

Avia Dental Plan-Schedule of Dental Fees-Plan 103			
Effective January 1, 2015			PLEASE CALL 1-888-431-2273
			FOR MEMBER VERIFICATION
Code	Procedure	*National Average Fee	Avia Members Pay
<i>DIAGNOSTIC</i>			
120	Periodic Oral Exam	\$57.00	\$15.00
140	Limited Oral Exam-problem focused	\$85.00	\$18.00
150	Comprehensive Oral Exam	\$100.00	\$18.00
210	Full Mouth X-rays Intraoral-complete series, including bitewing	\$148.00	\$45.00
220	Intraoral-periapical-first film	\$33.00	\$12.00
230	Intraoral-periapical-each additional film	\$28.00	\$8.00
270	Bitewing X-ray (single film)	\$32.00	\$12.00
272	Bitewing X-rays-two films	\$50.00	\$15.00
273	Bitewing X-rays-three films	\$61.00	\$20.00
274	Bitewing X-rays-four films	\$73.00	\$24.00
330	Panoramic X-ray	\$126.00	\$45.00
470	Diagnostic casts	\$132.00	\$35.00
<i>PREVENTIVE</i>			
1110	Prophy-Adult Cleaning (includes scaling and polishing)	\$103.00	\$35.00
1120	Prophy- Child Cleaning (includes scaling & polishing)	\$75.00	\$28.00
1208	Fluoride Treatment	\$43.00	\$18.00
1330	Oral hygiene instructions	\$61.00	\$8.00
1351	Sealant- per tooth	\$63.00	\$25.00
<i>SPACE MAINTENANCE</i>			
1510	Space maintainer -fixed-unilateral	\$350.00	\$120.00
1515	Space maintainer -fixed-bilateral	\$473.00	\$150.00
1520	Space maintainer-removeable-unilateral	\$424.00	\$130.00
1525	Space maintainer-removeable-bilateral	\$527.00	\$165.00
<i>RESTORATIVE</i>			
2140	Amalgam-one surface, primary or permanent	\$165.00	\$48.00
2150	Amalgam-two surface, primary or permanent	\$210.00	\$61.00
2160	Amalgam-three surface, primary or permanent	\$256.00	\$72.00
2161	Amalgam-four or more surfaces, primary or permanent	\$300.00	\$85.00
2330	Resin-one surface-anterior	\$190.00	\$58.00
2331	Resin-two surface-anterior	\$232.00	\$72.00
2332	Resin -three surface-anterior	\$285.00	\$92.00
2335	Resin-four or more surface-anterior	\$351.00	\$115.00
2391	Resin/composite-one surface-posterior	\$204.00	\$78.00
2392	Resin/composite-two surface-posterior	\$261.00	\$100.00
2393	Resin/composite-three surface-posterior	\$324.00	\$120.00
2394	Resin/composite-four or more surface-posterior	\$394.00	\$150.00
2720	Crown-resin with high noble metal	\$1,221.00	\$470.00
2750	Crown-porcelain fused to high noble metal	\$1,270.00	\$550.00
2751	Crown-porcelain fused to predominantly base metal	\$1,182.00	\$515.00
2752	Crown-porcelain fused to noble metal	\$1,208.00	\$545.00
2790	Crown-full cast high noble metal	\$1,298.00	\$560.00
2920	Recement Crown	\$127.00	\$40.00
2930	Crown-prefabricated stainless steel, primary	\$300.00	\$105.00
2931	Crown-prefabricated stainless steel, permanent	\$360.00	\$128.00
2940	Sedative filling	\$136.00	\$40.00
2950	Core buildup, including pins	\$305.00	\$110.00

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2952	Cast post and core, in addition to crown	\$475.00	\$165.00
2954	Prefabricated post and core in addition to crown	\$380.00	\$135.00
	<i>ENDODONTICS</i>		
3110	Pulp cap-direct (excluding final restoration)	\$95.00	\$25.00
3120	Pulp cap-indirect(excluding final restoration)	\$94.00	\$25.00
3220	Therapeutic pulpotomy (excluding final restoration)	\$227.00	\$63.00
3310	Anterior Root Canal (excluding final restoration)	\$850.00	\$320.00
3320	Bicuspid Root Canal (excluding final restoration)	\$964.00	\$380.00
3330	Molar Root Canal (excluding final restoration)	\$1,169.00	\$490.00
	<i>PERIODONTICS</i>		
4210	Gingivectomy or gingivoplasty-per quad	\$725.00	\$315.00
4211	Gingivectomy or gingivoplasty-per tooth	\$355.00	\$100.00
4260	Osseous surgery (including flap entry & closure) per quad	\$1,237.00	\$510.00
4341	Periodontal scaling & Root planing-per quad	\$285.00	\$110.00
4355	Full mouth debridement	\$202.00	\$75.00
4910	Periodontal maintenance procedures	\$156.00	\$65.00
	<i>PROSTHODONTICS</i>		
5110	Complete denture-Maxillary	\$1,969.00	\$690.00
5120	Complete denture Mandibular	\$1,984.00	\$690.00
5130	Immediate Denture-Maxillary	\$2,077.00	\$715.00
5140	Immediate denture- Mandibular	\$2,100.00	\$715.00
5211	Partial denture-Maxillary-resin base	\$1,536.00	\$615.00
5212	Partial denture -Mandibular- resin base	\$1,534.00	\$615.00
5213	Partial denture-Maxillary-cast metal framework with resin denture base	\$2,018.00	\$775.00
5214	Partial denture-Mandibular-cast metal framework with resin denture base	\$2,024.00	\$775.00
	<i>(all of the above includes conventional clasps, rests and teeth)</i>		
5410	Adjust complete denture-Maxillary	\$100.00	\$35.00
5411	Adjust complete denture-Mandibular	\$99.00	\$35.00
5510	Repair broken complete denture base	\$246.00	\$63.00
5520	Replace missing or broken teeth (each tooth)	\$217.00	\$58.00
5650	Add tooth to existing partial denture	\$259.00	\$68.00
5660	Add clasp to existing partial denture	\$303.00	\$80.00
5730	Reline complete Maxillary denture (chairside)	\$420.00	\$145.00
5731	Reline complete Mandibular denture (chairside)	\$417.00	\$145.00
5740	Reline partial Maxillary denture (chairside)	\$405.00	\$145.00
5741	Reline partial Mandibular denture (chairside)	\$411.00	\$145.00
5750	Reline complete Maxillary denture (lab)	\$525.00	\$190.00
5751	Reline complete Mandibular denture (lab)	\$525.00	\$190.00
5760	Reline partial Maxillary denture (lab)	\$520.00	\$185.00
5761	Reline partial Mandibular denture (lab)	\$524.00	\$185.00
6210	Pontic-cast high noble metal	\$1,251.00	\$495.00
6240	Pontic-porcelain fused to high noble metal	\$1,250.00	\$495.00
6241	Pontic-porcelain fused to predominantly base metal	\$1,185.00	\$455.00
6750	Crown-porcelain fused to high noble metal	\$1,271.00	\$510.00
6751	Crown-porcelain fused to predominantly base metal	\$1,163.00	\$465.00
6790	Crown-full cast high noble metal	\$1,275.00	\$510.00
	<i>ORAL AND MAXILLOFACIAL SURGERY</i>		

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7140	Extraction- single tooth-erupted tooth or exposed root	\$200.00	\$60.00
7210	Surgical Removal of erupted tooth	\$310.00	\$115.00
7220	Removal of impacted tooth, soft tissue	\$350.00	\$125.00
7230	Removal of impacted tooth, partially bony	\$439.00	\$165.00
7240	Removal of impacted tooth, completely bony	\$531.00	\$225.00
7250	Surgical Removal of residual tooth roots (cutting procedure)	\$349.00	\$125.00
7310	Alveoplasty- in conjunction with extractions (per quad)	\$336.00	\$105.00
7320	Alveoplasty- not in conjunction with extractions (per quad)	\$500.00	\$155.00
7510	Incision and drainage of abscess-Intraoral soft tissue	\$271.00	\$75.00
<i>ORTHODONTICS</i>			
8070	Comprehensive Orthodontic treatment of the transitional dentition	\$5,622.00	20% off normal fees
8080	Comprehensive Orthodontic treatment of the adolescent dentition	\$5,800.00	20% off normal fees
8090	Comprehensive Orthodontic treatment of the adult dentition	\$5,841.00	20% off normal fees
<i>GENERAL</i>			
9110	Pallative (emergency) treatment	\$145.00	\$40.00
9215	Local Anesthesia	\$85.00	\$15.00
9230	Analgesia	\$90.00	\$27.00
****	Broken appointment (without notice)	\$50.00	\$25.00
<p>*These are typical fees based on the 80th percentile of the National Dental Advisory Service Fee Report for 2014. Member is responsible for all charges at the time of service. This entire fee schedule is for participating Avia Dental General Dentists only. Cosmetic and any other procedures not listed are 20% off the provider's normal fee. Some fees may vary where unusual services and/ or materials are required. Please discuss all fees with dentist prior to treatment. Lab fees are additional. Fees schedules are subject to change without prior notice to members. Be sure to verify that a dentist is a participating Avia provider before seeking treatment. Avia cannot guarantee the continued participation of any dentist. If dentist leaves plan, you will need to select another participating provider. Any dental procedures performed by a non participating dentist are charged dentist's normal fees. Not all types of dentists may be available in your area. Avia does not guarantee the quality of service of the providers.</p>			
<p>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, Prosthodontists and Endodontists will receive a 20% discount off their normal fees.</p>			
THIS IS NOT AN INSURANCE PLAN			