

Sliding Fee Discount Program Covered Dental Services

Category: Bundled per Visit (PV) {Range \$10-\$80}

Covered: Preventative/ Diagnostic /Restorative/Extraction Services		
Examinations	Cleanings/Education	X-Rays
Initial Exam-New patient	Cleanings-Children and Adult	Full Mouth Series, includes Bitewings
Periodic Exam	Periodontal Maintenance	Periapical X-Rays
Child Exam-3 yr. or younger	Oral Hygiene Instruction- FREE	Bitewing X-Rays
Emergency Exam	Nutritional Counseling- FREE	Panorex X-Ray
Caries Risk Assessment- FREE	Fluoride Treatment (ages 0-5)	
Smoking Cessation Counseling	Fluoride Treatment (ages 6+)	
Consultation- FREE	Sealants	
School-Based Screening by Hygienist- FREE		
Bacteriologic Study		
Caries Susceptibility Test		

Covered: Preventative/ Diagnostic /Restorative/Extraction Services		
Fillings/other restorative		Extraction Services
Silver Fillings	Interim caries arresting medicament application	Extraction of baby tooth remnants
Tooth Colored Fillings	Pulp Vitality Test	Simple Extractions
Protective Fillings	Diagnostic Cast	
Pulp Caps-Direct & Indirect		
Minor Emergency treatment of dental pain		

Category: 1 {Range \$10-\$45}

Covered Services		
Re-cements/Removal	Oral Hygiene	Other Services
Re-cement Space Maintainer	Periodontal Scaling/Root Planing (1-3 teeth)-per quadrant	Adjustment of partial dentures (if not made by RPCN w/in 6 months)
Removal of a fixed space maintainer		Adjustment of full denture (if not made by RPCN w/in 6 months)
Re-cement Crown	Re-Cement Post & Core	Fabricate Fluoride gel carrier-No lab fee
Re-Cement Inlay/Onlay		
Re-cement Fixed Partial		

***Note: Any procedures in bold require 50% down prior to scheduling.**

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Category: 2 {Range \$15-\$100}

Covered Services	
Temporary Crown (If not in conjunction with a permanent crown)	
*Re-place broken tooth (all dentures)/tooth	
*Repair Acrylic Denture Base	
Tissue Conditioning-upper/lower	

Category: 3 {Range \$25-\$150}

Covered Services	
Scaling and Root Planing (4 or more teeth)-per quadrant	*Repair Resin Denture Base
Stainless Steel Crown-baby tooth	*Add tooth to existing partial denture
Stainless Steel Crown-Adult tooth	*Add tooth to existing complete denture
Pulpotomy-baby tooth	
*Repair Cast Framework	

Category: 4 {Range \$50-\$200}

Covered Services	
Core Build-up, including pins	
*Repair/Replace broken clasp	
*Add clasp to existing partial denture	

Category: 5 {Range \$100-\$250}

Covered Services	
Space maintainer-fixed unilateral (band & loop)	Surgical extraction
Space maintainer-removable unilateral	Alveoplasty (in conjunction with extraction of 1-3 teeth)
Space Maintainer-removable-Bi-lateral	
Re-line upper/lower complete dentures (Chairside only)	Incision & Drainage of Abscess
Re-line upper/lower partial dentures (Chairside only)	
Pre-fabricated post & core (in addition to a crown)	Bleaching/Arch

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Category: 6 {Range \$150-\$350}

Covered Services	
<i>*Reline upper/lower full dentures (Laboratory)</i>	
<i>*Reline upper/lower partial dentures (Laboratory)</i>	
<i>*Occlusal Guard</i>	

Category: 7 {Range \$235-\$350}

Covered Services	
<i>*Interim upper/lower partial dentures</i>	
<i>*Space Maintainer-fixed-bi-lateral</i>	
<i>*Indirectly Fabricated Post & Core</i>	

Category: 8 {Range \$275-\$400}

Covered Services	
<i>*Root Canal Treatment-Anterior (Front) Tooth</i>	
<i>*Alveoplasty: 1-3 teeth (not in conjunction with extraction)</i>	
<i>*Alveoplasty: 4+ teeth (not in conjunction with extraction)</i>	
<i>*Rebase complete denture upper/lower</i>	

Category: 9 {Range \$450-\$900}

Covered Services	
<i>*Crown-Porcelain(Fused to high noble metal)</i>	<i>*Crown (Full cast noble metal)</i>
<i>*Crown-Porcelain (Fused to base metal)</i>	<i>*Crown (Porcelain/Ceramic substrate)</i>
<i>*Crown-Porcelain (Fused to noble metal)</i>	<i>*Crown (Full cast base metal)</i>
<i>*Crown (Full cast high noble metal)</i>	<i>*Crown (¾ Cast High Noble Metal)</i>
<i>*Root Canal Treatment (pre-molar)</i>	

Category: 10 {Range \$550-\$1200}

Covered Services	
<i>*Complete (upper/lower) dentures</i>	
<i>*Partial denture (upper/lower)-Cast metal framework w/ resin base</i>	
<i>*Partial denture upper/lower-Resin base</i>	
<i>*Partial denture upper/lower-Flex base</i>	

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