

Midtown Dentistry Savings Plan makes dental care affordable for the whole family. NO waiting Period and NO Annual Maximum **\$300 per year for the primary member, \$90 for each additional family member (spouse and children under 21)**

Proof of relationship with Plan Holder is required  
\*Subscription to Saving Plan expires 1 year from initial enrollment date of primary member\*

**Services Covered Under the Plan**

<u>ADA Codes</u>	<u>Procedure</u>	<u>Charge</u>
<b><u>DIAGNOSTIC</u></b>		
D0120	Periodic Oral Exam *	Covered
D0140	Limited Dental Exam*	Covered
D0150	Comp Oral Exam*	Covered
D0180	Comp Perio Exam*	Covered
D0220	X-ray Periapical*	Covered
D0230	X-ray Additional*	Covered
D0274	X-ray Bitewings (4) *	Covered
D0330	Panoramic X-Ray**	Covered

**PREVENTIVE**

D1110	Prophy Adult***	Covered
D1120	Prophy Child***	Covered
D1206	Fluoride* (12y.o and under)	Covered
D1351	Sealant Per Tooth	\$30
D1510	Space Maintainer Fixed	\$250

**RESTORATIVE**

D2330	Resin-(1) surface Anterior	\$110
D2331	Resin-(2) surfaces Anterior	\$138
D2332	Resin-(3) surfaces Anterior	\$156
D2335	Resin-(4) surfaces Anterior	\$199
D2391	Resin-(1) surface Posterior	\$120
D2392	Resin-(2) surfaces Posterior	\$158
D2393	Resin-(3) surfaces Posterior	\$196
D2394	Resin-(4) surfaces Posterior	\$240
D2740	Crown Porcelain/Ceramic	\$793
D2752	Crown Porcelain/Noble Metal	\$780
D2790	Crown Full Cast Gold	\$750
D2920	Recement Crowns	\$70
D2930	Stainless Steel Crown	\$130
D2940	Sedative Filling	\$55
D2950	Core Build Up	\$120
D2954	Pre-Fabricated Post & Core	\$190
D2962	Labial Veneer (laboratory)	\$690

**ENDODONTICS**

D3110-20	Pulp Cap-Direct/Indirect	\$50
D3220	Therapeutic Pulpotomy	\$130
D3310	Root Canal Therapy (Anterior)	\$475
D3320	Root Canal Therapy (Bicuspid)	\$550
D3330	Root Canal Therapy (Molar)	\$675

**\*\*Root Canal retreatments incur a 25% fee increase\*\***

**PERIODONTICS**

D4210	Gingivectomy 4 + teeth per quad	\$375
D4211	Gingivectomy 1-3 teeth per quad	\$220
D4212	Gingivectomy for restorative access	\$70
D4249	Crown Lengthening	\$350
D4341	Periodontal Scaling 4+ Teeth	\$130
D4342	Periodontal Scaling 1-3 Teeth	\$90
D4355	Full Mouth Debridement	\$75
D4910	Periodontal Maintenance	\$80

**PROSTHODONTICS, REMOVABLE**

D5110	Complete Denture – Maxillary	\$850
D5120	Complete Denture – Mandibular	\$850
D5130	Immediate Denture – Maxillary	\$879
D5140	Immediate Denture – Mandibular	\$879
D5211	Maxillary Partial – Resin Base	\$600
D5212	Mandibular Partial – Resin Base	\$600
D5213	Maxillary Partial – Metal/Flex	\$860
D5214	Mandibular Partial – Metal/Flex	\$860
D5410-11	Adjust Denture – Max/Mand	\$55
D5421-22	Adjust partial – Max/Mand	\$55
D5510	Repair Broken Denture Base	\$180
D5520	Replace Tooth – Denture (each)	\$95
D5610	Repair resin Denture Base	\$185
D5620	Repair Cast Framework	\$130
D5630	Repair/Replace Broken Clasp	\$120
D5650	Add Tooth to Existing Partial denture	\$95
D5660	Add Clasp to Existing partial Denture	\$155
D5730-31	Reline Comp Denture (chairside)	\$185
D5740-41	Reline Partial (chairside)	\$150
D5750-51	Reline Comp Denture (lab)	\$285
D5760-61	Reline Max Partial (lab)	\$250
D5810-11	Interim Comp Dent–Max/Mand	\$350
D5820-21	Interim Part Dent–Max/Mand	\$310

**IMPLANTS SERVICES**

D6010	Surgical Placement (Endosteal)	\$1250
D6013	Surgical Placement Mini Implant	\$1150
D6056	Pre-Fabricated Abutment	\$425

D6065	Implant Porcelain/Ceramic Crown	\$915
D6104	Bone Graft –Implant Placement	\$300
D6110-11	Impl Sup Rem Comp Dent Max/Mand	\$1995
D6112-13	Impl Sup Rem Part Dent Max/Mand	\$1595
D6190	Radio/Surgical Impl Guide	\$185

**PROSTHODONTICS, FIXED**

D6242	Pontic Porcelain Fused Metal	\$625
D6245	Pontic Porcelain Ceramic	\$650
D6740	Retainer Porcelain/Ceramic	\$710
D6790	Retainer Porcelain Fused Metal	\$700
D6930	Recement Bridge	\$88

**ORAL SURGERY**

D7110	Extraction, Deciduous Teeth	\$85
D7140	Extraction, Erupted Tooth	\$95
D7210	Surgical Rem Erupted Tooth	\$155
D7220	Rem of Imp Tooth Soft Tissue	\$160
D7230	Rem of Imp Tooth Part Bony	\$175
D7250	Surg Rem of Residual Roots	\$125
D7310	Alveoloplasty w/ext 4+teeth (quad)	\$130
D7311	Alveoloplasty w/ext 1-3 teeth (quad)	\$80
D7510	Incision & Drainage Abscess Intra Ora	\$100
D7953	Bone Replacement Graft	\$350

**ORTHODONTICS**

D8090	Comp Ortho Adult	\$4500
D8210	Removable Appliance Therapy	\$650
D8680	Orthodontic Retention	\$500

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative ER Treatment	\$80
D9230	Analgesia Anxiolytic, N2O2-per visit	\$50
D9248	Non IV Conscious Sedation	\$150
D9910	Application of Desensitizing Med	\$30
D9931	Clean and Inspect of Rem Appliances	\$64
D9940	Occlusal Guard (By Report)	\$350
D9941	Fabrication of Athletic Guard	\$175
D9942	Repair of Occlusal Guard	\$100
D9972	External Blechng-Home (arch)	\$100
D9976	External Bleaching –BOOST	\$300
D9977	External Blechng Kit ONTHEGO	\$55
ZOOM	External Blechng-ZOOM	\$500

\*Service Covered once (1) per year

\*\*Services Covered once (1) every 3 years

\*\*\*Service Covered twice (2) a year

\*\*\*\*Services not listed—20% off practice fee