Smile Generation Dental Plan Fee Schedule

Segment 3

The fees listed on the Fee Schedule apply when services are provided by an in-network General Dentist. Exclusions and Limitations apply.

Services of an in-network Specialist (Endodontist, Oral Surgeons, Periodontist, Pediatric Dentist) are available at a 20% discount off the Specialist's usual and customary rate.

Members who are pregnant or have diabetes have a benefit for a free electric toothbrush. This benefit is limited to one (1) per lifetime. The toothbrush will be mailed to the member by the toothbrush manufacturer directly. It will not be distributed at the office.

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
	Diagnostic Procedures	
D0120	Periodic Oral Evaluation – Established Patient	$0
D0140	Limited Oral Evaluation – Problem Focused	$0
D0150	Comprehensive Oral Evaluation – New Patient	$0
D0160	Detailed and Extensive Oral Evaluation – Problem Focused by Report	$0
D0170	Re-Evaluation – Limited, Problem Focused (Established Patient; Not Post-Operative Visit	$0
D0171	Re-Evaluation – Post Operative Office Visit	$0
D0210	Intraoral – Complete Series of Radiographic Images	$0
D0220	Intraoral – Periapical First Radiographic Image	$0
D0230	Intraoral – Periapical Each Additional Radiographic Image	$0
D0240	Intraoral – Occlusal Radiographic Image	$0
D0270	Bitewing – Single Radiographic Image	$0
D0272	Bitewings – Two Radiographic Images	$0
D0273	Bitewings – Three Radiographic Images	$0
D0274	Bitewings – Four Radiographic Images	$0
D0330	Panoramic Radiographic Image	$0-$122
D0340	2D Cephalometric Radiographic Image-Acquisition, Measurement and Analysis	$142
D0350	New Patient Photo Intra-Oral	$0
D0351	3D Photographic Image	$98
D0364	Cone Beam CT Capture and Interpretation with Limited Field of View – Less Than One Whole Jaw	$230
D0367	Cone Beam CT Capture and Interpretation with Field of View of Both Jaws: With or Without Cranium	$184-$230
D0383	Cone Beam CT Image Capture with Field of View of Both Jaws; With or Without Cranium	$230
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing	$75-$151
D0418	Analysis of Saliva Sample	$0
D0431	Adjunctive Pre-Diagnostic Test Aiding in Detection of Mucosal Abnormalities Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy Procedures	$34

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D0460	Pulp Vitality Tests	$63
D0470	Diagnostics Casts	$0-$151
D0472	Accession of Tissue, Gross Examination, Preparation And Transmission of Written Report	$133
	Preventive Procedures	
D1110	Prophylaxis – Adult	$100
D1120	Prophylaxis – Child	$0-$100
D1206	Topical Application of Fluoride Varnish	$0-$48
D1208	Topical Application of Fluoride – Excluding Varnish	$51
D1310	Nutritional Counseling for Control of Dental Disease	$97
D1320	Tobacco Counseling for the Control and Prevention Of Oral Disease	$92
D1330	Oral Hygiene Instructions	$0
D1351	Sealant – Per Tooth	$56
D1352	Prevention Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	$221
D1353	Sealant Repair – Per Tooth	$66
D1354	Interim Caries Arresting Medicament Application Per Tooth	$95
D1510	Space Maintainer – Fixed, Unilateral – Per Quadrant	$438
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	$531
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	$531
D1520	Space Maintainer – Removable, Unilateral – Per Quad	$450
D1526	Space Maintainer – Removable – Bilateral, Maxillary	$475
D1527	Space Maintainer – Removable – Bilateral, Mandibular	$475
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer Maxillary	$81
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer – Mandibular	$81
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer – Per Quadrant	$81
D1556	Removal of Fixed Unilateral Space Maintainer – Per Quadrant	$146
D1575	Distal Shoe Space Maintainer – Fixed, Unilat -Per Quad	$273

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
	Restorative Procedures	
D2140	Amalgam – One Surface, Primary or Permanent	$117
D2150	Amalgam – Two Surface, Primary or Permanent	$156
D2160	Amalgam – Three Surface, Primary or Permanent	$195
D2161	Amalgam – Four Surface, Primary or Permanent	$234-$243
D2330	Resin-Based Composite – One Surface, Anterior	$210
D2331	Resin-Based Composite – Two Surfaces, Anterior	$220
D2332	Resin-Based Composite – Three Surfaces, Anterior	$375
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	$400
D2390	Resin-Based Composite Crown, Anterior	$565
D2391	Resin-Based Composite – One Surface, Posterior	$221
D2392	Resin-Based Composite – Two Surface, Posterior	$265
D2393	Resin-Based Composite – Three Surfaces, Posterior	$336
D2394	Resin-Based Composite – Four or More Surfaces, Post.	$465
D2420	Gold Foil – Two Surfaces	$752
D2430	Gold Foil – Three Surfaces	$927
D2510	Inlay – Metallic – One Surface	$700
D2520	Inlay – Metallic – Two Surfaces	$800
D2530	Inlay – Metallic – Three or More Surfaces	$1025
D2542	Onlay – Metallic – Two Surfaces	$815
D2543	Onlay – Metallic – Three Surfaces	$334-$1163
D2544	Onlay – Metallic – Four or More Surfaces	$401-$1187
D2610	Inlay – Porcelain/Ceramic – One Surface	$630-$1217
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	$700-$1281
D2630	Inlay – Porcelain/Ceramic – Three or More Surfaces	$720-$1364
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	$1000-$1334
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	$1050-$1385
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	$1100-$1425
D2650	Inlay – Resin-Based Composite – One Surface	$800
D2651	Inlay – Resin-Based Composite – Two Surfaces	$851
D2652	Inlay – Resin-Based Composite – Three or More Surfaces	$959
D2662	Onlay - Resin Based Composite – Two Surfaces	$1194
D2663	Onlay – Resin Based Composite – Three Surfaces	$1194

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D2664	Onlay – Resin-Based Composite -Four or More Surfaces	$1213
D2710	Crown – Resin-Based Composite (Indirect)	$1165
D2740	Crown – Porcelain/Ceramic	$1035-$1255
D2750	Crown – Porcelain Fused to High Noble	$1107-$2000
D2751	Crown – Porcelain Fused to Predominantly Base Metal	$1000
D2752	Crown – Porcelain Fused to Noble Metal	$738
D2780	Crown – ¾ Cast High Noble Metal	$1032
D2783	Crown – ¾ Porcelain Ceramic	$1233-$1369
D2790	Crown – Full Cast High Noble Metal	$1635
D2791	Crown – Full Cast Predominantly Base Metal	$851
D2792	Crown – Full Cast Noble Metal	$471
D2799	Provisional Crown – Further Treatment or Completion Of Diagnosis Necessary Prior to Final Impression	$454
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	$115
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Pre-Fabricated Post and Core	$115
D2920	Re-Cement or Re-Bond Crown	$133-$146
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	$302
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	$355
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	$381
D2932	Prefabricated Resin Crown	$434
D2940	Protective Restoration	$130-$200
D2949	Restorative Foundation for an Indirect Restoration	$252
D2950	Core Buildup, Including Any Pins When Required	$300
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	$500
D2954	Prefabricated Post and Core in Addition to Crown	$388
D2955	Post Removal	$330
D2960	Labial Veneer (Resin Laminate) – Chairside	$1110
D2962	Labial Veneer (Porc Laminate) – Laboratory	$1225-$1400

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D2975	Coping	$199
D2980	Crown Repair Necessitated by Restorative Material Failure	$384
D2981	Inlay Repair Necessitated by Restorative Material Failure	$384
D2982	Onlay Repair Necessitated by Restorative Material Failure	$384
D2983	Veneer Repair Necessitated by Restorative Material Failure	$384
	Endodontic Procedures	
D3110	Pulp Cap – Direct (Excluding Final Restoration)	$87
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	$84
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)- Removal of Pulp Coronal to the Dentin Cemental Junction and Application of Medicament	$220
D3221	Pulpal Debridement, Primary and Permanent Teeth	$233
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	$226
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	$297
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	$335
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	$1157
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	$1241
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	$1430
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	$300
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	$582
D3346	Retreatment of Previous Root Canal Therapy - Anterior	$1075

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D3347	Retreatment of Previous Root Canal Therapy - Premolar	$1200
D3348	Retreatment of Previous Root Canal Therapy - Molar	$1500
D3431	Biologic Material to Aid in Soft and Osseous Tissue Regeneration in Conjunction with Periradicular Surgery	$680
D3450	Root Amputation – Per Root	$776
D3911	Hemisection (Including any Root Removal), Not Including Root Canal Therapy	$275
	Periodontic Procedures	
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quad	$922
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quad	$535
D4231	Anatomical Crown Exposure – One to Three Teeth or Tooth Bounded Spaces per Quadrant	$2426
D4249	Clinical Crown Lengthening – Hard Tissues	$874
D4263	Bone Replacement Graft – Retained Natural Tooth First Site in Quadrant	$550
D4264	Bone Replacement Graft – Retained Natural Tooth – Each Additional Site in Quadrant	$550
D4266	Guided Tissue Regeneration–Resorbable Barrier, Per Site	$550
D4270	Pedicle Soft Tissue Graft Procedure	$816
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures In The Same Anatomical Area)	$748
D4322	Splint Intra-Coronal; Natural Teeth or Prosthetic Crown	$559
D4323	Splint Extra-Coronal; Natural Teeth or Prosthetic Crown	$566
D4341	Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant	$175
D4342	Periodontal Scaling and Root Planning – One to Three Teeth per Quadrant	$140
D4346	Scaling in the Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral	$105

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
	Evaluation	
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	$176
D4381	Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle into Diseased Crevicular Tissue, per Tooth	$94 -$193
D4910	Periodontal Maintenance	$140
D4921	Gingival Irrigation – Per Quadrant	$15
D4999	Full Mouth Irrigation with Gross Scale	$75-$110
D4999	Full Mouth Bacterial Decontamination	$75-$110
D4999	Bacterial Decontamination – Per Quad	$75-$110
	Prosthodontic (Removable) Procedures	
D5110	Complete Denture – Maxillary	$832-$3175
D5120	Complete Denture – Mandibular	$832-$3175
D5130	Immediate Denture – Maxillary	$2083
D5140	Immediate Denture – Mandibular	$2083
D5211	Maxillary Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)	$1700
D5212	Mandibular Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)	$1700
D5213	Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Material Rests and Teeth)	$2250-$2500
D5214	Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials Rests and Teeth)	$1850-$2500
D5225	Maxillary Partial Denture – Flexible Bases (Including any Clasps, Rests, and Teeth)	$2021-$2500
D5226	Mandibular Partial Denture – Flexible Bases (Including Any Clasps, Rest, and Teeth)	$2021-$2500
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary	$971
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular	$971

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D5410	Adjust Complete Denture – Maxillary	$96
D5411	Adjust Complete Denture – Mandibular	$96
D5421	Adjust Partial Denture – Maxillary	$96
D5422	Adjust Partial Denture – Mandibular	$96
D5511	Repair Broken Complete Denture Base, Mandibular	$300
D5512	Repair Broken Complete Denture Base, Maxillary	$300
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	$243
D5611	Repair Resin Partial Denture Base, Mandibular	$250
D5612	Repair Resin Partial Denture Base, Maxillary	$250
D5621	Repair Cast Partial Framework, Mandibular	$284
D5630	Repair or Replace Broken Retentive Clasping Materials Per Tooth	$310
D5640	Replace Broken Teeth – Per Tooth	$200
D5650	Add Tooth to Existing Partial Denture	$312
D5660	Add Clasp to Existing Partial Denture – Per Tooth	$330-$331
D5710	Rebase Complete Maxillary Denture	$772
D5711	Rebase Complete Mandibular Denture	$772
D5720	Rebase Maxillary Partial Denture	$772
D5721	Rebase Mandibular Partial Denture	$772
D5730	Reline Complete Maxillary Denture (Chairside)	$394
D5731	Reline Complete Mandibular Denture (Chairside)	$394
D5740	Reline Maxillary Partial Denture (Chairside)	$394
D5741	Reline Mandibular Partial Denture (Chairside)	$394
D5750	Reline Complete Maxillary Denture (Laboratory)	$500
D5751	Reline Complete Mandibular Denture (Laboratory)	$500
D5760	Reline Maxillary Partial Denture (Laboratory)	$500
D5761	Reline Mandibular Partial Denture (Laboratory)	$500
D5810	Interim Complete Denture (Maxillary)	$1151
D5811	Interim Complete Denture (Mandibular)	$1151
D5820	Interim Partial Denture (Maxillary)	$704
D5821	Interim Partial Denture (Mandibular)	$704
D5850	Tissue Conditioning – Maxillary	$212
D5851	Tissue Conditioning – Mandibular	$212

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D5862	Precision Attachment, By Report	$850
D5863	Overdenture – Complete Maxillary	$2084
D5864	Overdenture – Partial Maxillary	$2084
D5865	Overdenture – Complete Mandibular	$2084
D5866	Overdenture – Partial Mandibular	$2084
D5867	Replace Precision Attachment	$220
D5982	Surgical Stent	$500
D5988	Surgical Splint	$1021
D5992	Adjust Maxillofacial Prosthetic Appliance, by Report	$291
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra-or Intra Oral) Other Than Required Adjustments, By Report	$285
	Implant Procedures	
D6010	Surgical Placement of Implant Body, Endosteal Implant	$2000-$2035
D6011	Second Stage Implant Surgery	$389
D6013	Surgical Placement of Mini Implant	$1441
D6051	Interim Abutment	$582
D6055	Connecting Bar – Implant or Abutment Supported	$2329
D6056	Prefabricated Abutment – Includes Modification And Placement	$484
D6057	Custom Fabricated Abutment – Includes Placement	$720
D6058	Abutment Supported Porcelain/Ceramic Crown	$1275-$1630
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Nobel Metal)	$1275-$1290
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	$1500
D6066	Implant Supported Crown – Porcelain Fused to High Noble Alloys	$2030
D6080	Implant Maintenance Procedures when Prostheses are Removed and Reinserted, Including Cleaning of Prostheses and Abutments	$208
D6081	Scaling and Debridement in the Presence of Inflam-Mation or Mucositis of a Single Implant, Incl Cleaning Of the Implant Surfaces without Flap Entry and Closure	$150

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D6090	Repair Implant Supported Prothesis, by Report	$922
D6091	Implant Replace Attachment	$723
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	$166
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	$218
D6095	Repair Implant Abutment, By Report	$500
D6100	Implant Removal, By Report	$1260
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	$389
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Incl. Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	$384
D6103	Bone Graft for Repair of Peri-Implant Defect – Does Not Include Flap Entry and Closure	$826
D6104	Bone Graft at Time of Implant Procedure	$826
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch – Maxillary	$2670
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch – Mandibular	$2670
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Maxillary	$2670
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Mandibular	$2670
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Maxillary	$2084
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Mandibular	$2084
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary	$2084
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular	$2084
D6190	Radiographic/Surgical Implant Index, by Report	$728

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D6199	Unspecified Implant Procedure, by Report	$35000 – $37838
	Prosthodontic (Fixed) Procedures	
D6210	Pontic – Cast High Noble Metal	$887-$1300
D6211	Pontic – Cast Predominately Base Metal	$420-$1000
D6240	Pontic – Porcelain Fused to High Nobel Metal	$944-$1362
D6241	Pontic – Porcelain Fused to Predominately Base Metal	$656-$1200
D6245	Pontic – Porcelain/Ceramic	$988-$1425
D6545	Retainer – Cast metal for Resin Bonded Fixed Prosthesis	$494
D6548	Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	$890
D6740	Retainer Crown – Porcelain/Ceramic	$1139-$1313
D6750	Retainer Crown – Porcelain Fused to High Noble Metal	$944-$1200
D6751	Retainer Crown – Porcelain Fused to Predominately Base Metal	$656-$1200
D6790	Retainer Crown – Full Cast High Nobel Metal	$887 - $1150
D6791	Retainer Crown – Full Cast Predominately Base Metal	$402-$1000
D6930	Re-Cement or Re-Bond Fixed Partial Denture	$260
D6950	Precision Attachment	$929
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	$250
D6985	Pediatric Partial Denture, Fixed	$600
	Oral And Maxillofacial Surgery Procedures	
D7111	Extraction, Coronal Remnants – Primary Tooth	$156
D7140	Extraction, Erupted Tooth or Exposed Root (Evaluation And/or Forceps Removal)	$208
D7210	Extraction, Erupted Tooth Requiring Removal of Bone And/or Sectioning of Tooth, and Including Elevation Of Mucoperiosteal Flap if Indicated	$347
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	$376
D7251	Coronectomy – Intentional Partial Tooth Removal	$529

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D7260	Oroantral Fistula Closure	$1600
D7261	Primary Closure of a Sinus Perforation	$771
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	$1092
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	$554
D7285	Incisional Biopsy of Oral Tissue Hard (Bone, Tooth)	$900
D7286	Incisional Biopsy of Oral Tissue Soft	$650
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy	$269
D7293	Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	$486
D7294	Placement of Temporary Anchorage Device Without Flap; Includes Device Removal	$405
D7295	Harvest of Bone for use in Autogenous Grafting Procedure	$461
D7321	Alveoloplasty Not in Conjunction with Extractions – One to Three Teeth or Tooth Space, Per Quadrant	$467
D7350	Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment and Management of Hypertrophied and Hyperplastic Tissue)	$3250
D7410	Excision of Benign Lesion Up to 1.25 cm	$448
D7411	Excision of Benign Lesion Greater Than 1.25 cm	$755
D7450	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Up to 1.25 cm	$650
D7451	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Greater than 1.25 cm	$985
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$1170
D7472	Removal of Torus Palatinus	$490
D7485	Reduction of Osseous Tuberosity	$1170
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	$220-$231
D7511	Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated	$315
D7520	Incision and Drainage of Abscess – Extraoral Soft Tissue	$700
D7880	Occlusal Orthotic Device, By Report	$1208

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D7940	Osteoplasty – For Orthognathic Deformities	$3997
D7953	Bone Replacement Graft for Ridge Preservation-per Site	$499
D7970	Excision of Hyperplastic Tissue – per Arch	$550
D7971	Excision of Pericoronal Gingiva	$277
	Orthodontic Procedures	
D8010	Limited Orthodontic Treatment of the Primary Dentition	$1500-$3200
D8020	Limited Orthodontic Treatment of the Transitional Dentition	$1500-$3200
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	$1500-$3200
D8040	Limited Orthodontic Treatment of Adult Dentition	$1500-$3200
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	$4600
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	$4600
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	$4600
D8660	Pre-Ortho Treatment Visit	$0
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	$679
D8681	Removable Orthodontic Retainer Adjustment	$155
D8696	Repair of Orthodontic Appliance – Maxillary	$199
D8697	Repair of Orthodontic Appliance – Mandibular	$199
D8698	Re-Cement or Re-Bond Fixed Retainer – Maxillary	$437
D8699	Re-Cement or Re-Bond Fixed Retainer – Mandibular	$437
D8703	Replacement of Lost or Broken Retainer – Maxillary	$355
D8704	Replacement of Lost or Broken Retainer – Mandibular	$355
D8999	Unspecified Orthodontic Procedure, by Report	$0-$2072
	Adjunctive General Procedures	
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	$233

smile generation dental plan

GEORGIA FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D9120	Fixed Partial Sectioning	$172
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedures	$63
D9219	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	$97
D9248	Non-Intravenous Conscious Sedation	$353
D9420	Hospital or Ambulatory Surgical Center Call	$400
D9430	Office Visit for Observation (During Regularly Scheduled Hours) No Other Service Performed	$0
D9440	Office Visit After Regularly Scheduled Hours	$193
D9450	Case Presentation, Detailed and Extensive Treatment Planning	$204
D9610	Therapeutic Parenteral Drug, Single Administration	$120
D9612	Therapeutic Parenteral Drug, Two or More Administrations Different Medications	$162
D9630	Drugs/Medicaments Dispensed in the Office for Home	$42-$155
D9910	Application of Desensitizing Medicament	$93
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth	$121
D9920	Behavior Management, by Report	$195
D9941	Fabrication of Athletic Mouthguard	$300
D9944	Occlusal Guard – Hard Appliance, Full Arch	$682
D9945	Occlusal Guard – Soft Appliance, Full Arch	$682
D9950	Occlusion Analysis – Mounted Case	$356
D9951	Occlusal Adjustment – Limited	$192
D9952	Occlusal Adjustment – Complete	$698
D9970	Enamel Microabrasion	$192-202
D9972	External Bleaching Per Arch – Performed in Office	$450
D9973	External Bleaching Per Tooth	$291
D9974	Internal Bleaching Per Tooth	$350
D9975	External Bleaching for Home Appliance, Per Arch; Includes Materials and Fabrication of Custom Trays	$375
D9995	Teledentistry – Synchronous: Real Time Encounter	$0
D9996	Teledentistry – Asynchronous: Information Stored and Forwarded to Dentist for Subsequent Review	$0

GEORGIA FEE SCHEDULE
EXCLUSIONS AND LIMITATIONS

Exclusions

This section identifies standard exclusions for the Dental Plan. Members will be financially responsible for the dentist's usual and customary fee for any excluded or otherwise ineligible services.

1. Services provided by a non-participating dentist are not discounted under the discount plan.
2. Procedures deemed not reasonably necessary or not customarily performed, including, but not limited to: services that have a poor prognosis and duplicate prosthetic devices or appliances are excluded.
3. The services of an anesthesiologist are not discounted. The patient is responsible for the anesthesiologist's usual and customary rate.
4. Treatment of jaw fractures or dislocations, congenital or developmental malformations, malignancies, cysts or neoplasms, or treatments for Temporomandibular Joint Syndrome (TMJ) are not discounted.
5. Courses of treatment which were begun prior to the Member's discount plan effective date and/or expenses incurred after termination of the discount plan are excluded.
6. Any dental disease, defect or injury that arises out of or during any occupational incident or exposure, for which the Member is entitled to benefits under applicable workers' compensation laws are not discounted by this Plan.
7. Any service not specifically listed on the Fee Schedule is excluded.
8. The services of a prosthodontist are excluded.
9. Prophylaxis benefits are excluded in the presence of periodontal disease.

Limitations

This section identifies standard limitations for the Dental Plan. Members will be financially responsible for the dentist's usual and customary fee for any ineligible services.

1. Replacement of partial dentures is limited to one per arch every five years.
2. Replacement of full upper and lower dentures is limited to one per arch every five years.
3. Replacement of fixed prosthetics such as crowns, bridges, inlays, and onlays is limited to once every five years.
4. Members who are pregnant or have diabetes have a benefit for an additional Prophylaxis (routine cleaning) at no cost. This benefit is limited to one (1) in any six (6) month period. The benefit is applicable only after the Member pays for the first Prophylaxis within the same six-month period, based on the Fee Schedule.
5. Members who are pregnant or have diabetes have a benefit for one additional Periodontal Maintenance at no cost. This benefit is limited to one (1) in any six (6) month period. The benefit is applicable only after the Member pays for the first Periodontal Maintenance within the same six-month period, based on the Fee Schedule.
6. Members who are pregnant or have diabetes have a benefit for a free electric toothbrush. This benefit is limited to one (1) per lifetime. The toothbrush will be mailed to the member by the toothbrush manufacturer directly. It will not be distributed at the office.
7. The fees listed on the Fee Schedule applies to services provided by an in network General Dentist. Services of an in-network Specialist (Endodontist, Oral Surgeons, Periodontist, Pediatric dentist) are available at a 20% discount off the specialist's usual and customary fee.
8. Services of a specialist may not be available in all areas.

GEORGIA FEE SCHEDULE

9. Orthodontic Limitations:
    a. The Fee for Comprehensive Orthodontics includes records and retention and is limited to cases up to 24 months.
        i. Additional months of treatment are available at an additional charge of 80% of the office's usual and customary rate for treatment extension.
    b. The Fee for Clear Aligner Therapy includes records and standard retainers (e.g. Essex, lab fabricated, Polly, lingual bond, etc.).
        i. Upgraded retainers (e.g. Vivera) are not included in the Fee, but are available at the additional cost listed.
    c. Habit inhibitor appliances are not included in the Orthodontic Fees.
        i. Such appliances are available at 80% of the office's usual and customary rate.
    d. Replacement retainers are not included in the Orthodontic Fees.
        i. Such appliances are available at 80% of the office's usual and customary rate.
    e. Orthodontic appliances (e.g. retainers) provided apart from active therapy are available at up to 80% of the office's usual and customary rate.
    f. Replacement retainers are available at up to 80% of the office's usual and customary rate.