



**THE CITY OF NEW YORK MANAGEMENT BENEFITS FUND**

**MBF-SIDS Select Dental PPO**

**Effective January 1, 2009**

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**ANNUAL MAXIMUM:** \$2,500 per individual calendar year.

**ANNUAL DEDUCTIBLE:** \$50 individual/\$150 family (excluding diagnostic & preventive services)

**ORTHODONTICS:** \$2500 lifetime maximum benefit

**LIMITATIONS:**

**Examination** - once in six months

**Full mouth series or Panoramic x-ray** - one in 36 months

**Bitewing series** –2 per 12 month period

**Prophylaxis** - once in six months, not paid on same day as scaling

**Fluoride treatment** – one in a 6 month period, to age 16

**Pit & Fissure Sealants** - molars, one application in a 24 month period, to age 16

**Replacement of prosthetic appliance** - once in five years

**Denture reline** –6 months after delivery, once in a three year period

**Periodontal Maintenance Procedure** - following active therapy, once in 3 months

**Localized delivery of chemotherapeutic agent** (code 4381) only when rendered by periodontist

**PREDETERMINATION OF BENEFITS:**

*Treatment over \$250*

*Inlays, Crowns, Laminates*

*Fixed and Removable Bridges*

*Periodontal surgery*

*Orthodontic treatment*

*Implants and implant related services*

*X-rays should accompany pretreatment authorization requests.*

*Periodontal pocket charting is required for extensive periodontal treatment.*

*A narrative must accompany pre-authorization requests for implants requiring bone augmentation*

*Pretreatment authorization is valid only for the submitting dentist.*

**PERMISSIBLE CHARGES:**

**Co-pays:** in accordance with the attached Schedule of Allowances

**Covered but not reimbursable** (e.g. frequency limitation): schedule allowance

**Non-covered service:** your usual charge for that service

**CLAIM INQUIRIES:** Healthplex Provider Hotline 1-888-468-2183

**CLAIM FORMS:** Generic ADA or PPO Claim forms (available from SIDS; (516) 396-5501)

**PAPER CLAIM SUBMISSIONS:** Healthplex  
333 Earle Ovington Blvd. #300  
Uniondale, NY 11553-3608

**ELECTRONIC CLAIM SUBMISSIONS:** Emdeon / Payer Number 11271

**COORDINATION OF BENEFITS:** *If the patient is eligible to receive benefits under another group dental plan other than the MBF Dental Plan, you are entitled to the benefits payable by both plans. However, if the MBF Plan is the secondary payer, it will coordinate only up to its Plan allowance. Payment from the second plan must be applied first to reduce or eliminate any out-of-pocket expenses incurred by the member.*

the deductible is waived for services  
appearing in green

		<b>NETWORK FEE</b>	<b>PLAN PAYMENT</b>	<b>PATIENT CO-PAY</b>
0110	Initial Oral Exam	\$ 25.00	\$ 25.00	0.00
0120	Periodic Oral Evaluation	\$ 22.00	\$ 22.00	0.00
0140	Limited Oral Evaluation	\$ 19.00	\$ 25.00	0.00
0145	Oral Evaluation; Pt Under 3 Yrs Of Age	\$ 19.00	\$ 19.00	0.00
0150	Comprehensive Oral Evaluation	\$ 25.00	\$ 25.00	0.00
0170	Re-evaluation, limited; problem focused	\$ 19.00	\$ 19.00	0.00
0180	Comprehensive Perio Oral Evaluation	\$ 60.00	\$ 60.00	0.00
0210	Intraoral X-rays, Complete Series	\$ 56.00	\$ 56.00	0.00
0220	Intraoral Periapical, First film	\$ 10.00	\$ 10.00	0.00
0230	Intraoral Periapical,Additional Film	\$ 4.00	\$ 4.00	0.00
0240	Intraoral Occlusal Film	\$ 19.00	\$ 19.00	0.00
0270	Bitewing X Ray - 1 Film	\$ 10.00	\$ 10.00	0.00
0272	Bitewing X Ray - 2 Films	\$ 14.00	\$ 14.00	0.00
0273	Bitewing X-ray 3 Films	\$ 17.00	\$ 17.00	0.00
0274	Bitewing X-ray 4 Films	\$ 21.00	\$ 21.00	0.00
0330	X Rays Panoramic	\$ 50.00	\$ 50.00	0.00
0340	X Ray (Cephalometric)	\$ 50.00	\$ 50.00	0.00
0460	Pulp Vitality Test	\$ 28.00	\$ 28.00	0.00
0470	Diagnostic Models	\$ 37.00	\$ 37.00	0.00
1110	Prophylaxis, Adult	\$ 44.00	\$ 44.00	0.00
1120	Prophylaxis,Child	\$ 30.00	\$ 30.00	0.00
1203	Fluoride / Proph. Child	\$ 31.00	\$ 31.00	0.00
1351	Sealant Per Tooth	\$ 30.00	\$ 30.00	0.00
1510	Space Maint(Fixed Unilateral)	\$ 156.00	\$ 156.00	0.00
1515	Space Maint(Fixed Bilateral)	\$ 220.00	\$ 220.00	0.00
1520	Space Maint (Removable-Unilateral)	\$ 188.00	\$ 188.00	0.00
1525	Space Maint (Removable-Bilateral)	\$ 188.00	\$ 188.00	0.00
2140	Silver Filling 1 Srf Permanent or Primary	\$ 45.00	\$ 40.50	\$ 4.50
2150	Silver Filling 2 Srf Permanent or Primary	\$ 60.00	\$ 54.00	\$ 6.00
2160	Silver Filling 3 Srf Permanent or Primary	\$ 75.00	\$ 67.50	\$ 7.50
2161	Silver Filling 4 Srf Permanent or Primary	\$ 85.00	\$ 76.50	\$ 8.50
2330	Resin-based Composite 1 Srf Anterior Permanent/Primary	\$ 50.00	\$ 45.00	\$ 5.00
2331	Resin-based Composite 2 Srf Anterior Permanent/Primary	\$ 70.00	\$ 63.00	\$ 7.00
2332	Resin-based Composite 3 Srf Anterior Permanent/Primary	\$ 88.00	\$ 79.20	\$ 8.80
2335	Resin-based Composite 4 Srf Incisal Edge	\$ 95.00	\$ 85.50	\$ 9.50
2510	Inlay Metallic 1 Srf	\$ 250.00	\$ 225.00	\$ 25.00
2520	Inlay Metallic 2 Srf	\$ 300.00	\$ 270.00	\$ 30.00
2530	Inlay Metallic 3 Srf	\$ 360.00	\$ 324.00	\$ 36.00
2542	Onlay Mettallic 2 Srf	\$ 360.00	\$ 324.00	\$ 36.00
2543	Onlay Metallic 3 Or More Srf	\$ 422.00	\$ 379.80	\$ 42.20
2544	Onlay Metallic 4 Or More Srf	\$ 422.00	\$ 379.80	\$ 42.20

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		<b>NETWORK FEE</b>	<b>PLAN PAYMENT</b>	<b>PATIENT CO-PAY</b>
2610	Porcelain/Ceramic Inlay - 1 Srf	\$ 220.00	\$ 198.00	\$ 22.00
2620	Porcelain/Ceramic Inlay- 2 Srf	\$ 220.00	\$ 198.00	\$ 22.00
2630	Porcelain/Ceramic Inlay - 3 Or More Srf	\$ 220.00	\$ 198.00	\$ 22.00
2642	Onlay - Porcelain/Ceramic - 2 Srf	\$ 360.00	\$ 324.00	\$ 36.00
2643	Onlay - Porcelain/Ceramic - 3 Srf	\$ 400.00	\$ 360.00	\$ 40.00
2644	Onlay - Porcelain/Ceramic - 4 Or More Srf	\$ 400.00	\$ 360.00	\$ 40.00
2662	Onlay - Resin Based Composite - 2 Srf	\$ 360.00	\$ 324.00	\$ 36.00
2663	Onlay - Resin Based Composite - 3 Srf	\$ 400.00	\$ 360.00	\$ 40.00
2710	Crown - Resin Based Composite - Indirect	\$ 200.00	\$ 180.00	\$ 20.00
2712	Crown - 3/4 Resin Based Composite	\$ 200.00	\$ 180.00	\$ 20.00
2720	Crown - Resin With High Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
2722	Crown - Resin With Noble Metal	\$ 425.00	\$ 382.50	\$ 42.50
2740	Crown - Porcelain/Ceramic	\$ 425.00	\$ 382.50	\$ 42.50
2750	Crown-Porcelain/High Noble Metal	\$ 595.00	\$ 535.50	\$ 59.50
2752	Crown - Porcelain Fused To Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
2781	Crown-3/4 Cast, Predominantly Base Metal	\$ 310.00	\$ 279.00	\$ 31.00
2790	Crown - Full Cast High Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
2791	Crown - Full Cast Predominantly Base Metal	\$ 425.00	\$ 382.50	\$ 42.50
2792	Crown - Full Cast Noble Metal	\$ 425.00	\$ 382.50	\$ 42.50
2910	Recement Inlay Or Onlay	\$ 36.00	\$ 32.40	\$ 3.60
2920	Recement Crown	\$ 38.00	\$ 34.20	\$ 3.80
2930	Stainless Steel Crown, Primary Tooth	\$ 110.00	\$ 99.00	\$ 11.00
2940	Sedative Filling	\$ 45.00	\$ 40.50	\$ 4.50
2951	Pin Retention, per tooth	\$ 25.00	\$ 22.50	\$ 2.50
2952	Cast Post and Core, Indirectly Fabricated	\$ 165.00	\$ 148.50	\$ 16.50
2953	Each additional Indirectly Fabricated Post same tooth	\$ 165.00	\$ 148.50	\$ 16.50
2954	Pre-Fab Post/Core In Addition To Crown	\$ 105.00	\$ 94.50	\$ 10.50
2955	Post Removal (Not With Endo)	\$ 220.00	\$ 198.00	\$ 22.00
2962	Porcelain/Ceramic Labial Veneer	\$ 395.00	\$ 355.50	\$ 39.50
3110	Pulp Cap - Direct	\$ 25.00	\$ 22.50	\$ 2.50
3120	Pulp Cap - Indirect	\$ 25.00	\$ 22.50	\$ 2.50
3220	Therapeutic Pulpotomy	\$ 65.00	\$ 58.50	\$ 6.50
3310	Root Canal Therapy, Anterior Tooth	\$ 350.00	\$ 315.00	\$ 35.00
3320	Root Canal Therapy, Bicuspid	\$ 425.00	\$ 382.50	\$ 42.50
3330	Root Canal Therapy, Molar	\$ 500.00	\$ 450.00	\$ 50.00
3333	Internal Root Repair	\$ 140.00	\$ 126.00	\$ 14.00
3346	Retreatment Root Canal Anterior	\$ 385.00	\$ 346.50	\$ 38.50
3347	Retreatment Root Canal Bicuspid	\$ 465.00	\$ 418.50	\$ 46.50
3348	Retreatment Root Canal Molar	\$ 550.00	\$ 495.00	\$ 55.00
3410	Apicoectomy - Anterior	\$ 210.00	\$ 189.00	\$ 21.00
3421	Apicoectomy - Bicuspid	\$ 210.00	\$ 189.00	\$ 21.00
3425	Apicoectomy - Molar	\$ 235.00	\$ 193.05	\$ 41.95
3426	Apicoectomy, each additional root	\$ 125.00	\$ 112.50	\$ 12.50
3430	Retrograde Root Filling	\$ 55.00	\$ 49.50	\$ 5.50
3450	Root Amputation - Per Root	\$ 150.00	\$ 135.00	\$ 15.00

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		NETWORK FEE	PLAN PAYMENT	PATIENT CO-PAY
4210	Gingival Surgery, 4 Or More Teeth	\$ 180.00	\$ 162.00	\$ 18.00
4211	Gingival Surgery, 1-3 Teeth	\$ 42.50	\$ 38.25	\$ 4.25
4240	Gingival Flap Procedure 4 Or More Teeth	\$ 275.00	\$ 247.50	\$ 27.50
4241	Gingival Flap Procedure 1-3 Contiguous Teeth	\$ 175.00	\$ 157.50	\$ 17.50
4245	Apically Positioned Flap	\$ 180.00	\$ 162.00	\$ 18.00
4260	Osseous Surgery, 4 Or More Teeth	\$ 460.00	\$ 414.00	\$ 46.00
4261	Osseous Surgery(Inc Flap Entry And Closure) 1-3 Teeth	\$ 175.00	\$ 157.50	\$ 17.50
4263	Osseous Graft, Single	\$ 175.00	\$ 157.50	\$ 17.50
4264	Bone Replacement Graft - Each Additional Site	\$ 165.00	\$ 148.50	\$ 16.50
4265	Biologic Tissue Regeneration	\$ 175.00	\$ 157.50	\$ 17.50
4266	Tissue Regeneration - Resorbable	\$ 175.00	\$ 157.50	\$ 17.50
4267	Tissue Regeneration - Non-Resorbable	\$ 210.00	\$ 189.00	\$ 21.00
4270	Pedicle Soft Tissue Graft	\$ 130.00	\$ 117.00	\$ 13.00
4271	Free Soft Tissue Graft	\$ 275.00	\$ 247.50	\$ 27.50
4341	Periodontal Scaling & Rt Planing/ Quad - 4 Or More Teeth	\$ 90.00	\$ 81.00	\$ 9.00
4342	Periodontal Scaling - 1-3 Teeth Per Quad	\$ 60.00	\$ 54.00	\$ 6.00
4355	Full Mouth Debridement	\$ 70.00	\$ 63.00	\$ 7.00
4381	Localized Delivery Of Chemotherapeutic Agent	\$ 60.00	\$ 54.00	\$ 6.00
4910	Perio Maintenance Procedure	\$ 72.50	\$ 65.25	\$ 7.25
5110	Complete Denture - Maxillary	\$ 650.00	\$ 585.00	\$ 65.00
5120	Complete Denture - Mandibular	\$ 650.00	\$ 585.00	\$ 65.00
5130	Immediate Denture - Maxillary	\$ 675.00	\$ 607.50	\$ 67.50
5140	Immediate Denture - Mandibular	\$ 675.00	\$ 607.50	\$ 67.50
5211	Maxillary Partial Denture - Resin Base	\$ 450.00	\$ 405.00	\$ 45.00
5212	Mandibular Partial Denture - Resin Base	\$ 450.00	\$ 405.00	\$ 45.00
5213	Maxillary Partial Denture - Cast Metal With Resin Base	\$ 695.00	\$ 625.50	\$ 69.50
5214	Mandibular Partial Denture - Cast Metal With Resin Base	\$ 695.00	\$ 625.50	\$ 69.50
5281	Unilateral Partial	\$ 515.00	\$ 463.50	\$ 51.50
5410	Adjust Complete Denture - Maxillary	\$ 25.00	\$ 22.50	\$ 2.50
5411	Adjust Complete Denture - Mandibular	\$ 25.00	\$ 22.50	\$ 2.50
5510	Repair Broken Complete Denture Base	\$ 65.00	\$ 58.50	\$ 6.50
5520	Replace Missing Or Broken Teeth - Complete Denture	\$ 55.00	\$ 49.50	\$ 5.50
5610	Repair Resin Denture Base	\$ 65.00	\$ 58.50	\$ 6.50
5620	Repair Cast Framework	\$ 100.00	\$ 90.00	\$ 10.00
5630	Repair or Replace Broken Clasp	\$ 90.00	\$ 81.00	\$ 9.00
5640	Replace Broken Teeth - Per Tooth	\$ 55.00	\$ 49.50	\$ 5.50
5650	Add Tooth To Existing Partial Denture	\$ 55.00	\$ 49.50	\$ 5.50
5660	Add Clasp To Existing Partial Denture	\$ 90.00	\$ 81.00	\$ 9.00
5710	Rebase Complete Maxillary Denture	\$ 250.00	\$ 225.00	\$ 25.00
5711	Rebase Complete Mandibular Denture	\$ 250.00	\$ 225.00	\$ 25.00
5730	Chairside Reline-Complete U/L Denture	\$ 135.00	\$ 121.50	\$ 13.50
5731	Reline Complete Mandibular Denture (Chairside)	\$ 135.00	\$ 121.50	\$ 13.50
5740	Reline Maxillary Partial Denture (Chairside)	\$ 90.00	\$ 81.00	\$ 9.00
5741	Reline Mandibular Partial Denture (Chairside)	\$ 135.00	\$ 121.50	\$ 13.50
5750	Reline Complete Maxillary Denture (Lab)	\$ 150.00	\$ 135.00	\$ 15.00
5751	Reline Complete Mandibular Denture (Lab)	\$ 200.00	\$ 180.00	\$ 20.00
5760	Reline Maxillary Partial Denture (Lab)	\$ 145.00	\$ 130.50	\$ 14.50
5761	Reline Mandibular Partial Denture (Lab)	\$ 180.00	\$ 162.00	\$ 18.00

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		NETWORK FEE	PLAN PAYMENT	PATIENT CO-PAY
5850	Tissue Conditioning, Maxillary	\$ 62.00	\$ 55.80	\$ 6.20
5851	Tissue Conditioning, Mandibular	\$ 62.00	\$ 55.80	\$ 6.20
5860	Overdenture - Complete, By Report	\$ 625.00	\$ 562.50	\$ 62.50
5861	Overdenture - Partial, By Report	\$ 625.00	\$ 562.50	\$ 62.50
6010	Surgical Placement of Implant : Endosteal implant	\$ 1,400.00	\$ 700.00	\$ 700.00
6040	Surgical Placement : Eposteal Implant	\$ 1,400.00	\$ 700.00	\$ 700.00
6050	Surgical Placement : Transosteal Implant	\$ 1,400.00	\$ 700.00	\$ 700.00
6056	Prefabricated Abutment - Includes Placement	\$ 550.00	\$ 275.00	\$ 275.00
6057	Custom Abutment - Includes Placement	\$ 650.00	\$ 325.00	\$ 325.00
6058	Abutment Supported Porcelain/Ceramic Crown	\$ 850.00	\$ 425.00	\$ 425.00
6059	Abutment Supported Crown - High Noble Metal	\$ 1,000.00	\$ 500.00	\$ 500.00
6060	Abutment Crown - Predominantly Base Metal	\$ 900.00	\$ 450.00	\$ 450.00
6061	Abutment Supported Porcelain/Metal Crown (Noble)	\$ 1,000.00	\$ 500.00	\$ 500.00
6062	Abut Supported Cast Base Metal Crown	\$ 900.00	\$ 450.00	\$ 450.00
6064	Abutment Supported Cast Noble Metal Crown	\$ 450.00	\$ 225.00	\$ 225.00
6065	Implant Supported Crown - Porcelain/Ceramic	\$ 1,200.00	\$ 600.00	\$ 600.00
6066	Implant Supported Crown*	\$ 1,000.00	\$ 500.00	\$ 500.00
6067	Implant Supported Ccrown*	\$ 500.00	\$ 250.00	\$ 250.00
6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	\$ 850.00	\$ 425.00	\$ 425.00
6069	Abutment Supported Retainer For Porcelain/Metal Fpd	\$ 1,000.00	\$ 500.00	\$ 500.00
6070	Abut Supported Retainer Porcelain/Base Metal FPD	\$ 900.00	\$ 450.00	\$ 450.00
6071	Abutment Supported Retainer For Porcelain/Metal Noble	\$ 1,000.00	\$ 500.00	\$ 500.00
6072	Abutment Supported Retainer For High Noble Metal FPD	\$ 900.00	\$ 450.00	\$ 450.00
6075	Implant Supported Retainer For Ceramic Fpd	\$ 1,200.00	\$ 600.00	\$ 600.00
6076	Implant Supported Retainer For Porcelain/Metal Fpd	\$ 1,000.00	\$ 500.00	\$ 500.00
6077	Implant Supported Retainer For Cast Metal Fpd	\$ 500.00	\$ 250.00	\$ 250.00
6093	Recement Impl/Abut Supported Crown	\$ 65.00	\$ 32.50	\$ 32.50
6210	Pontic - Cast High Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
6212	Pontic - Cast Noble Metal	\$ 425.00	\$ 382.50	\$ 42.50
6240	Pontic-Porcelain / High Noble Metal	\$ 595.00	\$ 535.50	\$ 59.50
6242	Pontic - Porcelain Fused To Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
6250	Pontic - Resin With High Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
6252	Pontic - Resin With Noble Metal	\$ 425.00	\$ 382.50	\$ 42.50
6545	Cast Mtl Ret-Resin Bonded Bridge	\$ 225.00	\$ 202.50	\$ 22.50
6720	Abut 'Crown - Resin With High Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
6722	Abut Crown Resin Base Metal/Noble Metal	\$ 425.00	\$ 382.50	\$ 42.50
6750	Abut Crown Porc/High Noble Metal	\$ 595.00	\$ 535.50	\$ 59.50
6752	Crown - Porcelain Fused To Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
6780	Abut Crown 3/4 Cast High Noble Metal	\$ 310.00	\$ 279.00	\$ 31.00
6783	Abut Crown 3/4 Porcelain/Ceramic	\$ 240.00	\$ 216.00	\$ 24.00
6790	Crown - Full Cast High Noble Metal	\$ 525.00	\$ 472.50	\$ 52.50
6792	Cast Base/Noble Metal Abutment	\$ 425.00	\$ 382.50	\$ 42.50
6930	Recement Fixed Partial Denture	\$ 62.00	\$ 55.80	\$ 6.20
6980	Bridge Repair By Report	\$ 85.00	\$ 76.50	\$ 8.50

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		NETWORK FEE	PLAN PAYMENT	PATIENT CO-PAY
7140	Extraction, Erupted Tooth Or Exposed Root	\$ 66.00	\$ 59.40	\$ 6.60
7210	Surgical Extraction	\$ 110.00	\$ 99.00	\$ 11.00
7220	Impaction-Soft Tissue	\$ 155.00	\$ 139.50	\$ 15.50
7230	Impaction- Prtl Bony	\$ 188.00	\$ 169.20	\$ 18.80
7240	Impaction- Comp. Bony	\$ 240.00	\$ 216.00	\$ 24.00
7241	Impaction-Comp Bony Complicated	\$ 275.00	\$ 247.50	\$ 27.50
7250	Root Removal	\$ 90.00	\$ 81.00	\$ 9.00
7260	Oral Antral Fistula Closure	\$ 395.00	\$ 355.50	\$ 39.50
7261	Primary Closure Of Sinus	\$ 190.00	\$ 171.00	\$ 19.00
7270	Tooth Reimplanation Or Stabilization	\$ 120.00	\$ 108.00	\$ 12.00
7280	Surgical Exposure Of Unerupted Tooth	\$ 225.00	\$ 202.50	\$ 22.50
7283	Device To Facilitate Eruption	\$ 125.00	\$ 112.50	\$ 12.50
7285	Biopsy (Hard Tissue)	\$ 90.00	\$ 81.00	\$ 9.00
7286	Biopsy (Soft Tissue)	\$ 75.00	\$ 67.50	\$ 7.50
7310	Alveoloplasty With Extraction - 4 Or More Teeth	\$ 62.00	\$ 55.80	\$ 6.20
7311	Alveoloplasty W/Extract 1-3 Teeth	\$ 50.00	\$ 45.00	\$ 5.00
7320	Alveoloplasty W/O Extraction	\$ 125.00	\$ 112.50	\$ 12.50
7321	Alveoloplasty W/Out Extraction 1-3 Teeth	\$ 100.00	\$ 90.00	\$ 10.00
7410	Surgical Excision Up To 1.25	\$ 140.00	\$ 126.00	\$ 14.00
7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$ 140.00	\$ 126.00	\$ 14.00
7414	Surgical Excision Over 1.25	\$ 190.00	\$ 171.00	\$ 19.00
7450	Removal Of Cyst Up To 1.25	\$ 150.00	\$ 135.00	\$ 15.00
7451	Ondotogenic Cyst Over 1.25	\$ 275.00	\$ 247.50	\$ 27.50
7510	I & D Intraoral Soft Tissue	\$ 80.00	\$ 72.00	\$ 8.00
7960	Frenulectomy - Frenectomy	\$ 190.00	\$ 171.00	\$ 19.00
8050	Ortho - Initial Insertion	\$ 750.00	\$ 750.00	0.00
8060	Interceptive Ortho Treatment Of The Transitional	\$ 750.00	\$ 750.00	0.00
8420	Ortho Periodic Visit	\$ 90.00	\$ 90.00	0.00
8660	Pre Orthodontic Treatment	\$ 140.00	\$ 140.00	0.00
9110	Palliative Treatment	\$ 30.00	\$ 27.00	\$ 3.00
9220	General Anesthesia - 30 Minutes	\$ 115.00	\$ 103.50	\$ 11.50
9221	General Anesthesia - Add'L 15 Min	\$ 55.00	\$ 49.50	\$ 5.50
9310	Consultation By Specialist	\$ 50.00	\$ 45.00	\$ 5.00
9940	Occlusal Guard, By Report	\$ 325.00	\$ 292.50	\$ 32.50
9951	Occlusa. Adjustment - Limited	\$ 55.00	\$ 49.50	\$ 5.50
9952	Occlusal Adjustment - Complete	\$ 150.00	\$ 135.00	\$ 15.00