	Avia Dental Plan- Schedule of Dental Fees- PA Plan 101		PLEASE CALL 1-888-431-2273
	Effective January 1, 2024		FOR MEMBER VERIFICATION
<u>Code</u>	<u>Procedure</u>	*National Average Fee	Avia Members Pay
	DIAGNOSTIC		
D0120	Periodic Oral Exam- Established Patient	\$70.00	\$18.00
00140	Limited Oral Exam-Problem focused	\$101.00	\$23.00
00150	Comprehensive Oral Exam- New or established patient	\$115.00	\$24.00
00210	Full Mouth X-rays Intraoral-complete series, including bitewing	\$180.00	\$50.00
00220	Intraoral-periapical-first film	\$40.00	\$13.00
00230	Intraoral-periapical-each additional film	\$33.00	\$8.00
00272	Bitewing X-rays-two films	\$60.00	\$17.00
00273	Bitewing X-rays-three films	\$70.00	\$22.00
00274	Bitewing X-rays-four films	\$85.00	\$27.00
00330	Panoramic X-ray	\$155.00	\$48.00
	PREVENTIVE		
01110	Prophylaxis-Adult Cleaning (includes scaling and polishing)	\$122.00	\$36.00
01120	Prophylaxis Child Cleaning (includes scaling & polishing)	\$90.00	\$28.00
01351	Sealant- per tooth	\$72.00	\$25.00
01510	Space maintainer-fixed, unilateral-per quad	\$398.00	\$120.00
D1516	Space maintainer-fixed-bilateral, maxillary	\$525.00	\$185.00
	RESTORATIVE		
2140	Amalgam-one surface, primary or permanent	\$194.00	\$50.00
2150	Amalgam-two surfaces, primary or permanent	\$239.00	\$63.00
2160	Amalgam-three surfaces, primary or permanent	\$290.00	\$73.00
02161	Amalgam-four or more surfaces, primary or permanent	\$345.00	\$85.00
02330	Resin-based composite-one surface. anterior	\$220.00	\$63.00
02331	Resin-based composite-two surfaces, anterior	\$265.00	\$73.00
02332	Resin -based composite-three surfaces, anterior	\$320.00	\$87.00
02335	Resin-based composite- four or more surfaces-anterior	\$390.00	\$112.00
02391	Resin-based composite-one surface-posterior	\$240.00	\$77.00
02392	Resin- based composite-two surfaces-posterior	\$305.00	\$108.00
02393	Resin- based composite-three surfaces-posterior	\$372.00	\$125.00
02394	Resin- based composite-four or more surfaces-posterior	\$435.00	\$155.00
02740	Crown-Porcelain/ Ceramic	\$1,495.00	\$575.00
02750	Crown-porcelain fused to high noble metal	\$1,500.00	\$575.00
02752	Crown-porcelain fused to noble metal	\$1,410.00	\$550.00
2920	Recement or re-bond Crown	\$152.00	\$45.00
2930	Crown-prefabricated stainless steel, primary	\$350.00	\$110.00
02931	Crown-prefabricated stainless steel, permanent	\$414.00	\$125.00
2940	Protective restoration	\$163.00	\$45.00
)2950	Core buildup, including pins	\$357.00	\$110.00
)2952	Post and core, in addition to crown, indirectly fabricated	\$506.00	\$170.00
2954	Prefabricated post and core in addition to crown	\$432.00	\$135.00
	ENDODONTICS	,	,
03110	Pulp cap-direct (excluding final restoration)	\$112.00	\$28.00
3120	Pulp cap-indirect (excluding final restoration)	\$112.00	\$28.00
3220	Therapeutic pulpotomy (excluding final restoration)	\$267.00	\$63.00
)3310	Endodontic Therapy- Anterior Root Canal (excluding final restoration)	\$1,007.00	\$340.00
)3320	Endodontic Therapy- Premolar Root Canal (excluding final restoration)	\$1,007.00	\$410.00
03330	Endodontic Therapy- Molar Root Canal (excluding final restoration) Endodontic Therapy- Molar Root Canal (excluding final restoration)	\$1,415.00	\$510.00

	PERIODONTICS		
D4210	Gingivectomy or gingivoplasty-per quad	\$839.00	\$335.00
D4341	Periodontal scaling & Root planing-per quad	\$340.00	\$115.00
D4910	Periodontal maintenance	\$188.00	\$75.00
	PROSTHODONTICS	·	<u>-</u>
D5110	Complete denture-Maxillary	\$2,297.00	\$735.00
D5120	Complete denture Mandibular	\$2,297.00	\$735.00
D5211	Partial denture-Maxillary-resin base	\$1,800.00	\$670.00
D5212	Partial denture -Mandibular- resin base	\$1,808.00	\$670.00
D5520	Replace missing or broken teeth (each tooth)	\$255.00	\$60.00
D5650	Add tooth to existing partial denture	\$297.00	\$66.00
D5660	Add clasp to existing partial denture	\$350.00	\$80.00
D5730	Reline complete Maxillary denture (chairside)	\$497.00	\$145.00
D5731	Reline complete Mandibular denture (chairside)	\$496.00	\$145.00
D5750	Reline complete Maxillary denture (lab)	\$610.00	\$190.00
D5751	Reline complete Mandibular denture (lab)	\$603.00	\$190.00
D6210	Pontic-cast high noble metal	\$1,450.00	\$525.00
D6240	Pontic-porcelain fused to high noble metal	\$1,458.00	\$525.00
D6750	Retainer Crown-porcelain fused to high noble metal	\$1,487.00	\$555.00
	ORAL AND MAXILLOFACIAL SURGERY	, -	
D7140	Simple Extraction- erupted tooth or exposed root	\$250.00	\$63.00
D7210	Extraction, erupted tooth, requiring removal of bone	\$375.00	\$135.00
D7220	Removal of impacted tooth, soft tissue	\$413.00	\$140.00
D7230	Removal of impacted tooth, partially bony	\$534.00	\$175.00
D7240	Removal of impacted tooth, completely bony	\$645.00	\$245.00
D7250	Surgical Removal of residual tooth roots (cutting procedure)	\$396.00	\$135.00
D7310	Alveolplasty- in conjunction with extractions (per quad)	\$420.00	\$115.00
D7320	Alveolplasty- not in conjunction with extractions (per quad)	\$599.00	\$160.00
	ORTHODONTICS		
D8070	Comprehensive Orthodontic treatment of the transitional dentition	\$6,410.00	25% off normal fees
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	\$6,125.00	25% off normal fees
D8090	Comprehensive Orthodontic treatment of the adult dentition	\$6,380.00	25% off normal fees
	GENERAL		
D9110	Pallative (emergency) treatment	\$170.00	\$42.00
D9215	Local Anesthesia	\$75.00	\$15.00
D9230	Analgesia-Nitrous oxide	\$100.00	\$27.00
Member is Dental Ger normal fee fees with oprior notic treatment. need to se dentist are not quarar Participatii from any p	tional Average Fees are based on the 80th percentile of the survey of descresponsible for all charges at the time of service. This entire fee schedule neral Dentists only. Cosmetic and any other procedures not listed are 25 es. Some fees may vary where unusual services and/or materials are required dentist prior to treatment. Lab fees are additional. Fees schedules are subset to members. Be sure to verify that a dentist is a participating Avia prosponse. Avia cannot guarantee the continued participation of any dentist. If denselect another participating provider. Any dental procedures performed by a charged dentist's normal fees. Not all types of dentists may be available intee the quality of service of the providers. In Specialists do not charge according to this fee schedule. Avia Member participating specialists including Oral surgeons, Orthodontists, Periodon ests, Prosthodontists and Endodontists will receive a 25% discount off their	le is for participating Avia 5% off the provider's uired. Please discuss all ubject to change without vider before seeking tist leaves plan, you will y a non participating e in your area. Avia does	
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