Hammond Dental Care Platinum Plan

ADA CODE	MEMBER SERVICE	UCR	MEMBER RATE	
DIAGNOSTIC AND PREVENTIVE				
0120	Periodic oral evaluation	41.00	N/C	
0140	Limited oral evaluation	60.00	N/C	
0150	Comprehensive oral evaluation	74.00	N/C	
0180	Comprehensive perio evaluation	82.00	N/C	
0210	Intraoral-complete series	109.00	N/C	
0220	Intraoral-periapical first film	23.00	N/C	
0230	Intraoral-periapical each add'l	18.00	N/C	
0240	Intraoral-occlusal film	31.00	N/C	
0272	Bitewings-two films	35.00	N/C	
0274	Bitewings-four films	51.00	N/C	
0330	Panoramic Film	92.00	N/C	
1110	****Prophylaxis-adult****	84.00	N/C	(50.00)
1120	****Prophylaxis-child****	55.00	N/C	(33.00)
	*(**Patient's with gum disease are not covered under this category**)*			
1203	Fluoride-child	29.00	1x12	(18.00)
1204	Fluoride-adult	29.00	18.00	
1351	Sealant-per tooth	43.00	20.00	
RESTORATIVE (FILLINGS)				
2330	Resin-one surface anterior	155.00	98.00	
2331	Resin-two surface anterior	205.00	128.00	
2332	Resin-three surface anterior	275.00	170.00	
2335	Resin-four+ surface anterior	325.00	200.00	
2391	Resin-one surface posterior	155.00	98.00	
2392	Resin-two surface posterior	205.00	128.00	
2393	Resin-three surface posterior	275.00	170.00	
2394	Resin-four+ surface posterior	325.00	200.00	
2940	Sedative filling	145.00	93.00	
INLAYS AND ONLAYS				
2610	Inlay-porcelain one surface	763.00	538.00	
2620	Inlay-porcelain two surface	810.00	556.00	
2630	Inlay-porcelain three+ surface	879.00	571.00	
2642	Onlay-porcelain two surface	907.00	604.00	
2643	Onlay-porcelain three surface	923.00	619.00	
2644	Onlay-porcelain four+ surface	966.00	634.00	
CROWNS AND BRIDGES				
2740	Crown-porcelain/ceramic	975.00	675.00	
2750	Crown-porcelain fused to metal	925.00	650.00	
2910	Recement inlay/onlay	87.00	35.00	
2920	Recement crown	82.00	35.00	
2950	Core build up including any pins	217.00	130.00	
2962	Labial Veneer	1095.00	780.00	
6240	Pontic-porcelain fused to hnob	925.00	650.00	
6750	Retainer crn-porc fused to hnob	925.00	650.00	
REMOVABLE PROSTHODONTICS				
5110	Complete denture-maxillary	1700.00	900.00	
5120	Complete denture-mandibular	1700.00	900.00	
5130	Immediate denture-maxillary	1700.00	900.00	
5140	Immediate denture-mandibular	1700.00	900.00	
5213	Maxil partl-cast metal w/ resin	1750.00	950.00	
5214	Mand partl-cast metal w/ resin	1750.00	950.00	
5225	Maxillary partial-flexible base	1750.00	950.00	
5226	Mandibular partial-flexible base	1750.00	950.00	
5410	Adjust complete denture-maxil	66.00	30.00	
5411	Adjust complete denture-mand	66.00	30.00	
5421	Adjust partial denture-maxil	66.00	30.00	
5422	Adjust partial denture-mand	66.00	30.00	
5810	Interim complete denture-maxil	680.00	400.00	
5811	Interim complete denture-mand	680.00	400.00	
5820	Interim partial denture-maxil	500.00	350.00	
5821	Interim partial denture-mand	500.00	350.00	
5860	Overdenture-complete	3250.00	3250.00	

ADA CODE	MEMBER SERVICE	UCR	MEMBER RATE
PERIODONTICS			
4341	SRP 4+ per quad	250.00	150.00
4342	SRP 1-3 teeth per quad	170.00	102.00
4355	Full mouth debridement	137.00	60.00
4381	Arestin	63.00	30.00
4910	Periodontal maintenance	128.00	77.00
ENDODONTICS			
3110	Pulp cap-direct	90.00	45.00
3120	Pulp cap-indirect	90.00	45.00
3220	Therapeutic pulpotomy	144.00	65.00
3240	Pulpal therapy-posterior	220.00	75.00
3310	Root canal therapy-anterior	695.00	420.00
3320	Root canal therapy-bicuspid	800.00	485.00
3330	Root canal therapy-molar	985.00	700.00
ORAL SURGERY			
7111	Extraction crnl remnts-decids-th	98.00	54.00
7140	Extraction erupted tooth	165.00	99.00
7210	Extraction-surgical	218.00	129.00
7220	Extraction-impacted/soft tissue	263.00	114.00
7230	Extraction-impacted/part bony	337.00	126.00
7240	Extraction-impacted/comp bony	411.00	138.00
7250	Surg removal of resid tooth root	230.00	135.00
7270	Reimplantation/stabilization	385.00	102.00
7953	Bone repl graft ridge pres site	440.00	240.00
IMPLANTS			
6053	Imp/abut ret, comp edent arch	3250.00	3250.00
6054	Imp/abut ret, part edent arch	3250.00	3250.00
6056	Prefab abutment incl placement	577.00	475.00
6066	Imp supp porc fused to mtl crn	1288.00	925.00
6078	Imp/abut supp fixd comp edent	11985.00	11985.00
6079	Imp/abut supp fixd part edent	11985.00	11985.00
OTHER SERVICES			
9430	Office visit for observation	55.00	N/C
9910	Application of desensitizing med	41.00	20.00
9940	Occlusal guards	427.00	275.00
9940	Athletic mouthguards	170.00	170.00
9975	One hour in office whitening	375.00	225.00
9976	Take home whitening	150.00	150.00
9977	30 minute in office whitening	30.00	30.00
REPAIRS AND RELINES			
5510	Repair complete denture base	170.00	110.00
5610	Repair resin denture base	170.00	110.00
5620	Repair cast framework	240.00	180.00
5630	Repair or replace broken clasp	240.00	180.00
5640	Repair or replace broken tooth	170.00	120.00
5710	Rebase complete maxil denture	459.00	250.00
5711	Rebase complete mand denture	459.00	250.00
5720	Rebase maxil partial denture	435.00	250.00
5721	Rebase maxil partial denture	435.00	250.00
5730	Reline complete maxil-chairside	310.00	250.00
5731	Reline complete mand-chairside	310.00	250.00
5740	Reline maxil partial-chairside	310.00	250.00
5741	Reline mand partial-chairside	310.00	250.00
5750	Reline complete maxillary-lab	410.00	350.00
5751	Reline complete mandibular-lab	410.00	350.00
5760	Reline partial maxillary-lab	410.00	350.00
5761	Reline partial mandibular-lab	410.00	350.00