COMFORT DENTAL GOLD MEMBERSHIP PLAN
MONTANA REDUCED FEE SCHEDULE

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC			
0150	Initial Oral Exam	60	N/C
0120	Periodic Oral Exam	45	N/C
0140	Emergency Oral Exam (office hours)	50	N/C
0210	Complete Series X-Rays	98	N/C
0220	Single Periapical X-Ray	20	N/C
0230	Each additional film	18	N/C
0274	Bitewing X-Rays	50	N/C
0330	Pano	115	70
0470	Diagnostic Casts	60	25
9430	Office Visit	45	30
1110	Simple teeth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section)	75	N/C
1203	Fluoride Treatment (Limit one per year to age 18)	35	N/C
1330	Preventive Dental Education, Home Care	45	N/C
1351	Sealants (Pit & Fissure) per tooth	65	25
1510	Space Maintainer Unilateral	210	115
1515	Space Maintainer Bilateral	340	165
310	Consultation	70	20
9440	After hours Office Visit	150	65
----	Missed/Canceled Appointments (without 24 hours notice)	50	0
0431	VelScope Cancer Screening	50	10
RESTORATIVE (FILLINGS)			
	Amalgam Restorations/Permanent - Primary Teeth		
2140	One tooth surface	147	70
2150	Two surfaces	179	80
2160	Three surface	215	105
2161	Four or more surfacess	252	140
	Anterior Resin Restorations		
2330	One surface	180	85
2331	Two surfaces	220	90
2332	Three surfaces	259	115
2335	Four or more surfaces	318	185
	Posterior Resin Restorations		
2391	One surface	175	120
2392	Two surfaces	225	160
2393	Three or more surfaces	290	180

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
CROWN AND BRIDGE			
2740	Porcelain Crown	1195	800
2750-52	Porcelain with Metal Crown	1195	640
2790	Full Crown - Cast Metal	1195	640***
2930	Stainless Steel Crown (Primary)	295	135
2910	Recement Crown	80	60
2950	Crown Build-up including any pins	260	135
2952	Cast Post and Core	285	162
2954	Pre-fab post & core	265	150
2962	Cosmetic Porcelain Veneer	1000	750
6210-12	Cast Pontic	1147	640***
6240-42	Porcelain with metal Pontic	1200	640
6545	Maryland Bridge per unit	950	640
6750-52	Porcelain with metal Bridge Abutment	950	640
6790-92	Full Metal Crown	950	640***
6930	Re-cement Bridge	130	75
PROSTHODONTICS - REMOVABLE			
5110	Complete Upper Denture	1800	800
5120	Complete Lower Denture	1800	800
5130	Immediate Upper Denture	1350	850
5140	Immediate Lower Denture	1350	850
5213	Upper Partial - Cast	1225	875
5241	Lower Partial - Cast	1225	875
5225/5226	Valplast	1650	975
5820-21	Treatment Partial - Acrylic	550	350***
5999	Valplast Combo Partial - Metal F.W. vinyl clasps	1600	1200
9940	Nightguard (occlusal guard)	475	275***
REPAIRS/RELINES			
5410-22	Denture adjustments (Upper or Lower, complete or partial)	85	55
5510	Repair broken complete denture base	350	150
5520	Replace missing or broken teeth complete or partial denture (per tooth)	200	150
5620-30	Repair Cast Framework/Clasp	325	180
5650	Add tooth to existing partial denture	290	180
5710	Rebase - Per Arch	410	250
5730	Reline Chairside - Per Arch	275	100
5750	Reline Lab - Per Arch	400	240
OTHER SERVICES			
9110	Emergency Palliative Treatment	120	60
9210	Local Anesthetic	N/C	N/C
9230	Nitrous Oxide - Flat Fee	55	25
9951	Occlusal Adjustment - limited	70	35
9972	Take Home Bleaching - per arch	260	130
	In Office Bleaching - per arch	570	245
2951	Pin Retention per tooth	75	35
2940	Sedative Filling	100	45
3110-20	Pulp Cap	75	35

The following ORAL SURGERY, ENDODONTIC and PERIODONTIC payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, these payments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR.

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
ORAL SURGERY			
7140	Simple Extraction	160	95
7120	Each Additional Routine Extraction	160	95
7210	Surgical Extraction Erupted	295	150
7220	Soft Tissue Impaction	328	155
7230	Partial Bony Impaction	426	170
7240	Complete Bony Impaction	488	210
7250	Surgical Root Recovery	315	95
7270	Tooth Reimplantation and Stabilization	450	200
7280	Surgical Exposure of Un-Erupted Tooth	275	125
7286	Biopsy of Oral Tissue-soft tissue	140	75
7310	Alveoloplasty/Quad with Extractions	245	125
7320	Alveoloplasty/Quad without Extractions	235	120
7510	Intra-Oral I & D or Abscess	270	75
IMPLANTS			
6010	Implant	2000	1550
6056	Implant Abutment - Pre-Fabricated	600	450
6057	Implant Abutment - Custom	700	550
6059	Implant Abut Supported PFM	1350	850
6058	Implant Abut Supported Ceramic	1500	1000
6065	Implant Abut Supported - Screw Retained Crown	1700	1200
ENDODONTICS (root canal treatment)			
3220	Therapeutic Pulpotomy	215	60
3221	Pulpal debridement	185	120
3310	Rct Anterior	912	425
3320	Rct Bicuspid	975	485
3330	Rct Molar	1250	675
3410	Apicoectomy	325	210
PERIODONTICS (gum treatment)			
0180	Periodontal Exam and Charting	80	50
4210	Gingivectomy/Quad	460	250
4220	Gingival Curettage/Quad	225	130
4260	Osseous surgery/Quad (including flap entry and closure)	645	390
4341	Scaling/Root Planing/Quad	300	160
4342	Scaling/Root Planing/1 - 3teeth/Quad	140	75
4910	Periodontal Maintenance (following active therapy)	180	85

* Members Dental Insurance benefits cannot be combined with the Gold Plan *

***Plus Lab Fee. All patient payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient payments

Procedures or services not listed will be performed at UCR.

Effective 1/1/2025