

## Network General Dentists Sample Payment Schedule

*Including Salt Lake, Davis, Weber, Utah and Tooele Counties* – If you visit a provider in any county not listed, your co-payment will be different. Please contact a Customer Service Representative at 1-800-999-9789 to request a Rural Schedule of Co-Payments.

Code	Procedure Description	Platinum		Gold	
		Patient Co-Pay In-network	Plan Payment In & Out-of-network*	Patient Co-Pay In-network	Plan Payment In & Out-of-network*
<b>PREVENTIVE</b>					
D120	Routine checkup	0	26	0	17
D150	Comprehensive exam	0	26	0	16
D210	X-rays, complete set	0	48	0	36
D220	X-rays, periapical, 1st film	0	14	0	8
D272	X-rays, bitewing, 2 films	0	25	0	13
D330	X-rays, panoramic film	0	44	0	37
D1110	Prophylaxis - adult	0	43	0	37
<b>BASIC</b>					
D140	Limited Oral Exam	0	27	0	10
D1351	Sealant - per tooth (age 14 and under)	14	10	12	8
<b>Amalgam (Silver Fillings)</b>					
D2140	Amalgam (silver) - 1 surface	11	36	11	32
D2150	Amalgam (silver) - 2 surfaces	20	40	19	34
D2160	Amalgam (silver) - 3 surfaces	27	43	26	38
<b>Anterior Composite (White) Fillings</b>					
D2330	Composite (white) - 1 surface anterior	34	34	33	32
D2331	Composite (white) - 2 surfaces anterior	39	43	36	40
D2332	Composite (white) - 3 surfaces anterior	43	49	42	44
<b>Posterior Composite (White) Fillings</b>					
D2391	Composite (white) - 1 surface posterior	37	37	32	32
D2392	Composite (white) - 2 surfaces posterior	52	46	48	39
D2393	Composite (white) - 3 surfaces posterior	62	51	60	45
<b>CROWNS</b>					
D2740	Corwn - porcelain/ceramic	288	158	271	150
D2750	Crown - porc. Hi nob. Metal	318	183	287	169
D2752	Crown - porcelain fused to noble metal	306	165	293	153
D2930	Crown - stainless, primary tooth	84	0	63	0
D2950	Core build up	94	0	80	0
<b>ENDODONTICS (ROOT CANALS)</b>					
D3320	Bicuspid root canal	272	119	220	89
D3330	Molar root canal	371	124	303	92
D3347	Retreatment of bicuspid root canal	278	94	202	68
D3348	Retreatment of molar root canal	356	119	257	85
<b>PERIODONTICS</b>					
D4341	Periodontic Root planning	116	26	79	19
D4910	Periodontic maintenance	69	21	55	17
<b>PROSTHODONTICS (DENTURES)</b>					
D5110	Complete denture - upper	624	167	401	111
D5120	Complete denture - lower	624	167	401	111
<b>ORAL SURGERY</b>					
D7210	Surgical extraction	72	28	59	26
D7220	Surgical extraction impacted	92	32	78	28
D7230	Surgical extraction part. Bony	115	40	98	34
D7240	Surgical extraction compl. Bony	142	42	115	34
<b>MISCELLANEOUS</b>					
D1450	OSHA infection and sterilization	0	0	10	0
D9440	Office visit after hours	48	0	36	0

\* For services rendered by out-of-network providers the patient is responsible for the difference between the plan payment and the provider's standard fee.

No balance billing for services rendered by an in-network provider.

This is not a complete list of procedures. You will receive the complete version with your plan ID card. Any procedure not listed is available on a fee for service basis, no discount will apply.

This sample of fees is valid through June 30, 2010.