COMFORT DENTAL GOLD MEMBERSHIP PLAN
COLORADO, KANSAS, MISSOURI, OHIO & OKLAHOMA REDUCED FEE SCHEDULE

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC			
9430	Office Visit - Charged at Every Visit	60	30
0150	Initial Oral Exam	110	N/C
0120	Periodic Oral Exam	60	N/C
0140	Emergency Oral Exam (office hours)	75	N/C
0210	Complete Series X-Rays	128	N/C
0220	Single Periapical X-Ray	28	N/C
0230	Each additional film	22	N/C
0274	Bitewing X-Rays	65	N/C
0330	Pano	140	80
0380	Cone Beam CT Image	250	160
0460	Pulp Vitality Testing	45	25
0470	Diagnostic Casts	75	35
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)	110	N/C
1206-08	Fluoride Treatment (Limit one per year children & adults)	45	N/C
1330	Preventive Dental Education, Home Care	45	N/C
1351	Sealants (Pit & Fissure) per tooth	52	33
1510	Space Maintainer Unilateral	260	140
1515	Space Maintainer Bilateral	360	180
9440	After hours Office Visit + Procedure Cost	150	85

The following Orthodontic fees apply only when treatment is performed at a Comfort Braces Center. Gold Plan members receive $500 off total case fee. Additional $200 Gold Plan cost for clear brackets.

ORTHODONTICS (BRACES) CHILDREN/ADULTS			
----	Orthodontic Consultation	N/C	N/C
----	Records	250	N/C
----	Monthly Adjustment Fee	149	99
----	Retainers (for the set)	660	369
----	Repairs	60	50
8703-04	Lost Retainer - Upper or Lower	350	185
RESTORATIVE (FILLINGS)			
	Amalgam Restorations/Permanent - Primary Teeth		
2140	One tooth surface	125	90
2150	Two surfaces	140	100
2160	Three surface	175	120
2161	Four or more surfacess	210	150
	Anterior Resin Restorations		
2330	One surface	165	105
2331	Two surfaces	195	135
2332	Three surfaces	280	160
2335	Four or more surfaces	360	200
	Posterior Resin Restorations		
2391	One surface	210	145
2392	Two surfaces	295	180
2393	Three or more surfaces	350	210

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
CROWN AND BRIDGE			
2740	Porcelain Crown	1300	800
2750-52	Porcelain with Metal Crown	1200	750
2790	Full Crown - Cast Metal	1200	700***
2930	Stainless Steel Crown (Primary)	350	165
2910	Recement Crown	150	90
2950	Crown Build-up including any pins	325	145
2954	Pre-fab post & core	390	175
2962	Cosmetic Porcelain Veneer	1200	850
6210-12	Cast Pontic	1200	700***
6240-42	Porcelain with metal Pontic	1200	750
6750-52	Porcelain with metal Bridge Abutment	1150	750
6790-92	Full Metal Crown	1100	700***
6930	Re-cement Bridge	160	125
PROSTHODONTICS - REMOVABLE			
5110	Complete Upper Denture	1550	875
5120	Complete Lower Denture	1550	875
5130	Immediate Upper Denture	1600	950
5140	Immediate Lower Denture	1600	950
5213	Upper Partial - Cast	1350	975
5214	Lower Partial - Cast	1350	975
5225	Valplast Upper	1725	1075
5226	Valplast Lower	1725	1075
5820-21	Treatment Partial - Acrylic	600	400***
5999	Valplast Combo Partial - Metal F.W. vinyl clasps	1800	1300
REPAIRS/RELINES			
5410-22	Denture adjustments (Upper or Lower, complete or partial)	125	75
5511	Repair Broken Complete Denture Base - Lower	350	185
5512	Repair Broken Complete Denture Base - Upper	350	185
5520	Replace missing or broken teeth complete or partial denture (per tooth)	250	185
5621	Repair Cast Framework/Clasp Lower	350	220
5622	Repair Cast Framework/Clasp Upper	350	220
5650	Add tooth to existing partial denture	320	220
5710	Rebase - Per Arch	450	275
5730	Reline Chairside - Per Arch	300	150
5750	Reline Lab - Per Arch	400	290
OTHER SERVICES			
9110	Emergency Palliative Treatment	180	90
9210	Local Anesthetic	N/C	N/C
9230	Nitrous Oxide - Flat Fee	60	25
9951	Occlusal Adjustment - limited	90	45
9972	Take Home Bleaching - per arch	295	150
	In Office Bleaching - per arch	570	280
2951	Pin Retention per tooth	80	45
2940	Sedative Filling	110	60
3110-20	Pulp Cap	85	45

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.

ORAL SURGERY			
7140	Simple Extraction	210	115
7220	Soft Tissue Impaction	340	185
7230	Partial Bony Impaction	375	200
7240	Complete Bony Impaction	410	240
7250	Surgical Root Recovery	255	140
7270	Tooth Reimplantation and Stabilization	540	260
7280	Surgical Exposure of Un-Erupted Tooth	290	140
7286	Biopsy of Oral Tissue-soft tissue	160	90
7310	Alveoloplasty/Quad with Extractions	295	145
7320	Alveoloplasty/Quad without Extractions	280	140
7510	Intra-Oral I & D or Abscess	180	90
7953	Bone Graft/Ridge Preservation Per Site	840	460
IMPLANTS			
6010	Implant	2000	1395
6056	Implant Abutment - Pre-Fabricated	450	250
6057	Implant Abutment - Custom	600	400
6059	Implant Abut Supported PFM	1350	900
6058	Implant Abut Supported Ceramic	1350	900
6065	Implant Abut Supported - Screw Retained Crown	1400	950

ENDODONTICS (root canal treatment)			
3220	Therapeutic Pulpotomy	130	75
3221	Pulpal debridement	210	130
3310	Rct Anterior	850	450
3320	Rct Bicuspid	950	540
3330	Rct Molar	1100	675
PERIODONTICS (gum treatment)			
0180	Periodontal Exam and Charting	90	60
4210	Gingivectomy/Quad	550	275
4220	Gingival Curettage/Quad	290	150
4260	Osseous surgery/Quad (including flap entry and closure)	750	475
4341	Scaling/Root Planing/Quad	410	180
4342	Scaling/Root Planing/1 - 3teeth/Quad	200	120
4910	Periodontal Maintenance (following active therapy)	165	105

* 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 05/2026