00			
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6710	Pontic - indirect resin based composite	\$950.00	\$550.00
D6720	Crown - resin with high noble metal	\$950.00	\$490.00
D6721	Crown - resin with predominantly base metal	\$950.00	\$490.00
D6722	Crown - resin with noble metal	\$950.00	\$490.00
D6740	Crown - porcelain/ceramic	\$1,050.00	\$550.00
D6750	Crown - porcelain fused to high noble metal	\$1,050.00	\$550.00
D6751	Crown - porcelain fused to predominantly base metal	\$950.00	\$550.00
D6752	Crown - porcelain fused to noble metal	\$1,050.00	\$550.00
D6790	Crown - full cast high noble metal	\$1,000.00	\$540.00
D6791	Crown - full cast predominantly base metal	\$950.00	\$540.00
D6792	Crown - full cast noble metal	\$1,000.00	\$540.00
D6794	Crown - titanium	\$1,000.00	\$550.00
A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00			
OTHER FIXED PARTIAL DENTURE SERVICES			
D6930	Recement fixed partial denture	\$140.00	\$75.00
D6970	Cast post & core in addition to fixed partial denture retainer	\$325.00	\$175.00
D6972	Prefabricated post & core in addition to fixed partial denture retainer	\$285.00	\$135.00
D7000-D7999	ORAL AND MAXILLOFACIAL SURGERY		
D0140	** Limited oral evaluation by an Oral Surgeon only	\$95.00	\$45.00
D0330	** Panoramic film by an Oral Surgeon only	\$110.00	\$50.00
EXTRACTIONS (includes local anesthesia, suturing, and routine postoperative care)			
D7111	Coronal remnants - deciduous tooth	\$125.00	\$80.00
D7140	* Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (by General Dentist)	\$105.00	\$60.00
D7140	** Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (by Oral Surgeon only)	\$155.00	\$85.00
D7210	Surgical removal of erupted tooth	\$225.00	\$130.00
D7220	Removal of impacted tooth - soft tissue	\$310.00	\$170.00
D7230	Removal of impacted tooth - partially bony	\$350.00	\$205.00
D7240	Removal of impacted tooth - completely bony	\$375.00	\$255.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$270.00	\$155.00
Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.			
D9000-D9999	ADJUNCTIVE GENERAL SERVICES		
UNCLASSIFIED TREATMENT			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$85.00	\$40.00
ANESTHESIA			
D9211	Regional block anesthesia	\$45.00	N/C
D9212	Trigeminal division block anesthesia	\$60.00	N/C
D9215	Local anesthesia	\$35.00	N/C
D9220	Deep sedation/general anesthesia - first 30 minutes	\$325.00	\$175.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$115.00	\$75.00
D9230	Analgesia - (nitrous oxide) - per half hour	\$60.00	\$30.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$300.00	\$175.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$110.00	\$75.00
PROFESSIONAL CONSULTATION			
D9310	Second Opinion Consultation - diagnostic service provided by a Participating Dentist, other than the Participating Dentist providing treatment (includes up to two periapicals or two bitewings, and the treatment plan)	\$85.00	\$50.00

SYMBOL KEY

* Member Fee when performed by a Participating General Dentist.

** Member Fee when performed by a Participating Specialist.

*** The listed Customary Fee is for illustrative purposes only. Customary fees may vary by dentist and by geographic area.

Select Dental Plan (\$5) Fee Schedule

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE
D9000-D9999	ADJUNCTIVE GENERAL SERVICES - Continued		
	MISCELLANEOUS SERVICES		
D9450	Case presentation, detailed and extensive treatment planning	\$60.00	N/C
D9630	Drugs and / or medicaments. Subgingival delivery of oral antibiotics / chemotherapeutic agents - per quadrant	\$40.00	\$15.00
D9910	Application of desensitizing medicament - per visit	\$45.00	\$35.00
D9940	* Occlusal guard (Nightguard by General Dentist)	\$430.00	\$225.00
D9940	** Occlusal guard (Nightguard by Specialist only)	\$500.00	\$315.00
BROKEN APPOINTMENT FEE (per 1/2 hour)		\$25.00	\$15.00

ORTHODONTICS

1.	Initial Screening Examination	\$45.00	N/C
2.	Pre-Orthodontic Treatment Visit (Diagnostic Records and Consultation including X-rays, models, and photographs taken by Orthodontist)	\$330.00	\$165.00
3.	Comprehensive Orthodontic Treatment for standard two year case for children under age 18.	\$5,500.00	\$2,960.00
A.	Initial retainers and retention visits for adjustments / observation for six months. Additional retention visits are provided at \$20 per visit.	\$650.00	\$250.00
B.	Any additional treatment or appliances necessary in addition to the standard two year case are provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
C.	All standard orthodontic treatment cases that extend beyond two years (twenty-four months) are pro-rated at \$115 per month.		
4.	Non-standard Orthodontic treatment (for children under age 18) and Phase I treatment are provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
5.	Adult Orthodontic treatment (for patients age 18 & over) is provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
6.	Appliance therapy for tooth guidance and space management is provided at a 20% reduction of the Participating Dentist's usual and customary fees.		
7.	Orthodontic treatment already in progress is not covered.		

ADDITIONAL PROVISIONS

- All member fees are to be paid directly to the Participating General Dentist or Participating Specialist by the member at the time treatment is provided.
- Unlisted procedures are provided at a 20% reduction of the Participating General Dentist's or Specialist's usual and customary fees. This includes (but is not limited to) all Implant services, TMJ treatment, bottles of Chlorhexidine and prescription fluoride toothpaste dispensed from the office.
- Members may be charged \$7 per office visit by the Participating General Dentist or Specialist for the cost of compliance with OSHA guidelines. This fee also applies to No Charge (N/C) visits.
- Referral forms are not required to see Participating Specialists.
- There are no exclusions for pre-existing conditions except orthodontic treatment already in progress.
- Services provided by a **Participating Pediatric Dentist** or a **Participating Prosthodontist** are covered at a 20% reduction of the Participating Specialist's usual and customary fees.
- Members may be charged a BROKEN APPOINTMENT FEE of \$15 per half hour when less than 24 hours notice is provided to the Participating Dentist.
- Cosmetic Dentistry: There is no exclusion for clinically necessary or appropriate treatment as performed for esthetic reasons.
- A PROPHYLAXIS (ADA Code D1110) performed at three or four month maintenance intervals is provided at a 20% reduction of the Participating Dentist's usual and customary fee. A PERIODIC ORAL EVALUATION (ADA Code D0120) is provided at the member fee listed on the fee schedule.
- A FULL MOUTH DEBRIDEMENT (ADA Code D4355) is chargeable when calculus obstructs the ability to perform a comprehensive periodontal evaluation and diagnosis and performed as a preliminary procedure.
- Recognized and accepted ADA procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA procedure code.
- Coordination of Benefits: If total reimbursement from other plans is equal to, or in excess of, the member fee, the member fee is considered satisfied. If total reimbursement from other plans is less than the member fee, the patient is responsible to pay the difference up to the member fee.

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