

Avia Dental Plan-Schedule of Dental Fees-Plan 101			
Effective January 15, 2021			PLEASE CALL 1-888-431-2273
			FOR MEMBER VERIFICATION
Code	Procedure	*National Average Fee	Avia Members Pay
<b>DIAGNOSTIC</b>			
D0120	Periodic Oral Exam- Established Patient	\$65.00	\$15.00
D0140	Limited Oral Exam-Problem focused	\$90.00	\$20.00
D0150	Comprehensive Oral Exam- New or established patient	\$103.00	\$21.00
D0210	Full Mouth X-rays Intraoral-complete series, including bitewing	\$166.00	\$45.00
D0220	Intraoral-periapical-first film	\$36.00	\$12.00
D0230	Intraoral-periapical-each additional film	\$30.00	\$7.00
D0270	Bitewing X-ray (single film)	\$36.00	\$12.00
D0272	Bitewing X-rays-two films	\$56.00	\$15.00
D0273	Bitewing X-rays-three films	\$67.00	\$20.00
D0274	Bitewing X-rays-four films	\$80.00	\$24.00
D0330	Panoramic X-ray	\$141.00	\$45.00
<b>PREVENTIVE</b>			
D1110	Prophylaxis-Adult Cleaning (includes scaling and polishing)	\$114.00	\$33.00
D1120	Prophylaxis Child Cleaning (includes scaling & polishing)	\$85.00	\$25.00
D1351	Sealant- per tooth	\$65.00	\$23.00
D1510	Space maintainer-fixed, unilateral-per quad	\$380.00	\$115.00
D1516	Space maintainer-fixed-bilateral, maxillary	\$506.00	\$170.00
D1520	Space maintainer-removeable-unilateral-per quad	\$454.00	\$132.00
D1526	Space maintainer-removable-bilateral, maxillary	\$557.00	\$175.00
<b>RESTORATIVE</b>			
D2140	Amalgam-one surface, primary or permanent	\$170.00	\$45.00
D2150	Amalgam-two surfaces, primary or permanent	\$211.00	\$58.00
D2160	Amalgam-three surfaces, primary or permanent	\$253.00	\$68.00
D2161	Amalgam-four or more surfaces, primary or permanent	\$299.00	\$80.00
D2330	Resin-based composite-one surface. anterior	\$200.00	\$58.00
D2331	Resin-based composite-two surfaces, anterior	\$245.00	\$68.00
D2332	Resin -based composite-three surfaces, anterior	\$295.00	\$80.00
D2335	Resin-based composite- four or more surfaces-anterior	\$360.00	\$104.00
D2391	Resin-based composite-one surface-posterior	\$219.00	\$72.00
D2392	Resin- based composite-two surfaces-posterior	\$278.00	\$100.00
D2393	Resin- based composite-three surfaces-posterior	\$341.00	\$115.00
D2394	Resin- based composite-four or more surfaces-posterior	\$400.00	\$145.00
D2720	Crown-resin with high noble metal	\$1,293.00	\$460.00
D2750	Crown-porcelain fused to high noble metal	\$1,367.00	\$525.00
D2751	Crown-porcelain fused to predominantly base metal	\$1,254.00	\$475.00
D2752	Crown-porcelain fused to noble metal	\$1,300.00	\$490.00
D2790	Crown-full cast high noble metal	\$1,410.00	\$525.00
D2920	Recement Crown	\$135.00	\$40.00
D2930	Crown-prefabricated stainless steel, primary	\$329.00	\$99.00
D2931	Crown-prefabricated stainless steel, permanent	\$388.00	\$114.00
D2940	Protective restoration	\$150.00	\$41.00
D2950	Core buildup, including pins	\$325.00	\$99.00
D2952	Post and core, in addition to crown, indirectly fabricated	\$475.00	\$160.00
D2954	Prefabricated post and core in addition to crown	\$399.00	\$125.00
<b>ENDODONTICS</b>			
D3110	Pulp cap-direct (excluding final restoration)	\$100.00	\$25.00

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D3120	Pulp cap-indirect(excluding final restoration)	\$99.00	\$25.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$243.00	\$58.00
D3310	Anterior Root Canal (excluding final restoration)	\$902.00	\$310.00
D3320	Premolar Root Canal (excluding final restoration)	\$1,045.00	\$370.00
D3330	Molar Root Canal (excluding final restoration)	\$1,257.00	\$460.00
<b>PERIODONTICS</b>			
D4210	Gingivectomy or gingivoplasty-per quad	\$742.00	\$300.00
D4260	Osseous surgery (including flap & closure) per quad	\$1,400.00	\$510.00
D4341	Periodontal scaling & Root planing-per quad	\$303.00	\$105.00
D4910	Periodontal maintenance	\$170.00	\$70.00
<b>PROSTHODONTICS</b>			
D5110	Complete denture-Maxillary	\$2,009.00	\$675.00
D5120	Complete denture Mandibular	\$2,000.00	\$675.00
D5130	Immediate Denture-Maxillary	\$2,158.00	\$705.00
D5140	Immediate denture- Mandibular	\$2,158.00	\$705.00
D5211	Partial denture-Maxillary-resin base	\$1,700.00	\$610.00
D5212	Partial denture -Mandibular- resin base	\$1,725.00	\$610.00
D5213	Partial denture-Maxillary-cast metal framework with resin denture base	\$2,125.00	\$745.00
D5214	Partial denture-Mandibular-cast metal framework with resin denture base	\$2,125.00	\$745.00
<i>(all of the above includes retentive/clasps, rests and teeth)</i>			
D5410	Adjust complete denture-Maxillary	\$114.00	\$36.00
D5411	Adjust complete denture-Mandibular	\$114.00	\$36.00
D5520	Replace missing or broken teeth (each tooth)	\$235.00	\$55.00
D5650	Add tooth to existing partial denture	\$282.00	\$60.00
D5660	Add clasp to existing partial denture	\$320.00	\$74.00
D5730	Reline complete Maxillary denture (chairside)	\$435.00	\$135.00
D5731	Reline complete Mandibular denture (chairside)	\$435.00	\$135.00
D5740	Reline partial Maxillary denture (chairside)	\$420.00	\$130.00
D5741	Reline partial Mandibular denture (chairside)	\$425.00	\$130.00
D5750	Reline complete Maxillary denture (lab)	\$540.00	\$180.00
D5751	Reline complete Mandibular denture (lab)	\$540.00	\$180.00
D5760	Reline partial Maxillary denture (lab)	\$535.00	\$175.00
D5761	Reline partial Mandibular denture (lab)	\$539.00	\$175.00
D6210	Pontic-cast high noble metal	\$1,323.00	\$475.00
D6240	Pontic-porcelain fused to high noble metal	\$1,350.00	\$475.00
D6241	Pontic-porcelain fused to predominantly base metal	\$1,236.00	\$435.00
D6750	Retainer Crown-porcelain fused to high noble metal	\$1,350.00	\$505.00
D6751	Retainer Crown-porcelain fused to predominantly base metal	\$1,225.00	\$450.00
D6790	Crown-full cast high noble metal	\$1,333.00	\$500.00
<b>ORAL AND MAXILLOFACIAL SURGERY</b>			
D7140	Extraction- erupted tooth or exposed root	\$225.00	\$58.00
D7210	Extraction, erupted tooth, requiring removal of bone	\$338.00	\$122.00
D7220	Removal of impacted tooth, soft tissue	\$390.00	\$125.00
D7230	Removal of impacted tooth, partially bony	\$477.00	\$155.00
D7240	Removal of impacted tooth, completely bony	\$578.00	\$225.00
D7250	Surgical Removal of residual tooth roots (cutting procedure)	\$363.00	\$122.00
D7310	Alveoloplasty- in conjunction with extractions (per quad)	\$360.00	\$102.00

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D7320	Alveoloplasty- not in conjunction with extractions (per quad)	\$517.00	\$145.00
D7510	Incision and drainage of abscess-Intraoral soft tissue	\$296.00	\$72.00
<b>ORTHODONTICS</b>			
D8070	Comprehensive Orthodontic treatment of the transitional dentition	\$5,993.00	25% off normal fees
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	\$5,900.00	25% off normal fees
D8090	Comprehensive Orthodontic treatment of the adult dentition	\$5,995.00	25% off normal fees
<b>GENERAL</b>			
D9110	Pallative (emergency) treatment	\$161.00	\$40.00
D9215	Local Anesthesia	\$65.00	\$14.00
D9230	Analgesia-Nitrous oxide	\$92.00	\$25.00
<small>These national average fees are based on the 60th percentile of the survey of dental fees for 2020. Member is responsible for all charges at the time of service. This entire fee schedule is for participating Avia Dental participating specialists do not charge according to this fee schedule. Avia members receiving treatment from any participating specialists including Oral surgeons, Orthodontists, Periodontists, Pediatrics, Pedodontists,</small>			
<b>THIS IS NOT AN INSURANCE PLAN</b>			