

# PERFECT TEETH™

## General Dentistry Fees

Procedure/ ADA Code	Uninsured Fee	PTDP	Savings
<b>Diagnostic and Preventative</b>			
Office Co-Pay	\$5	\$5	
Comp Exam (D0150)	\$78	\$0	\$78
Full Mouth X-Rays (D0210)	\$152	\$0	\$152
Single X-Ray (D0220)	\$30	\$0	\$30
Additional X-Rays Single (D0230)	\$30	\$0	\$30
Adult Prophyl (D1110)	\$90	\$40	\$50
Child Prophyl (D1120)	\$80	\$20	\$60
Fluoride Varnish (D1206)	\$35	\$25	\$10
<b>Restorative</b>			
1 Surf Ant/ Fill Composite (D2330)	\$123	\$85	\$38
2 Surf Ant/ Fill Composite (D2331)	\$163	\$105	\$58
3 Surf Ant/ Fill Composite (D2332)	\$199	\$110	\$89
4 Surf Ant/ Fill Composite (D2335)	\$236	\$130	\$106
1 Surf Post/ Fill Composite (D2391)	\$143	\$100	\$43
2 Surf Post/ Fill Composite (D2392)	\$263	\$125	\$138
3 Surf Post/ Fill Composite (D2393)	\$333	\$145	\$188
4 Surf Post/ Fill Composite (D2394)	\$372	\$225	\$147
<b>Crowns</b>			
Ceramic (D2740)	\$1,408	\$850	\$558
Porcelain to Fused High Noble (D2750)	\$1,314	\$750	\$564
Porcelain Fused to Base Metal (D2751)	\$1,055	\$495	\$560
Build Up (D2950)	\$330	\$135	\$195
Implant Crown (EXT/ Implant/ Cust Abut/ PFM)	\$4,693	\$2,995	\$1,698
<b>Periodontic</b>			
RPS (full quad) (D4341)	\$319	\$130	\$189
RPS (1-3 teeth) (D4342)	\$174	\$75	\$99
Perio Maintenance (D4910)	\$162	\$75	\$87
Oral Irrigation (Per Quad) (D4921)	\$21	\$10	\$11
<b>Endodontic</b>			
Anterior RCT (D3310)	\$828	\$425	\$403
Bicuspid RCT (D3320)	\$994	\$480	\$514
Molar RCT (D3330)	\$1,323	\$860	\$463
<b>Dentures</b>			
Complete Upper Denture (D5110)	\$1,133	\$825	\$308
Complete Lower Denture (D5120)	\$1,133	\$675	\$458
<b>Oral Surgery</b>			
Extraction Simple (D7140)	\$156	\$115	\$41
Extraction Surgical (D7210)	\$232	\$175	\$57

\*Fees based on 2016 PERFECT TEETH fees in Colorado which will vary by state and are based on services provided by a General Practitioner. Should the services of a specialist be required, these fees will vary. Additional fees may apply depending on the services you need. Dental fees are subject to change without notice. The PTDP may not be used in conjunction with any other insurance or discount plans.

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## Periodontics Specialty Fees

	Uninsured Fee	PTDP	Savings
<b>Procedure/ ADA Code</b>			
<b>Diagnostic and Preventative</b>			
Office Co-Pay	\$5	\$5	
Limited Exam (D0140)	\$122	\$20	\$102
Comprehensive Perio Evaluation (D0180)	\$151	\$20	\$131
Full Mouth X-Rays (D0210)	\$153	\$25	\$128
Single X- Ray (D0220)	\$30	\$0	\$30
Additional X-Ray (D0230)	\$30	\$0	\$30
Pano Film (D3330)	\$134	\$25	\$109
<b>Periodontic</b>			
Simple Extraction (D7140)	\$164	\$128	\$36
Surgical Removal - Erupted (D7210)	\$273	\$186	\$87
Crown Lengthening (D4249)	\$938	\$638	\$300
Osseous Surgery Per Quad (D4260)	\$1,324	\$901	\$423
Osseous Surgery 1-3 Teeth (D4261)	\$950	\$646	\$304
Gingival Flap Procedure (D4240)	\$832	\$566	\$266
Gingival Flap 1-3 Teeth (D4241)	\$392	\$267	\$125

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# PERFECT TEETH™

## Endodontic Specialty Fees

	Uninsured Fee	PTDP	Savings
<b>Procedure/ ADA Code</b>			
<b>Diagnostic and Preventative</b>			
Office Co-pay	\$5	\$5	
Limited Exam (D0140)	\$122	\$20	\$102
Single X- Ray (D0220)	\$30	\$0	\$30
Additional X-Ray (D0230)	\$30	\$0	\$30
Pano Film (D0330)	\$134	\$25	\$109
Pulp Vitality Testing (D0460)	\$38	\$17	\$21
<b>Endodontics</b>			
Root Canal Molar (D3330)	\$1,323	\$980	\$343
Retreatment Anterior RCT (D3346)	\$1,161	\$859	\$302
Retreatment Bicuspid RCT (D3347)	\$1,309	\$969	\$340
Retreatment Molar RCT (D3348)	\$1,531	\$1,133	\$398
Apicoectomy - Anterior (D3410)	\$903	\$668	\$235
Apicoectomy - Bicuspid (D3421)	\$984	\$728	\$256
Apicoectomy - Molar (D3425)	\$1,127	\$834	\$293
Apicoectomy - Ea Add'l Root (D3426)	\$348	\$258	\$90
Retrograde Filling (D3430)	\$228	\$169	\$59

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# PERFECT TEETH™

## Oral Surgery Specialty Fees

	Uninsured Fee	PTDP	Savings
<b>Procedure/ ADA Code</b>			
<b>Diagnostic and Preventative</b>			
Office Co-Pay	\$5	\$5	
Limited Exam (D0140)	\$122	\$20	\$102
Single X- Ray (D0220)	\$30	\$0	\$30
Additional X-Ray (D0230)	\$30	\$0	\$30
Pano Film (D0330)	\$134	\$25	\$109
<b>Oral Surgery</b>			
Surgical Removal - Erupted (D7210)	\$273	\$213	\$60
Nitrous Oxide (Laughing Gas) (D9230)	\$47	\$37	\$10
IV Sedation (putting the patient to sleep) (D9223)	\$166	\$129	\$37
Remove Impacted (Soft Tissue) (D7220)	\$317	\$247	\$70
Remove Impacted Partial Bony (D7230)	\$408	\$318	\$90
Remove Impacted Complete Bony (D7240)	\$499	\$389	\$110
Soft Tissue Biopsy (removal of oral lesion for pathological reasons) (D7286)	\$350	\$273	\$77

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# PERFECT TEETH™

## Pedodontic Specialty Fees

	Uninsured Fee	PTDP	Savings
<b>Procedure/ ADA Code</b>			
<b>Diagnostic and Preventative</b>			
Office Co-pay	\$5	\$5	
Comprehensive Oral Evaluation (D0150)	\$122	\$0	\$122
Periodic Oral Eval (D0120)	\$59	\$0	\$59
Limited Exam (D0140)	\$122	\$20	\$102
Single X- Ray (D0220)	\$30	\$0	\$30
Additional X-Ray (D0230)	\$30	\$0	\$30
Pano Film (D0330)	\$134	\$25	\$109
Prophylaxis – Child (D1120)	\$80	\$60	\$20
Fluoride – Child (D1206)	\$35	\$28	\$7
Sealants (D1351)	\$66	\$55	\$11
<b>Pedodontics</b>			
Resin 1 Surface Posterior (D2391)	\$161	\$129	\$32
Resin 2 Surface Posterior (D2392)	\$296	\$237	\$59
Resin 3 Surface Posterior (D2393)	\$375	\$300	\$75
Space Maintainer Fixed Unilateral (D1510)	\$266	\$212	\$54
Space Maintainer Fixed Bilateral (D1515)	\$468	\$374	\$94
Space Maintainer Fixed Rem Uni. (D1520)	\$237	\$190	\$47
Space Maintainer Removable Bil. (D1525)	\$306	\$245	\$61
Therapeutic Pulpotomy (D3220)	\$261	\$188	\$73
Stain Steel Crown (primary) (D2930)	\$274	\$219	\$55

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# PERFECT TEETH™

## Implant Specialty Fees

	Uninsured Fee	PTDP	Savings
<b>Procedure/ ADA Code</b>			
<b>Diagnostic and Preventative</b>			
Office Co-pay	\$5	\$5	
Limited Exam (D0140)	\$122	\$20	\$102
Single X- Ray (D0220)	\$30	\$0	\$30
Additional X-Ray (D0230)	\$30	\$0	\$30
Pano Film (D0330)	\$134	\$25	\$109
<b>Implants</b>			
Simple Extraction (D7140)	\$164	\$90	\$74
Surgical Removal - Erupted (D7210)	\$273	\$150	\$123
Bone Graft / Membrane (D6104)	\$600	\$408	\$192
Vertical Sinus Augmentation (D7952)	\$1,200	\$816	\$384
Implant Placement (Surgical Placement) (D6010)	\$2,304	\$1,650	\$654
<b>Implant Restorative</b>			
Implant Abutment (custom) (D6057)	\$981	\$432	\$549
Implant Crown (Porcelain) (D6065)	\$1,408	\$867	\$541
Implant Crown (Hi Noble) (D6067)	\$1,339	\$763	\$576
Implant Crown (Porcelain/Hi Noble) (D6059)	\$1,643	\$1,068	\$575

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