

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday
Customer Service: (800) 290-0523
Website: www.healthplex.com

Mail: Careington, Attn: Provider Relations
 PO Box 2568
 Frisco, Texas 75034

Schedule of Services

- This schedule applies to services provided by a participating Healthplex PPO General Dentist or Specialist located in New York. The purpose of this schedule is to establish the maximum fee that a participating General Dentist or Specialist will charge for each listed procedure. Member is responsible for all applicable charges at the time of service. Fee schedules are subject to change without prior notification to members.
- Discount plans are not insurance.

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$22
D0150 Comprehensive oral evaluation - new or established patient	\$25
D0210 Intraoral - complete series of radiographic images	\$56
D0220 Intraoral - periapical first radiographic image	\$10
D0230 Intraoral - periapical each additional radiographic image	\$4
D0240 Intraoral - occlusal radiographic image	\$19
D0270 Bitewing - single radiographic image	\$10
D0272 Bitewings - two radiographic images	\$14
D0274 Bitewings - four radiographic images	\$21
D0330 Panoramic radiographic image	\$50
D0340 Cephalometric radiographic image	\$50
D0470 Diagnostic casts	\$37

Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$44
D1120 Prophylaxis - child	\$30
D1208 Topical application of fluoride - excluding varnish	\$31
D1351 Sealant - per tooth	\$30
D1510 Space maintainer - fixed - unilateral	\$156
D1515 Space maintainer - fixed - bilateral	\$220
D1520 Space maintainer - removable - unilateral	\$188

Restorative Services	Member Pays
D2140 Amalgam - one surface, primary or permanent	\$45
D2150 Amalgam - two surfaces, primary or permanent	\$60
D2160 Amalgam - three surfaces, primary or permanent	\$75
D2161 Amalgam - four or more surfaces, primary or permanent	\$85
D2330 Resin-based composite - one surface, anterior	\$50
D2331 Resin-based composite - two surfaces, anterior	\$70
D2332 Resin-based composite - three surfaces, anterior	\$88
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$95
D2520 Inlay - metallic - two surfaces	\$300
D2530 Inlay - metallic - three or more surfaces	\$360
D2710 Crown - resin-based composite (indirect)	\$200
D2720 Crown - resin with high noble metal	\$525
D2722 Crown - resin with noble metal	\$425
D2740 Crown - porcelain/ceramic substrate	\$425
D2750 Crown - porcelain fused to high noble metal	\$595
D2752 Crown - porcelain fused to noble metal	\$525
D2782 Crown - 3/4 cast noble metal	\$310
D2790 Crown - full cast high noble metal	\$525
D2792 Crown - full cast noble metal	\$425
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$36
D2920 Re-cement or re-bond crown	\$38
D2931 Prefabricated stainless steel crown - permanent tooth	\$110
D2950 Core buildup, including any pins when required	\$100
D2951 Pin retention - per tooth, in addition to restoration	\$25
D2952 Post and core in addition to crown, indirectly fabricated	\$165
D2954 Prefabricated post and core in addition to crown	\$105

Restorative Services - continued	Member Pays
D2962 Labial veneer (porcelain laminate) - laboratory	\$395

Endodontic Services	Member Pays
D3110 Pulp cap - direct (excluding final restoration)	\$25
D3120 Pulp cap - indirect (excluding final restoration)	\$25
D3220 Therapeutic pulpotomy (excluding final restoration) - r	\$65
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$350
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)	\$425
D3330 Endodontic therapy, molar (excluding final restoration)	\$500
D3410 Apicoectomy - anterior	\$210
D3425 Apicoectomy - molar (first root)	\$235
D3426 Apicoectomy (each additional root)	\$125
D3430 Retrograde filling - per root	\$55
D3450 Root amputation - per root	\$150
D3920 Hemisection (including any root removal), not including root canal therapy	\$150

Periodontic Services	Member Pays
D4210 Gingivectomy or gingivoplasty - four or more	\$180
D4211 Gingivectomy or gingivoplasty - one to three	\$42.50
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$275
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$460
D4263 Bone replacement graft - first site in quadrant	\$175
D4270 Pedicle soft tissue graft procedure	\$130
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	\$90
D4910 Periodontal maintenance	\$72.50

Prosthodontic (removable) Services	Member Pays
D5110 Complete denture - maxillary	\$650
D5120 Complete denture - mandibular	\$650
D5130 Immediate denture - maxillary	\$675
D5140 Immediate denture - mandibular	\$675
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$450
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$450
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$695
D5410 Adjust complete denture - maxillary	\$25
D5411 Adjust complete denture - mandibular	\$25
D5421 Adjust partial denture - maxillary	\$25
D5422 Adjust partial denture - mandibular	\$25
D5510 Repair broken complete denture base	\$65
D5620 Repair cast framework	\$100

Prosthodontic (removable) Services (continued)	Member Pays
D5630 Repair or replace broken clasp	\$90
D5640 Replace broken teeth - per tooth	\$55
D5710 Rebase complete maxillary denture	\$250
D5730 Reline complete maxillary denture (chairside)	\$135
D5731 Reline complete mandibular denture (chairside)	\$135
D5740 Reline maxillary partial denture (chairside)	\$90-\$135
D5741 Reline mandibular partial denture (chairside)	\$90-\$135
D5750 Reline complete maxillary denture (laboratory)	\$150-\$200
D5751 Reline complete mandibular denture (laboratory)	\$150-\$200
D5760 Reline maxillary partial denture (laboratory)	\$145-\$180
D5761 Reline mandibular partial denture (laboratory)	\$145-\$180
D5850 Tissue conditioning, maxillary	\$62
D5851 Tissue conditioning, mandibular	\$62

Prosthodontic (fixed) Services	Member Pays
D6210 Pontic - cast high noble metal	\$525
D6212 Pontic - cast noble metal	\$425
D6240 Pontic - porcelain fused to high noble metal	\$595
D6242 Pontic - porcelain fused to noble metal	\$525
D6250 Pontic - resin with high noble metal	\$525
D6252 Pontic - resin with noble metal	\$425
D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$225
D6720 Crown - resin with high noble metal	\$525
D6722 Crown - resin with noble metal	\$425
D6750 Crown - porcelain fused to high noble metal	\$595
D6752 Crown - porcelain fused to noble metal	\$525
D6782 Crown - 3/4 cast noble metal	\$310
D6790 Crown - full cast high noble metal	\$525
D6792 Crown - full cast noble metal	\$425
D6930 Re-cement or re-bond fixed partial denture	\$62

Oral Surgery Services	Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$66
D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$110
D7220 Removal of impacted tooth - soft tissue	\$155

Oral Surgery Services (continued)	Member Pays
D7230 Removal of impacted tooth - partially bony	\$188
D7240 Removal of impacted tooth - completely bony	\$240
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$275
D7250 Surgical removal of residual tooth roots (cutting procedure)	\$90
D7260 Oroantral fistula closure	\$395
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$120
D7280 Surgical access of an unerupted tooth	\$225
D7285 Incisional biopsy of oral tissue-hard (bone, tooth)	\$90
D7286 Incisional biopsy of oral tissue-soft	\$75
D7310 Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$62
D7320 Alveoplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	\$125

Orthodontic Services	Member Pays
D8210 Removable appliance therapy	\$375
D8220 Fixed appliance therapy	\$395
D8670 Periodic orthodontic treatment visit	\$90
D8080 Comprehensive orthodontic treatment of the adolescent dentition	\$750
D8090 Comprehensive orthodontic treatment of the adult dentition	\$750

Adjunctive Services	Member Pays
D9110 Palliative (emergency) treatment of dental pain - minor procedure	\$30
D9220 Deep sedation/general anesthesia - first 30 minutes	\$115
D9221 Deep sedation/general anesthesia - each additional 15 minutes	\$55
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$50
D9951 Occlusal adjustment - limited	\$55
D9952 Occlusal adjustment - complete	\$150
D9970 Enamel microabrasion	\$150

Exclusions and Limitations

1. Any procedure involving lab and OSHA fees will not incur additional costs. All applicable lab and OSHA fees are not the responsibility of the member.
2. HealthPlex or its vendors may periodically adjust this fee schedule with 30 days notice to Client.
3. While all participating HealthPlex providers are professionally licensed in the state in which they practice, HealthPlex does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating HealthPlex provider should be directed in writing to: Careington Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.
4. It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.
5. The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your HealthPlex provider for a detailed treatment plan prior to beginning any work.
6. HealthPlex can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating HealthPlex provider. Not all types of dentists may be available in your area.

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