

**Contact Us**

**Business Hours:** 7 a.m. - 7 p.m. CST Monday - Friday  
**Customer Service:** (800) 290-0523

**Mail:** Careington Corp  
 PO Box 2568 Frisco, TX 75034

**Schedule of Services**

- This sample schedule is an abbreviated list taken from the full Careington Care POS Series fee schedule and applies to services provided by a participating general dentist. The purpose of this schedule is to establish the maximum fee that a general dentist will charge for each listed procedure. Participant is responsible for full payment of all charges at the time of service.
- Your participating provider will have a complete fee schedule, or you may request one by calling **(800) 290-0523**.
- Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees.
- **Discount plans are not insurance**

| Code                                   | Description   | Member Pays |
|--|---|-------------|
| <b>Diagnostic Services</b>             |   |             |
| D0120                                  | Periodic oral evaluation - established patient  | \$30        |
| D0150                                  | Comprehensive oral evaluation - new or established patient  | \$53        |
| D0270                                  | Bitewing - single radiographic image  | \$17        |
| D0272                                  | Bitewings - two radiographic images   | \$27        |
| D0273                                  | Bitewings - three radiographic images   | \$33        |
| D0274                                  | Bitewings - four radiographic images  | \$39        |
| <b>Preventative Services</b>           |   |             |
| D1110                                  | Prophylaxis - adult   | \$58        |
| <b>Restorative Services</b>            |   |             |
| D2330                                  | Resin-based composite - one surface, anterior   | \$92        |
| D2391                                  | Resin-based composite - one surface, posterior  | \$105       |
| D2750                                  | Crown - porcelain fused to high noble metal   | \$751       |
| D2790                                  | Crown - full cast high noble metal  | \$724       |
| <b>Endodontic Services</b>             |   |             |
| D3310                                  | Endodontic therapy, anterior tooth (excluding final restoration)  | \$460       |
| D3330                                  | Endodontic therapy, molar (excluding final restoration)   | \$726       |
| <b>Periodontic Services</b>            |   |             |
| D4341                                  | Periodontal scaling and root planing - four or more teeth per quadrant  | \$153       |
| D4910                                  | Periodontal maintenance   | \$93        |
| <b>Prosthetic (removable) Services</b> |   |             |
| D5110                                  | Complete denture - maxillary  | \$997       |
| D5120                                  | Complete denture - mandibular   | \$997       |
| D5213                                  | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | \$1,101     |
| D5214                                  | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,101     |
| D5750                                  | Reline complete maxillary denture (laboratory)  | \$303       |
| D5751                                  | Reline complete mandibular denture (laboratory)   | \$303       |
| <b>Oral Surgery Services</b>           |   |             |
| D7140                                  | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | \$102       |
| <b>Adjunctive Services</b>             |   |             |
| D9215                                  | Local anesthesia in conjunction with operative or surgical procedures   | \$19        |
| D9230                                  | Inhalation of nitrous oxide / anxiolysis, analgesia   | \$36        |

**Exclusions and Limitations**

1. 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.
2. Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.
3. 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 Careington provider for a detailed treatment plan prior to beginning any work.
4. Careington can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. Not all types of dentists may be available in your area.
5. Careington may periodically adjust this fee schedule with 30 days notice to Client.
6. While all participating Careington providers are professionally licensed in the state in which they practice, Careington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating Careington provider should be directed in writing to: Careington International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.