

	In-Network
Calendar Year Deductible	\$0
Annual Benefit Maximum	Not Applicable
Diagnostic Services	Member pays
Comprehensive oral exam	\$0
X-Rays	\$0
Teeth Cleaning (every 6 months)	\$0
Basic Services	
Filling (one surface resin composite)	\$18 per tooth
Anterior root canal	\$155 per tooth
Molar root canal	\$290 per tooth
Periodontal and root planning	\$55 per quadrant
Extraction of erupted tooth or exposed root	\$70 per tooth
Major Services	
Crown – porcelain ceramic substrate	\$300 each crown ¹
Crown – Full cast high noble metal	\$300 each crown ¹
Osseous surgery (four or more teeth)	\$265 per quadrant
Pontic – porcelain fused to high noble metal	\$300 each tooth replaced ¹
Surgical placement of implant body: endosteal implant	\$1,375
Denture (full upper or lower)	\$400 per denture
Removal of impacted tooth – complete bony	\$124 per tooth
Orthodontic Services	
Fully banded (two year) case - child ²	\$2,350
Fully banded (two year) case - adult ²	\$2,650

¹ Precious and semi-precious metals, if used, will be charged to patient at the additional cost of the metal. Porcelain on molar crown are subject to an additional charge of \$75.

² There is a 12-month waiting period for orthodontic services. To be covered, orthodontic treatment must be received in one continuous course of treatment and must be received in consecutive months. Orthodontic treatment must not exceed 24 consecutive months.