

**Schedule 18**

Discounts are for services from a general dentist in the Patient Direct network only. Discounts for specialist services vary.

ADA CODE	DENTAL PROCEDURE/ADA CODE DESCRIPTION	NORMAL FEE*	YOU PAY ONLY	YOU SAVE
<i>Diagnostic Services (Exams and X-rays)</i>				
999	ROUTINE OFFICE VISIT	\$ 35	\$ 5	86%
120	PERIODIC ORAL EVALUATION	\$ 53	No Cost	100%
140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$ 79	\$ 14	82%
150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT	\$ 97	\$ 12	88%
210	X-RAY INTRAORAL COMPLETE SERIES INC. BITEWINGS	\$ 134	\$ 27	80%
220	X-RAY INTRAORAL-PERIAPICAL-FIRST FILM	\$ 31	\$ 6	81%
230	X-RAY INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	\$ 26	\$ 5	81%
240	X-RAY INTRA ORAL-OCCLUSAL FILM	\$ 48	\$ 5	89%
250	X-RAY EXTRAORAL-FIRST FILM	\$ 75	\$ 4	94%
260	X-RAY EXTRAORAL-EACH ADDITIONAL FILM	\$ 63	\$ 5	92%
270	X-RAY BITEWING-SINGLE FILM	\$ 31	No Cost	100%
272	X-RAY BITEWING-2 FILMS	\$ 48	No Cost	100%
274	X-RAY BITEWING-4 FILMS	\$ 68	No Cost	100%
330	X-RAY PANORAMIC FILM	\$ 116	\$ 47	59%
340	CEPHALOMETRIC FILM	\$ 137	\$ 55	60%
460	PULP VITALITY TEST	\$ 61	No Cost	100%
470	DIAGNOSTIC CASTS	\$ 122	\$ 46	62%
999	EMERGENCY VISIT (SAME DAY)	\$ 90	\$ 25	72%
<i>Preventive Services (Cleanings)</i>				
1110	PROPHYLAXIS-ADULT CLEANING (EVERY 6 MONTHS)	\$ 96	\$ 15	84%
1120	PROPHYLAXIS-CHILD CLEANING (EVERY 6 MONTHS)	\$ 72	\$ 15	79%
1203	TOPICAL APPLICATION OF FLUORIDE NOT INCL/PROPHY-CHILD	\$ 39	\$ 11	72%
1330	ORAL HYGIENE INSTRUCTIONS	\$ 63	No Cost	100%
1351	SEALANT PER TOOTH	\$ 58	\$ 11	81%
1510	SPACE MAINTAINER FIXED UNILATERAL	\$ 338	\$ 170	50%
1515	SPACE MAINTAINER FIXED BILATERAL	\$ 461	\$ 250	46%
1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$ 418	\$ 207	50%
1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$ 522	\$ 237	55%
1550	RE-CEMENTATION OF SPACE MAINTAINER	\$ 90	\$ 17	81%
1999	ADDITIONAL PROPHY (FOR PERIO MAINTENANCE)	\$ 96	\$ 36	63%
<i>Restorative Services (Fillings, Crowns, Inlays and Onlays)</i>				
2140	AMALGAM-1 SURFACE (PRIMARY OR PERMANENT)	\$ 150	\$ 31	79%
2150	AMALGAM-2 SURFACES (PRIMARY OR PERMANENT)	\$ 195	\$ 41	79%
2160	AMALGAM-3 SURFACES (PRIMARY OR PERMANENT)	\$ 232	\$ 50	79%
2161	AMALGAM-4 OR MORE SURFACES (PRIMARY OR PERMANENT)	\$ 272	\$ 59	78%
2330	RESIN BASED COMPOSITE 1 SURFACE (ANTERIOR)	\$ 169	\$ 44	74%
2331	RESIN BASED COMPOSITE 2 SURFACES (ANTERIOR)	\$ 212	\$ 54	75%
2332	RESIN BASED COMPOSITE 3 SURFACES (ANTERIOR)	\$ 264	\$ 73	72%
2335	RESIN 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$ 328	\$ 121	63%
2390	RESIN BASED COMPOSITE CROWN (ANTERIOR)	\$ 476	\$ 255	46%
2391	RESIN BASED COMPOSITE ONE SURFACE (POSTERIOR)	\$ 188	\$ 95	49%
2392	RESIN BASED COMPOSITE TWO SURFACE (POSTERIOR)	\$ 243	\$ 129	47%
2393	RESIN BASED COMPOSITE THREE SURFACE (POSTERIOR)	\$ 305	\$ 165	46%
2394	RESIN BASED COMPOSITE FOUR OR MORE SURFACES (POSTERIOR)	\$ 364	\$ 180	51%
*2510	INLAY-METALLIC-ONE SURFACE	\$ 906	\$ 288	68%

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<u>Restorative Services (Fillings, Crowns, Inlays and Onlays) Con't</u>				
*2520	INLAY-METALLIC-TWO SURFACE	\$ 936	\$ 299	68%
*2530	INLAY-METALLIC-THREE OR MORE SURFACES	\$ 991	\$ 316	68%
*2542	ONLAY-METALLIC-TWO SURFACES	\$ 1,005	\$ 320	68%
*2543	ONLAY-METALLIC-THREE SURFACES	\$ 1,037	\$ 329	68%
*2544	ONLAY-METALLIC-FOUR OR MORE SURFACES	\$ 1,069	\$ 386	64%
*2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	\$ 965	\$ 293	70%
*2650	INLAY-RESIN BASED COMPOSITE-ONE SURFACE	\$ 927	\$ 289	69%
*2651	INLAY-RESIN BASED COMPOSITE-TWO SURFACES	\$ 952	\$ 310	67%
*2652	INLAY-RESIN BASED COMPOSITE-THREE OR MORE SURFACES	\$ 993	\$ 320	68%
*2710	CROWN-RESIN BASED COMPOSITE ( <i>INDIRECT</i> )	\$ 963	\$ 310	68%
*2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$ 1,139	\$ 366	68%
*2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$ 1,032	\$ 323	69%
*2722	CROWN RESIN WITH NOBLE METAL	\$ 1,048	\$ 336	68%
*2740	CROWN PORCELAIN/CERAMIC SUBSTRATE	\$ 1,196	\$ 385	68%
*2750	CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 1,164	\$ 370	68%
*2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 1,054	\$ 305	71%
*2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$ 1,091	\$ 355	67%
*2790	CROWN FULL CAST HIGH NOBLE METAL	\$ 1,154	\$ 359	69%
*2791	CROWN FULL CAST PREDOMINANTLY BASE METAL	\$ 1,028	\$ 310	70%
*2792	CROWN FULL CAST NOBLE METAL	\$ 1,058	\$ 336	68%
2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	\$ 116	\$ 14	88%
2920	RECEMENT CROWN	\$ 116	\$ 30	74%
2930	PREFAB. STAINLESS STEEL CROWN-PRIMARY	\$ 291	\$ 100	66%
2931	PREFAB STAINLESS STEEL CROWN-PERMANENT	\$ 355	\$ 119	66%
2932	PREFAB. RESIN CROWN	\$ 376	\$ 149	60%
2933	PREFAB. STAINLESS STEEL CROWN WITH RESIN WINDOW	\$ 398	\$ 170	57%
2940	SEDATIVE FILLING	\$ 132	\$ 36	73%
2950	CORE BUILDUP INCLUDING ANY PINS	\$ 292	\$ 80	73%
2951	PIN RETENTION PER TOOTH IN ADD. TO RESTORATION	\$ 81	\$ 22	73%
2952	CAST POST & CORE IN ADDITION TO CROWN	\$ 456	\$ 129	72%
2954	PREFAB POST & CORE IN ADDITION TO CROWN	\$ 365	\$ 102	72%
2955	POST REMOVAL ( <i>NOT IN CONJUNCTION WITH ENDODONTIC THERAPY</i> )	\$ 317	\$ 130	59%
2960	LABIAL VENEER RESIN LAMINATE ( <i>CHAIRSIDE</i> )	\$ 714	\$ 175	75%
2999	BLEACHING ( <i>PER ARCH</i> )	\$ 270	\$ 156	42%
2999	\$125 ADDTL.CHARGE P/UNIT FOR MULTIPLE CROWN UNITS/COMPLEX REHABILITATION			
*These fees do not include an allowable \$151 lab fee (per unit). Doctors, please make sure that all members understand what their fees will be and what the savings are from your Usual and Customary fees. Temporary crowns are included with permanent crown preparation.				
<u>Endodontic Services (Root Canals)</u>				
3110	PULP CAP DIRECT EXCLUDING FINAL RESTORATION	\$ 90	\$ 24	73%
3120	PULP CAP INDIRECT EXCLUDING FINAL RESTORATION	\$ 93	\$ 25	73%
3220	THERAPEUTIC PULPOTOMY EXCLUDING FINAL RESTORATION	\$ 218	\$ 70	68%
3230	PULPAL THERAPY ANTERIOR, PRIMARY TOOTH EXCLUDING REST.	\$ 328	\$ 100	70%
3240	PULPAL THERAPY POSTERIOR, PRIMARY TOOTH EXCLUDING REST	\$ 370	\$ 110	70%
3310	ROOT CANAL THERAPY 1 CANAL ( <i>EXCLUDING FINAL RESTORATION</i> )	\$ 778	\$ 267	66%
3320	ROOT CANAL THERAPY 2 CANALS ( <i>EXCLUDING FINAL RESTORATION</i> )	\$ 874	\$ 314	64%
3330	ROOT CANAL THERAPY 3 CANALS OR MORE	\$ 1,058	\$ 392	63%
3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$ 741	\$ 315	57%
3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID ( <i>FIRST ROOT</i> )	\$ 805	\$ 347	57%
3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR ( <i>FIRST ROOT</i> )	\$ 950	\$ 416	56%
3426	APICOECTOMY/PERIRADICULAR SURGERY-EACH ADDITIONAL ROOT	\$ 450	\$ 157	65%
3430	RETROGRADE FILLING-PER ROOT	\$ 315	\$ 106	66%
3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$ 279	\$ 63	77%

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<i>Periodontic Services (Gum Disease)</i>				
4210	GINGIVOPLASY OR GIGIVECTOMY- 4+ CONTIGUOUS OR BOUNDED SP. TEETH P/QUAD	\$ 704	\$ 319	55%
4211	GINGIVECTOMY OR GINGIVOPLASTY-I TO 3 CONTIGUOUS OR BOUNDED SP. TEETH P/QUAD	\$ 323	\$ 159	51%
4240	GINGIVAL FLAP PROCEDURE, INCL.ROOT PLNG -4+ CONTIG. OR BOUNDED SP. TEETH P/QUAD	\$ 820	\$ 339	59%
4260	OSSEOUS SURG. INCL. FLAP ENTRY & CLOSURE-4+ CONTIG. OR BOUNDED SP. TEETH P/QUAD	\$ 1,138	\$ 507	55%
4320	PROVISIONAL SPLINTING-INTRACORNIAL	\$ 556	\$ 243	56%
4321	PROVISIONAL SPLINTING-EXTRACORNIAL	\$ 527	\$ 230	56%
4341	PERIODONTAL SCALING & ROOT PLNG- 4+ TEETH PER QUAD	\$ 265	\$ 109	59%
4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMP.EVAL. & DIAGNOSIS	\$ 197	\$ 84	57%
4910	PERIODONTAL MAINTENANCE	\$ 146	\$ 56	62%
4999	PERIO SCREENING AND SCORING	\$ 30	\$ 10	67%
<i>Prosthodontics (Removable/Complete Dentures, etc.)</i>				
5110	COMPLETE DENTURE-MAXILLARY	\$ 1,799	\$ 528	71%
5120	COMPLETE DENTURE-MANDIBULAR	\$ 1,799	\$ 509	72%
5130	IMMEDIATE DENTURE-MAXILLARY	\$ 1,921	\$ 744	61%
5140	IMMEDIATE DENTURE-MANDIBULAR	\$ 1,958	\$ 755	61%
5211	MAXILLARY PART. DENTURE-RESIN BASE (INCL. CLASPS & TEETH)	\$ 1,474	\$ 453	69%
5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCL. CLASPS & TEETH)	\$ 1,448	\$ 424	71%
5213	MAXILLARY PART. DENT.-CST MTL FRMEWRK W/RESIN DENT. BASE (INCL/CLASPS & TEETH)	\$ 1,885	\$ 521	72%
5214	MANDIBULAR PART. DENT.-CST MTL FRMEWRK W/RESIN DENT. BASE (INCL/CLASPS & TEETH)	\$ 1,889	\$ 518	73%
5410	ADJUST COMPLETE DENTURE-MAXILLARY	\$ 96	\$ 35	64%
5411	ADJUST COMPLETE DENTURE-MANDIBULAR	\$ 95	\$ 35	63%
5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$ 95	\$ 34	64%
5422	ADJUST PARTIAL DENTURE-MANDIBULAR	\$ 95	\$ 35	63%
5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 231	\$ 85	63%
5520	REPLACE MISSING OF BROKEN TEETH-COMP.DENTURE-EACH TOOTH	\$ 197	\$ 58	71%
5610	REPAIR RESIN DENTURE BASE	\$ 225	\$ 76	66%
5620	REPAIR CAST FRAMEWORK	\$ 313	\$ 132	58%
5630	REPAIR OR REPLACE BROKEN CLASP	\$ 286	\$ 98	66%
5640	REPLACE BROKEN TEETH-PER TOOTH	\$ 198	\$ 63	68%
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$ 241	\$ 88	63%
5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$ 292	\$ 115	61%
5710	REBASE COMPLETE MAXILLARY DENTURE	\$ 630	\$ 269	57%
5711	REBASE COMPLETE MANDIBULAR DENTURE	\$ 629	\$ 260	59%
5720	REBASE MAXILLARY PARTIAL DENTURE	\$ 609	\$ 222	64%
5721	REBASE MANDIBULAR PARTIAL DENTURE	\$ 609	\$ 220	64%
5730	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$ 402	\$ 166	59%
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$ 402	\$ 166	59%
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$ 397	\$ 156	61%
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$ 402	\$ 155	61%
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$ 503	\$ 147	71%
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$ 503	\$ 146	71%
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$ 503	\$ 153	70%
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$ 503	\$ 152	70%
5850	TISSUE CONDITIONING MAXILLARY	\$ 231	\$ 64	72%
5851	TISSUE CONDITIONING MANDIBULAR	\$ 233	\$ 62	73%

NOTE: In addition to the fees listed above in section 5000 thru 6000, additional fees may be charged for upgraded teeth and enhanced cosmetics, personalization beyond norm or techniques involving precision dentures.

ADA CODE	DENTAL PROCEDURE/ADA CODE DESCRIPTION	NORMAL FEE*	YOU PAY ONLY	YOU SAVE
<u>Prosthodontics (Fixed/Partial Dentures, etc.)</u>				
*6210	PONTIC-CAST HIGH NOBLE METAL	\$ 1,133	\$ 346	69%
*6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$ 1,037	\$ 295	72%
*6212	PONTIC-CAST NOBLE METAL	\$ 1,075	\$ 312	71%
*6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 1,161	\$ 370	68%
*6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 1,058	\$ 302	71%
*6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$ 1,084	\$ 317	71%
*6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$ 1,085	\$ 330	70%
*6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$ 1,042	\$ 316	70%
*6252	PONTIC-RESIN WITH NOBLE METAL	\$ 1,044	\$ 315	70%
*6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$ 1,154	\$ 361	69%
*6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$ 1,042	\$ 333	68%
*6722	CROWN-RESIN WITH NOBLE METAL	\$ 1,067	\$ 339	68%
*6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 1,164	\$ 370	68%
*6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 1,052	\$ 306	71%
*6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$ 1,079	\$ 324	70%
*6790	CROWN-FULL CAST HIGH NOBLE METAL	\$ 1,133	\$ 354	69%
*6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$ 1,042	\$ 313	70%
*6792	CROWN-FULL CAST NOBLE METAL	\$ 1,084	\$ 314	71%
6930	RECEMENT FIXED PARTIAL DENTURE	\$ 185	\$ 64	65%
<b>*These fees do not include an allowable \$151 lab fee (per unit). Doctors, please make sure that all members understand what their fees will be and what the savings are from your Usual and Customary fee.</b>				
<u>Oral Surgery (Extractions, etc.)</u>				
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$ 185	\$ 44	76%
7210	SURGICAL EXT. ERUPTED TOOTH WITH REMOVAL OF BONE	\$ 295	\$ 78	74%
7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$ 345	\$ 87	75%
7230	REMOVAL OF IMPACTED TOOTH PARTIALLY BONY	\$ 419	\$ 156	63%
7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$ 524	\$ 204	61%
7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY W/ UNUSUAL SURG. COMPLICATION	\$ 635	\$ 239	62%
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$ 322	\$ 111	66%
7270	TOOTH REIMPL. AND/OR STAB. OF ACC.EVULSED OR DISPL. TOOTH	\$ 609	\$ 238	61%
7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$ 540	\$ 235	56%
7285	BIOPSY OF ORAL TISSUE-HARD (BONE-TOOTH)	\$ 497	\$ 207	58%
7286	BIOPSY OF ORAL TISSUE-SOFT	\$ 344	\$ 139	60%
7310	ALVEOPLASTY IN CONJ. WITH EXT.- PER QUAD	\$ 329	\$ 120	64%
7320	ALVEOPLASTY NOT IN CONJ WITH EXT- PER QUAD	\$ 528	\$ 175	67%
7510	INCISION AND DRAINAGE ABSCESS- INTRAORAL SOFT TISSUE	\$ 255	\$ 95	63%
7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5CM	\$ 341	No Cost	100%
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	\$ 498	\$ 124	75%
7970	EXCISION OF HYPERPLASTIC TISSUE- PER ARCH	\$ 582	\$ 207	64%
<u>General Miscellaneous Services</u>				
9110	EMERGENCY PALATIVE TREATMENT OF DENTAL PAIN- MINOR PROCEDURE	\$ 138	\$ 44	68%
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE - FIRST 30 MINUTES	\$ 95	\$ 25	74%
9310	CONSULTATION (DIAG.SERV.PROV. BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROV.TREATMNT)	\$ 159	No Cost	100%
9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$ 73	\$ 6	92%
9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$ 315	\$ 101	68%
9951	OCCLUSAL ADJUSTMENT-LIMITED	\$ 212	\$ 77	64%
9952	OCCLUSAL ADJUSTMENT-COMPLETE	\$ 770	\$ 282	63%
9999	MISSED APPOINTMENT (WITHOUT 24 HOUR NOTICE)	\$ 54	\$ 30	44%

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<u>Orthodontics (Braces) for Children &amp; Adults</u>				
	13 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 3,114	\$ 2,409 23%
	16 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 3,625	\$ 2,820 22%
	19 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 4,135	\$ 3,231 22%
	22 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 4,606	\$ 3,642 21%
	25 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 5,158	\$ 4,053 21%
	28 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 5,669	\$ 4,464 21%
	31 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 6,179	\$ 4,875 21%
	34 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 6,690	\$ 5,286 21%
	36 MONTH TREATMENT PLAN	(\$137/MONTH)	\$ 6,951	\$ 5,560 20%

### Other Orthodontic Guidelines

1. A \$382 charge will apply at the end of treatment (included in the above amounts) to cover all retention office visits (unlimited).
2. Services not listed above will be discounted 30% off of the participating Orthodontist's Usual and Customary fees (except #5 listed below).
3. Services must only be provided by a contracted Orthodontic Specialist, in order to receive the discounts.
4. The amounts listed above also include an initial one-time \$246 charge for all records, mold, x-rays, etc. to determine the Orthodontic Treatment for the patient.
5. Invisalign® procedures are to be discounted 15% off the participating Orthodontist's Usual and Customary fees.

### All Plans General Limitations and Exclusions

1. All fees listed above do not include all appropriate lab fees. Member must agree (in writing) to all upgraded materials before treatment is started. See each section for specific details (if applicable).
2. All patients are responsible for paying all fees (as listed above) at the time services are rendered.
3. These fees are for General Dentists only. A participating specialist list is available by calling our Customer Relations Department at (303)-741-9305 or (800) 610-0201.
4. Any procedures not listed will be discounted 20% off the participating General Dentists normal fees.
5. Medical costs associated with any dental procedures will not be subject to the Patient Direct discounts.
6. Dentures or appliances will be replaced only after 3 years have elapsed since such dentures or appliances were provided under any plan program, unless the denture or appliance becomes unserviceable due to illness or other causes not controlled by other means. Replacement of dentures, appliances, or bridgework due to loss or theft will not be subject to the Patient Direct discounts.
7. Any dental treatment started prior to the Member's eligibility to receive services under this plan or started after a Member's termination will not be subject to the Patient Direct discounts.
8. Failure to follow the prescribed treatment or accidents occurring during the course of treatment may result in additional charges by your plan provider.
9. Failure to pay scheduled fees at the time service is rendered may prevent future dental services from being received until all fees have been paid in full.
10. Services provided by non-participating dentists will not be subject to the Patient Direct discounts.
11. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health, or are contrary to established dental ethics will not be subject to the Patient Direct discounts.
12. Cosmetic dental procedures are discounted only if the attending dentist and patient agree on the specific procedure.
13. Services which are compensable under Worker's Compensation or employer liability laws will not be subject to the Patient Direct discounts.
14. General anesthesia and IV sedation will not be subject to the Patient Direct discounts.
15. Myofunctional therapy procedure for training, treating or developing muscles in and around the jaw or mouth including TMJ will not be subject to the Patient Direct discounts except by participating Delta Dental Patient Direct specialists.
16. Any dental procedure or service that cannot be performed in the dental office due to general and/or physical limitations of a member will not be subject to the Patient Direct discounts.
17. Expenses incurred for dental procedures initiated prior to member's eligibility or after termination will not be subject to the Patient Direct discounts.
18. Any services that the Participating General Dentist recommends be performed by a specialist are discounted only by a Delta Dental Patient Direct participating specialist.
19. Extractions for asymptomatic third molars (wisdom teeth) will not be subject to the Patient Direct discounts unless causing movement of the teeth. An example of symptomatic include severe decay, and ontogenic cysts, chronic pericoronitis, and infection.
20. The Delta Dental Patient Direct® dental programs do not constitute dental insurance and are considered discount, fee-for service dental plans.
21. Fees are subject to change on an as needed basis. Please contact Delta Dental of Colorado for current fees.