

Introducing



Employee Enrollment Packet

Important Open Enrollment Notice!
Please read carefully.

6465 Greenwood Plaza Blvd., Suite 900

Centennial, CO 80111

1-800-807-0706

Alphadentalplan.com

Schedule of Services

- This schedule applies to services provided by a participating Careington General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Member is responsible for all applicable charges at the time of service. Fee schedules are subject to change without prior notification to members.
- Dental procedure codes not listed on this schedule will be discounted at 20% off the General Dentist's normal fee at the time of service.
- Participating Specialists do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees.
- Fees vary by geography. This fee schedule is only representative of fees in certain geographies. Consult alphadentalplan.com for your local fees.
- Discount plans are not insurance.

	Member Pays
Diagnostic Services	
D0120 Periodic oral evaluation - established patient	\$33
D0140 Limited oral evaluation - problem focused	\$53
D0150 Comprehensive oral evaluation - new or established patient	\$59
D0160 Detailed and extensive oral evaluation - problem focused, by report	\$106
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$42
D0180 Comprehensive periodontal evaluation - new or established patient	\$63
D0210 Intraoral - comprehensive series of radiographic images	\$88
D0220 Intraoral - periapical first radiographic image	\$19
D0230 Intraoral - periapical each additional radiographic image	\$16
D0240 Intraoral - occlusal radiographic image	\$27
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$37
D0270 Bitewing - single radiographic image	\$18
D0272 Bitewings - two radiographic images	\$29
D0273 Bitewings - three radiographic images	\$35
D0274 Bitewings - four radiographic images	\$41
D0277 Vertical bitewings - 7 to 8 radiographic images	\$62
D0330 Panoramic radiographic image	\$73
D0340 2D cephalometric radiographic image - acquisition, measurement and analysis	\$80
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	\$42
D0460 Pulp vitality tests	\$34
D0470 Diagnostic casts	\$74
Preventive Services	
D1110 Prophylaxis - adult	\$64
D1120 Prophylaxis - child	\$47
D1206 Topical application of fluoride varnish	\$30
D1208 Topical application of fluoride - excluding varnish	\$25
D1330 Oral hygiene instructions	\$43
D1351 Sealant - per tooth	\$39
D1510 Space maintainer - fixed, unilateral - per quadrant	\$226
D1516 Space maintainer - fixed - bilateral, maxillary	\$298
D1520 Space maintainer - removable, unilateral - per quadrant	\$260
D1526 Space maintainer - removable - bilateral, maxillary	\$346
D1551 Re-cement or re-bond bilateral space maintainer - maxillary	\$57
D1552 Re-cement or re-bond bilateral space maintainer - mandibular	\$60
Restorative Services	
D2140 Amalgam - one surface, primary or permanent	\$88
D2150 Amalgam - two surfaces, primary or permanent	\$113
D2160 Amalgam - three surfaces, primary or permanent	\$137
D2161 Amalgam - four or more surfaces, primary or permanent	\$165
D2330 Resin-based composite - one surface, anterior	\$101
D2331 Resin-based composite - two surfaces, anterior	\$124
D2332 Resin-based composite - three surfaces, anterior	\$152
D2335 Resin-based composite - four or more surfaces (anterior)	\$187
D2390 Resin-based composite crown, anterior	\$241
D2391 Resin-based composite - one surface, posterior	\$114
D2392 Resin-based composite - two surfaces, posterior	\$146
D2393 Resin-based composite - three surfaces, posterior	\$180
D2394 Resin-based composite - four or more surfaces, posterior	\$215

Restorative Services (continued)	Member Pays
D2510 Inlay - metallic - one surface	\$537
D2520 Inlay - metallic - two surfaces	\$580
D2530 Inlay - metallic - three or more surfaces	\$638
D2542 Onlay - metallic - two surfaces	\$634
D2543 Onlay - metallic - three surfaces	\$655
D2544 Onlay - metallic - four or more surfaces	\$684
D2610 Inlay - porcelain/ceramic - one surface	\$592
D2620 Inlay - porcelain/ceramic - two surfaces	\$612
D2630 Inlay - porcelain/ceramic - three or more surfaces	\$641
D2642 Onlay - porcelain/ceramic - two surfaces	\$634
D2643 Onlay - porcelain/ceramic - three surfaces	\$669
D2644 Onlay - porcelain/ceramic - four or more surfaces	\$702
D2650 Inlay - resin-based composite - one surface	\$483
D2651 Inlay - resin-based composite - two surfaces	\$516
D2652 Inlay - resin-based composite - three or more surfaces	\$536
D2662 Onlay - resin-based composite - two surfaces	\$509
D2663 Onlay - resin-based composite - three surfaces	\$552
D2664 Onlay - resin-based composite - four or more surfaces	\$578
D2710 Crown - resin-based composite (indirect)	\$445
D2720 Crown - resin with high noble metal	\$671
D2721 Crown - resin with predominantly base metal	\$631
D2722 Crown - resin with noble metal	\$639
D2740 Crown - porcelain/ceramic	\$701
D2750 Crown - porcelain fused to high noble metal	\$704
D2751 Crown - porcelain fused to predominantly base metal	\$653
D2752 Crown - porcelain fused to noble metal	\$667
D2780 Crown - ¾ cast high noble metal	\$684
D2781 Crown - ¾ cast predominantly base metal	\$639
D2782 Crown - ¾ cast noble metal	\$656
D2783 Crown - ¾ porcelain/ceramic	\$685
D2790 Crown - full cast high noble metal	\$697
D2791 Crown - full cast predominantly base metal	\$637
D2792 Crown - full cast noble metal	\$657
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$70
D2920 Re-cement or re-bond crown	\$70
D2930 Prefabricated stainless steel crown - primary tooth	\$173
D2931 Prefabricated stainless steel crown - permanent tooth	\$202
D2932 Prefabricated resin crown	\$216
D2933 Prefabricated stainless steel crown with resin window	\$235
D2940 Protective restoration	\$76
D2950 Core buildup, including any pins when required	\$169
D2951 Pin retention - per tooth, in addition to restoration	\$45
D2952 Post and core in addition to crown, indirectly fabricated	\$262
D2953 Each additional indirectly fabricated post - same tooth	\$168
D2954 Prefabricated post and core in addition to crown	\$210
D2955 Post removal	\$175
D2957 Each additional prefabricated post - same tooth	\$117
D2960 Labial veneer (resin laminate) - direct	\$474
Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$59
D3120 Pulp cap - indirect (excluding final restoration)	\$53
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$133
D3221 Pulpal debridement, primary and permanent teeth	\$146
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$154
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$170
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$476
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$566
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$697
D3331 Treatment of root canal obstruction; non-surgical access	\$287
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$320
D3333 Internal root repair of perforation defects	\$195
D3346 Retreatment of previous root canal therapy - anterior	\$595
D3347 Retreatment of previous root canal therapy - premolar	\$688

Endodontic Services (continued)	Member Pays
D3348 Retreatment of previous root canal therapy - molar	\$840
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$253
D3352 Apexification/recalcification - interim medication replacement	\$146
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$352
D3410 Apicoectomy - anterior	\$508
D3421 Apicoectomy - premolar (first root)	\$564
D3425 Apicoectomy - molar (first root)	\$636
D3426 Apicoectomy (each additional root)	\$253
D3430 Retrograde filling - per root	\$179
D3450 Root amputation - per root	\$343
D3470 Intentional re-implantation (including necessary splinting)	\$580
D3910 Surgical procedure for isolation of tooth with rubber dam	\$144
D3920 Hemisection (including any root removal), not including root canal therapy	\$286
D3950 Canal preparation and fitting of preformed dowel or post	\$142
Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$410
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$203
D4230 Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$578
D4231 Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	\$330
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$510
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$362
D4245 Apically positioned flap	\$455
D4249 Clinical crown lengthening - hard tissue	\$540
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$802
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$530
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	\$370
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	\$312
D4266 Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$390
D4267 Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$483
D4268 Surgical revision procedure, per tooth	\$473
D4270 Pedicle soft tissue graft procedure	\$606
D4322 Splint - intra-coronal; natural teeth or prosthetic crowns	20% Discount
D4323 Splint - extra-coronal; natural teeth or prosthetic crowns	20% Discount
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$153
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$103
D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$107
D4910 Periodontal maintenance	\$87
D4920 Unscheduled dressing change (by someone other than treating dentist or their staff)	\$64
Prosthodontic Services (removable)	Member Pays
D5110 Complete denture - maxillary	\$1,076
D5120 Complete denture - mandibular	\$1,081
D5130 Immediate denture - maxillary	\$1,157
D5140 Immediate denture - mandibular	\$1,162
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$877
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$936
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,144
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,144
D5282 Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$647
D5410 Adjust complete denture - maxillary	\$58
D5411 Adjust complete denture - mandibular	\$58
D5421 Adjust partial denture - maxillary	\$57
D5422 Adjust partial denture - mandibular	\$58
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$110
D5611 Repair resin partial denture base, mandibular	\$126
D5612 Repair resin partial denture base, maxillary	\$124
D5621 Repair cast partial framework, mandibular	\$148
D5630 Repair or replace broken retentive/clasping materials - per tooth	\$164
D5640 Replace broken teeth - per tooth	\$115
D5650 Add tooth to existing partial denture	\$142
D5660 Add clasp to existing partial denture - per tooth	\$169
D5710 Rebase complete maxillary denture	\$395
D5711 Rebase complete mandibular denture	\$383
D5720 Rebase maxillary partial denture	\$370

Prosthodontic Services (removable) (continued)		Member Pays
D5721	Rebase mandibular partial denture	\$370
D5730	Reline complete maxillary denture (direct)	\$238
D5731	Reline complete mandibular denture (direct)	\$237
D5740	Reline maxillary partial denture (direct)	\$224
D5741	Reline mandibular partial denture (direct)	\$227
D5750	Reline complete maxillary denture (indirect)	\$303
D5751	Reline complete mandibular denture (indirect)	\$304
D5760	Reline maxillary partial denture (indirect)	\$299
D5761	Reline mandibular partial denture (indirect)	\$299
D5810	Interim complete denture (maxillary)	\$535
D5811	Interim complete denture (mandibular)	\$555
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$411
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$402
D5850	Tissue conditioning, maxillary	\$117
D5851	Tissue conditioning, mandibular	\$116
Implant Services		Member Pays
D6000 to D6199		20% Discount
Prosthodontic Services (fixed)		Member Pays
D6210	Pontic - cast high noble metal	\$702
D6211	Pontic - cast predominantly base metal	\$663
D6212	Pontic - cast noble metal	\$681
D6240	Pontic - porcelain fused to high noble metal	\$703
D6241	Pontic - porcelain fused to predominantly base metal	\$654
D6242	Pontic - porcelain fused to noble metal	\$679
D6245	Pontic - porcelain/ceramic	\$713
D6250	Pontic - resin with high noble metal	\$680
D6251	Pontic - resin with predominantly base metal	\$642
D6252	Pontic - resin with noble metal	\$645
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$427
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$454
D6720	Retainer crown - resin with high noble metal	\$674
D6721	Retainer crown - resin with predominantly base metal	\$648
D6722	Retainer crown - resin with noble metal	\$651
D6740	Retainer crown - porcelain/ceramic	\$718
D6750	Retainer crown - porcelain fused to high noble metal	\$713
D6751	Retainer crown - porcelain fused to predominantly base metal	\$669
D6752	Retainer crown - porcelain fused to noble metal	\$678
D6780	Retainer crown - ¾ cast high noble metal	\$676
D6781	Retainer crown - ¾ cast predominantly base metal	\$676
D6782	Retainer crown - ¾ cast noble metal	\$641
D6783	Retainer crown - ¾ porcelain/ceramic	\$687
D6790	Retainer crown - full cast high noble metal	\$699
D6791	Retainer crown - full cast predominantly base metal	\$656
D6792	Retainer crown - full cast noble metal	\$675
D6930	Re-cement or re-bond fixed partial denture	\$110
Oral Surgery Services		Member Pays
D7111	Extraction, coronal remnants - primary tooth	\$91
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$126
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$188
D7220	Removal of impacted tooth - soft tissue	\$224
D7230	Removal of impacted tooth - partially bony	\$285
D7240	Removal of impacted tooth - completely bony	\$344
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$411
D7250	Removal of residual tooth roots (cutting procedure)	\$203
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$398
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$530
D7280	Exposure of an unerupted tooth	\$361
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$560
D7286	Incisional biopsy of oral tissue - soft	\$284
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$214
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$329
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$538
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$758

Oral Surgery Services (continued)		Member Pays
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$531
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$777
D7510	Incision and drainage of abscess - intraoral soft tissue	\$199
D7910	Suture of recent small wounds up to 5 cm	\$273
D7911	Complicated suture - up to 5 cm	\$633
D7912	Complicated suture - greater than 5 cm	\$1,120
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,754
D7970	Excision of hyperplastic tissue - per arch	\$392
D7971	Excision of pericoronal gingiva	\$176
Orthodontic Services		Member Pays
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,135
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,179
Sleep Apnea Services		Member Pays
D9947, D9948, D9949, D9953, D9954, D9955, D9956, D9957		20% Discount
Adjunctive Services		Member Pays
D9110	Palliative treatment of dental pain - per visit	\$83
D9120	Fixed partial denture sectioning	\$113
D9211	Regional block anesthesia	\$45
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$33
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$135
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$133
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$91
D9410	House/extended care facility call	\$130
D9420	Hospital or ambulatory surgical center call	\$190
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$52
D9440	Office visit - after regularly scheduled hours	\$91
D9910	Application of desensitizing medicament	\$40
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$52
D9950	Occlusion analysis - mounted case	\$220
D9951	Occlusal adjustment - limited	\$110
D9952	Occlusal adjustment - complete	\$425
D9970	Enamel microabrasion	\$93

Exclusions & Limitations

1. If the General Dentist's normal fee for any dental procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that dental procedure.
2. Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
3. Fees subject to change.
4. While all participating Careington providers are professionally licensed in the state in which they practice, Careington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating Careington provider should be directed in writing to: **Careington Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034**. Please call **800-290-0523** if you have any further questions.
5. It is the member's responsibility to verify that the dentist is a participating provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.
6. The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your Careington provider for a detailed treatment plan prior to beginning any work.
7. Careington cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. Not all types of dentists may be available in your area.
8. Fee schedules are determined by the zip code of the participating provider.

