



EXHIBIT A Red Fee Schedule



The following fees apply to General Dentists.
The Specialist Fee Schedule is located on the reverse side in the lower right corner.

DIAGNOSTIC TREATMENT By a General Dentist

ADA CODE	TREATMENT	MEMBER PAYS
D0120	Periodic oral evaluation	\$12
D0140	Limited oral evaluation, problem focused	\$20
D0150	Comprehensive oral evaluation (first visit) new or established patient	\$30
D0180	Comprehensive periodontal evaluation new or established patient Typically, used by a general dentist and/or a specialist when evaluating a patient comprehensively. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening.	\$25
D0210	Intraoral - complete series (including bitewings)	\$50
D0220	Intraoral - periapical - first film	\$10
D0230	Intraoral - periapical each additional film	\$8
D0240	Intraoral - occlusal film	\$15
D0270	Bitewing - single film	\$10
D0272	Bitewings - two films	\$15
D0274	Bitewings - four films	\$25
D0330	Panoramic film	\$50
D0460	Pulp vitality test	\$25
D0470	Diagnostic casts	\$35
D9999	Infection control*	\$10

*OSHA Requirements to prevent the transmission of disease which may be charged by a participating dental office.

PREVENTATIVE TREATMENT By a General Dentist

D1110	Prophylaxis - Adult	\$38
D1120	Prophylaxis- Child	\$30
D1201	Topical application of fluoride (including prophylaxis) - Child	\$40
D1205	Topical application of fluoride (including prophylaxis) - Adult	\$45
D1203	Topical application of fluoride (excluding prophylaxis) - Child	\$15
D1204	Topical application of fluoride (excluding prophylaxis) - Adult	\$15
D1330	Oral hygiene instruction	\$10
D1351	Sealant - per tooth	\$22
D1510	Space maintainer - fixed unilateral type	\$135
D1515	Space maintainer - fixed bilateral type	\$175

RESTORATIVE PROCEDURES* By a General Dentist

D2140	Amalgam-1 surface, primary or permanent, per tooth	\$45
D2150	Amalgam-2 surfaces, primary or permanent, per tooth	\$65
D2160	Amalgam-3 surfaces, primary or permanent, per tooth	\$90
D2161	Amalgam-4 or more surfaces, primary or permanent, per tooth	25% disc.
D2330	Resin-based composite - 1 surface, anterior	\$60
D2331	Resin-based composite - 2 surfaces, anterior	\$85
D2332	Resin-based composite - 3 surfaces, anterior	\$120
D2335	Resin-based composite - 4 surfaces or involving incisal angle, anterior	25% disc.
D2391	Resin-based composite - 1 surface, posterior	\$65
D2392	Resin-based composite - 2 surfaces, posterior	\$95
D2393	Resin-based composite - 3 surfaces, posterior	\$130

D2394	Resin based composite - 4 surfaces, posterior	25% disc.
D2510	Inlay - metallic - 1 surface	25% disc.
D2520	Inlay - metallic - 2 surfaces	25% disc.
D2530	Inlay - metallic - 3 surfaces	25% disc.
D2542	Onlay - metallic - 2 surfaces	25% disc.
D2710	Crown - resin (indirect)	25% disc.
D2740	Crown - porcelain/ ceramic substrate	25% disc.
D2750	Crown - porcelain fused to high noble metal	\$525
D2751	Crown - porcelain fused to predominantly base metal	\$400
D2752	Crown - porcelain fused to noble metal	\$450
D2790	Crown - full cast high noble metal	\$500
D2791	Crown - full cast predominantly base metal	\$350
D2792	Crown - full cast noble metal	\$400
D2910	Recement Inlay	\$40
D2920	Recement crown	\$40
D2930	Prefabricated stainless steel crown, primary tooth	\$95
D2931	Prefabricated stainless steel crown permanent tooth	\$120
D2932	Prefabricated resin crown	\$125
D2940	Sedative filling	\$35
D2950	Crown build up, including any pins	25% disc.
D2951	Pin retention per tooth in addition to restoration	\$25
D2952	Cast post and core in addition to crown	25% disc.
D2953	Cast post as part of crown	25% disc.
D2954	Prefabricated post and core in addition to crown	25% disc.

* Lab Fees billed separately with 25% discount.

ENDODONTIC PROCEDURES By a General Dentist

D3110	Pulp cap - direct (excluding final restoration)	\$30
D3120	Pulp cap - indirect (excluding final restoration)	\$30
D3220	Therapeutic pulpotomy (excluding final restoration)	\$75
D3310	Root canal, anterior (excluding final restoration)	\$350
D3320	Root canal, bicuspid (excluding final restoration)	\$375
D3330	Root canal, molar (excluding final restoration)	25% disc.
D3920	Hemisection (including any root removal) not including root canal therapy	25% disc.

PERIODONTIC PROCEDURES By a General Dentist

D4240	Gingival flap procedure, including root planing - per quadrant	25% disc.
D4260	Osseous surgery (including flap entry and closure) - per quadrant	25% disc.
D4270	Pedicle soft tissue graft procedure	25% disc.
D4271	Free soft tissue graft procedure	25% disc.
D4341	Periodontal scaling and root planing - per quadrant	25% disc.
D4355	Full mouth debridement	\$90
D4381	Locally administered antibiotic	\$75
D4910	Periodontal maintenance procedures following active therapy	\$60

PROSTHODONTICS REMOVABLE* By a General Dentist

D5110	Complete upper denture	\$575
D5120	Complete lower denture	\$575
D5130	Immediate upper denture	\$625
D5140	Immediate lower denture	\$625
D5211	Upper partial - acrylic base (including any conventional clasps and rests)	\$475
D5212	Lower partial - acrylic base (including any conventional clasps and rests)	\$475
D5213	Upper partial - predominantly base cast base with acrylic saddles (including any conventional clasps and rests)	25% disc.
D5214	Lower partial - predominantly base cast base with acrylic saddles (including any conventional clasps and rests)	25% disc.

AmeriPlan Dental® Care/ Dental Plans of America™ Members will pay at the time of service



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D5410	Adjust complete denture - upper	\$25
D5411	Adjust complete denture - lower	\$25
D5421	Adjust partial denture - upper	\$25
D5422	Adjust partial denture - lower	\$25
D5510	Repair broken complete denture base	25% disc.
D5520	Replace missing or broken teeth complete denture (each tooth)	25% disc.
D5610	Repair acrylic saddle or base	25% disc.
D5630	Repair or replace broken clasp	25% disc.
D5640	Replace broken teeth - per tooth	25% disc.
D5650	Add tooth to existing partial denture	25% disc.
D5660	Add clasp to existing partial denture	25% disc.
D5710	Rebase complete upper denture	\$250
D5711	Rebase complete lower denture	\$250
D5720	Rebase upper partial denture	\$225
D5721	Rebase lower partial denture	\$225

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PROSTHODONTICS, FIXED BRIDGES By a General Dentist

(Each abutment and each pontic constitutes a unit in a bridge.)

D6210	Pontic - cast high noble metal	25% disc.
D6211	Pontic - cast predominantly base metal	25% disc.
D6212	Pontic - cast noble metal	25% disc.
D6240	Pontic - porcelain fused to high noble metal	25% disc.
D6241	Pontic - porcelain fused to predominantly base metal	25% disc.
D6242	Pontic - porcelain fused to noble metal	25% disc.
D6545	Cast metal retainer for resin bonded fixed prosthesis	25% disc.
D6750	Crown - porcelain fused to high noble metal	25% disc.
D6751	Crown - porcelain fused to predominantly base metal	25% disc.
D6752	Crown - porcelain fused to noble metal	25% disc.
D6780	Crown - 3/4 cast high noble metal	25% disc.
D6781	Crown - 3/4 cast predominately base metal	25% disc.
D6782	Crown - 3/4 cast noble metal	25% disc.
D6790	Crown - full cast high noble metal	25% disc.
D6791	Crown - full cast predominantly base metal	25% disc.
D6792	Crown - full cast noble metal	25% disc.
D6930	Recement partial denture	\$40
D6940	Stress breaker	25% disc.
D6950	Precision attachment	25% disc.
D6970	Cast post and core in addition to partial denture retainer	25% disc.
D6971	Cast post as part of partial denture retainer	25% disc.
D6972	Prefabricated post and core in addition to partial denture retainer	25% disc.

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ORAL SURGERY By a General Dentist

D7111	Extraction of coronal remnants - deciduous tooth	\$48
D7140	Extraction, erupted tooth or exposed root	\$58
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$115
D7220	Removal of impacted tooth - soft tissue	\$130
D7230	Removal of impacted tooth partially bony	\$160
D7240	Removal of impacted tooth completely bony	25% disc.
D7250	Surgical removal of residual tooth roots (cutting procedure)	25% disc.
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	25% disc.
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	25% disc.
D7310	Alveoloplasty in conjunction with extractions -per quadrant	25% disc.
D7320	Alveoloplasty not in conjunction with extractions -per quadrant	25% disc.
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	25% disc.
D7970	Excision of hyperplastic tissue - per arch	25% disc.
D7971	Excision of pericoronal gingiva	25% disc.

ORTHODONTIC TREATMENT* By a General Dentist

D8660	Preorthodontic Treatment Vist w/diagnostic workup including cephalometric, panoramic, intraoral and extraoral x-ray (plus molds)	\$135
D8080	Orthodontics (Braces) under 19	\$2000
D8090	19 and over	\$2200
D8210	Removable appliance (each up to 2 years)	\$300
D8220	Fixed appliance therapy	\$500

The above orthodontic charges are our reduced fees for a General Dentist for usual and customary services for full banded Class 1 malocclusion cases. Any orthodontic treatment that requires surgery, headgear, unusual or ancillary services or is extended because of lack of patient cooperation will have an additional charge. At the orthodontic consultation appointment, the General Dentist will explain the length of treatment, all fees and the payment schedule. Orthodontic services are offered on a space and time available basis only and are not available to any person that is currently in treatment or has been in treatment planned by a General Dentist or Specialist in the past 6 months. Broken or lost appliances will be an additional charge.

* Invisalign Braces may not be included.

ADJUNCTIVE GENERAL SERVICES By a General Dentist

D9999	Failed appointment (without 24 hr. notice)	\$25
D9110	Palliative (emergency) treatment of dental pain - minor procedures	\$40
D9310	Consultation - per session (diagnostic service provided by dentist other than dentist providing treatment)	\$40
D9430	Office visit for observation (during regularly scheduled hours) - no treatment rendered	\$25
D9440	Office visit - after regularly scheduled hours	\$75
D9950	Occlusion analysis (mounted case)	25% disc.
D9951	Occlusal adjustment (limited)	25% disc.

The dentist may charge additional fees for any procedure that presents unusual difficulties and circumstances. The Dentist will discuss fees with patient prior to treatment.

If Dentist's usual and customary fee is less than the AmeriPlan Dental® Care/ Dental Plans of America™ scheduled fee, the Dentist will charge lower fee.

Any procedures, including cosmetic, not listed will be made available from any AmeriPlan Dental® Care/ Dental Plans of America™ general practitioner on a fee for service basis at a 25% discount.

SPECIALIST FEE SCHEDULE

Any AmeriPlan Dental® Care/ Dental Plans of America™ member receiving treatment from a participating specialist provider (advanced degree), shall receive a 25% discount off the participating specialist's usual and customary fee for that procedure. These participating specialists include the following:

Orthodontists*
Endodontists
Pedodontists

Periodontists
Prosthodontists
Oral Surgeons

* Invisalign Braces may not be included.

**SPECIAL RULES FOR IMPLANTS
DISCOUNT APPLIES TO ALL DENTAL SERVICES EXCEPT
PRACTITIONER'S COST OF IMPLANT FIXTURE.**