

# Hammond Dental Care Platinum Plan

ADA CODE	MEMBER SERVICE	UCR	MEMBER RATE	ADA CODE	MEMBER SERVICE	UCR	MEMBER RATE
<b><u>DIAGNOSTIC AND PREVENTIVE</u></b>				<b><u>PERIODONTICS</u></b>			
0120	Periodic oral evaluation	27.00	N/C	4341	SRP 4+ per quad	250.00	150.00
0140	Limited oral evaluation	39.00	N/C	4342	SRP 1-3 teeth per quad	170.00	102.00
0150	Comprehensive oral evaluation	74.00	N/C	4355	Full mouth debridement	95.00	57.00
0180	Comprehensive perio evaluation	39.00	N/C	4381	Arestin	37.00	27.00
0210	Intraoral-complete series	96.00	N/C	4910	Periodontal maintenance	128.00	77.00
0220	Intraoral-periapical first film	19.00	N/C				
0230	Intraoral-periapical each add'l	17.00	N/C	<b><u>ENDODONTICS</u></b>			
0240	Intraoral-occlusal film	19.00	N/C	3110	Pulp cap-direct	75.00	45.00
0272	Bitewings-two films	35.00	N/C	3120	Pulp cap-indirect	90.00	54.00
0274	Bitewings-four films	40.00	N/C	3220	Therapeutic pulpotomy	95.00	57.00
<b>1110</b>	<b>**Prophylaxis-adult**</b>	84.00	N/C (50.00)	3240	Pulpal therapy-posterior	105.00	63.00
<b>1120</b>	<b>**Prophylaxis-child**</b>	40.00	N/C (24.00)	3310	Root canal therapy-anterior	695.00	417.00
	<i>(**Patient's with gum disease are not covered under this category**)</i>			3320	Root canal therapy-bicuspid	800.00	480.00
1203	Fluoride-child	28.00	1x12 (17.00)	3330	Root canal therapy-molar	985.00	700.00
1204	Fluoride-adult	28.00	17.00				
1351	Sealant-per tooth	30.00	18.00				
<b><u>RESTORATIVE (FILLINGS)</u></b>				<b><u>ORAL SURGERY</u></b>			
2330	Resin-one surface anterior	155.00	93.00	7111	Extraction crnl remnts-decids-th	90.00	54.00
2331	Resin-two surface anterior	205.00	123.00	7140	Extraction erupted tooth	165.00	99.00
2332	Resin-three surface anterior	275.00	165.00	7210	Extraction-surgical	215.00	129.00
2335	Resin-four+ surface anterior	325.00	195.00	7220	Extraction-impacted/soft tissue	190.00	114.00
2391	Resin-one surface posterior	155.00	93.00	7230	Extraction-impacted/part bony	210.00	126.00
2392	Resin-two surface posterior	205.00	123.00	7240	Extraction-impacted/comp bony	230.00	138.00
2393	Resin-three surface posterior	275.00	165.00	7250	Surg removal of resid tooth root	225.00	135.00
2394	Resin-four+ surface posterior	325.00	195.00	7270	Reimplantation/stabilization	170.00	102.00
2940	Sedative filling	145.00	87.00	7953	Bone repl graft ridge pres site	400.00	240.00
<b><u>INLAYS AND ONLAYS</u></b>				<b><u>IMPLANTS</u></b>			
2610	Inlay-porcelain one surface	705.00	533.00	6053	Imp/abut ret, comp edent arch	3250.00	3250.00
2620	Inlay-porcelain two surface	735.00	551.00	6054	Imp/abut ret, part edent arch	3250.00	3250.00
2630	Inlay-porcelain three+ surface	760.00	566.00	6056	Prefab abutment incl placement	475.00	475.00
2642	Onlay-porcelain two surface	815.00	599.00	6066	Imp supp porc fused to mtl crn	925.00	925.00
2643	Onlay-porcelain three surface	840.00	614.00	6078	Imp/abut supp fixd comp edent	11985.00	11985.00
2644	Onlay-porcelain four+ surface	865.00	629.00	6079	Imp/abut supp fixd part edent	11985.00	11985.00
<b><u>CROWNS AND BRIDGES</u></b>				<b><u>OTHER SERVICES</u></b>			
2740	Crown-porcelain/ceramic	975.00	665.00	9430	Office visit for observation	55.00	N/C
2750	Crown-porcelain fused to metal	925.00	645.00	9910	Application of desensitizing med	30.00	18.00
2910	Recement inlay/onlay	45.00	27.00	9940	Occlusal guards	390.00	275.00
2920	Recement crown	45.00	27.00	9940	Athletic mouthguards	170.00	170.00
2950	Core build up including any pins	155.00	93.00	9975	One hour in office whitening	375.00	225.00
2962	Labial Veneer	1095.00	767.00	9976	Take home whitening	150.00	150.00
6240	Pontic-porcelain fused to knob	925.00	645.00	9977	30 minute in office whitening	30.00	30.00
6750	Retainer crn-porc fused to knob	925.00	645.00				
<b><u>REMOVABLE PROSTHODONTICS</u></b>				<b><u>REPAIRS AND RELINES</u></b>			
5110	Complete denture-maxillary	1700.00	900.00	5510	Repair complete denture base	170.00	110.00
5120	Complete denture-mandibular	1700.00	900.00	5610	Repair resin denture base	170.00	110.00
5130	Immediate denture-maxillary	1700.00	900.00	5620	Repair cast framework	240.00	180.00
5140	Immediate denture-mandibular	1700.00	900.00	5630	Repair or replace broken clasp	240.00	180.00
5213	Maxil partl-cast metal w/ resin	1750.00	950.00	5640	Repair or replace broken tooth	170.00	120.00
5214	Mand partl-cast metal w/ resin	1750.00	950.00	5710	Rebase complete maxil denture	310.00	250.00
5225	Maxillary partial-flexible base	1750.00	950.00	5711	Rebase complete mand denture	310.00	250.00
5226	Mandibular partial-flexible base	1750.00	950.00	5720	Rebase maxil partial denture	310.00	250.00
5410	Adjust complete denture-maxil	47.00	28.00	5721	Rebase maxil partial denture	310.00	250.00
5411	Adjust complete denture-mand	47.00	28.00	5730	Reline complete maxil-chairside	310.00	250.00
5421	Adjust partial denture-maxil	47.00	28.00	5731	Reline complete mand-chairside	310.00	250.00
5422	Adjust partial denture-mand	47.00	28.00	5740	Reline maxil partial-chairside	310.00	250.00
5810	Interim complete denture-maxil	450.00	350.00	5741	Reline mand partial-chairside	310.00	250.00
5811	Interim complete denture-mand	450.00	350.00	5750	Reline complete maxillary-lab	410.00	350.00
5820	Interim partial denture-maxil	450.00	350.00	5751	Reline complete mandibular-lab	410.00	350.00
5821	Interim partial denture-mand	450.00	350.00	5760	Reline partial maxillary-lab	410.00	350.00
5860	Overdenture-complete	3250.00	3250.00	5761	Reline partial mandibular-lab	410.00	350.00