



SmilePlus[®]
a discount dental plan

As a courtesy, we've listed our most popular Smile Plus procedures and fees, effective January 1, 2010, for procedures performed by a general dentist at a Coast Dental office.* Smile Plus members also receive a 35% discount on specialist fees when work is being performed by a specialist at a Coast Dental location. We recommend that you contact your local Coast Dental office to discuss procedures and pricing specific to your dental needs, as well as specialist availability. Pricing and procedures may vary per person.

Sample General Dentistry Fees

Effective January 1, 2010

Diagnostic Services

ADA Code	Description	Smile Plus Fee	% Savings
0120	Periodic oral exam	\$0	100%
0140	Limited oral exam	\$40	42%
0150	Comprehensive oral evaluation, new or established patient	\$0	100%
0160	Detailed and extensive evaluation	\$90	40%
0170	Re-evaluation-limited, problem-focused exam	\$40	37%
0180	Comprehensive periodical exam	\$55	38%
0210	Intraoral x-rays, complete series (including bitewings)	\$50	59%
0220	Intraoral x-rays, periapical, first film	\$19	34%
0230	Intraoral x-rays, periapical, each additional film	\$17	29%
0240	Intraoral x-rays, occlusal film	\$18	57%
0250	Extraoral x-rays, first film	\$24	66%
0260	Extraoral x-rays, each additional film	\$22	63%
0270	Bitewing x-ray, single film	\$18	38%
0272	Bitewing x-rays, two films	\$20	53%
0273	Bitewing x-rays, three films	\$32	36%
0274	Bitewing x-rays, four films	\$38	42%
0277	Vertical bitewing x-rays, 7 to 8 films	\$45	54%
0290	Posterior/Anterior and lateral skull and facial x-ray film	\$80	31%
0330	Panoramic x-ray film	\$45	58%
0350	Oral/Facial photographic images	\$39	38%
0416	Viral culture	\$85	37%
0421	Genetic test for susceptibility to oral diseases	\$70	33%
0425	Caries susceptibility test	\$65	27%
0460	Pulp vitality test	\$35	30%
0470	Diagnostic cast	\$65	34%

Preventive Services

ADA Code	Description	Smile Plus Fee	% Savings
1110	Adult prophylaxis	\$40	52%
1120	Child prophylaxis	\$30	52%
1203	Topical application of fluoride, child	\$18	45%
1204	Topical application of fluoride, adult	\$20	41%
1206	Topical fluoride varnish	\$29	31%
1351	Sealant, per tooth	\$25	49%
1510	Space maintainer, fixed, unilateral	\$200	34%
1515	Space maintainer, fixed, bilateral	\$300	30%
1550	Recementation of space maintainer	\$55	27%
1555	Removal of space maintainer	\$55	27%

Restorative Services

ADA Code	Description	Smile Plus Fee	% Savings
2140	Amalgam filling, one surface, permanent	\$59	58%
2150	Amalgam filling, two surfaces, permanent	\$120	34%
2160	Amalgam filling, three surfaces, permanent	\$140	36%
2161	Amalgam filling, four or more surfaces, permanent	\$175	33%
2330	Resin/Composite filling, one surface, anterior	\$79	55%
2331	Resin/Composite filling, two surfaces, anterior	\$135	36%
2332	Resin/Composite filling, three surfaces, anterior	\$185	30%
2335	Resin/Composite filling, four or more surfaces, anterior	\$225	33%
2390	Resin/Composite crown, anterior	\$325	37%
2391	Resin/Composite filling, one surface, posterior	\$125	32%

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Restorative Services

ADA Code	Description	Smile Plus Fee	% Savings
2392	Resin/Composite filling, two surfaces, posterior	\$170	30%
2393	Resin/Composite filling, three surfaces, posterior	\$215	31%
2394	Resin/Composite filling, four or more surfaces, posterior	\$250	31%
2510	Inlay, metallic, one surface	\$550	39%
2520	Inlay, metallic, two surfaces	\$600	36%
2530	Inlay, metallic, three surfaces	\$675	32%
2542	Onlay, metallic, two surfaces	\$700	32%
2543	Onlay, metallic, three surfaces	\$750	30%
2544	Onlay, metallic, four or more surfaces	\$775	29%
2610	Inlay, porcelain/ceramic, one surface	\$525	34%
2620	Inlay, porcelain/ceramic, two surfaces	\$550	34%
2630	Inlay, porcelain/ceramic, three surfaces	\$575	35%
2642	Onlay, porcelain/ceramic, two surfaces	\$700	22%
2643	Onlay, porcelain/ceramic, three surfaces	\$725	22%
2644	Onlay, porcelain/ceramic, four or more surfaces	\$775	27%
2740	Crown, porcelain/ceramic substrate, Cercon®, Procera®	\$799	23%
2740 + upgrade	Crown, porcelain/ceramic substrate, Empress®	\$825	20%
2750	Crown, porcelain fused to high noble metal	\$665	31%
2750 + upgrade	Crown, Captek®	\$725	24%
2751	Crown, porcelain fused to predominantly base metal	\$550	33%
2752	Crown, porcelain fused to noble metal	\$600	31%
2780	Crown, 3/4 cast high noble metal	\$750	23%
2783	Crown, 3/4 porcelain/ceramic	\$775	19%
2790	Crown, full cast high noble metal	\$775	20%
2791	Crown, full cast predominantly base metal	\$525	35%
2792	Crown, full cast noble metal	\$625	28%
2794	Crown, titanium	\$775	19%
2799	Provisional crown	\$200	39%
2910	Recement inlays/onlays	\$75	25%
2915	Recement cast or prefab post & core	\$75	25%
2920	Recement crowns	\$75	33%
2930	Prefab stainless steel crown, primary	\$175	25%
2931	Prefab stainless steel crown, permanent	\$225	21%
2932	Prefab resin crown	\$225	27%
2940	Fillings, sedative	\$69	31%

Restorative Services (continued)

ADA Code	Description	Smile Plus Fee	% Savings
2950	Core buildup, including any pins	\$150	38%
2951	Pin retention, per tooth, in addition to restoration	\$45	33%
2952	Post & core, in addition to crown	\$300	31%
2954	Prefab post & core, in addition to crown	\$200	33%
2955	Post removal, not in conjunction with endo therapy	\$217	18%
2961	Labial veneer, resin laminate, laboratory	\$650	23%
2962	Labial veneer, porcelain laminate, laboratory	\$775	21%
2971	Crown construction under partial	\$75	42%
2980	Crown repair, by report	\$175	29%

Endodontic Services

ADA Code	Description	Smile Plus Fee	% Savings
3110	Pulp cap, direct, excluding final restoration	\$50	38%
3120	Pulp cap, indirect, excluding final restoration	\$50	38%
3220	Therapeutic pulpotomy, excluding final restoration	\$120	36%
3221	Gross pulpal debridement, primary and permanent teeth	\$150	32%
3240	Pulpal therapy, posterior, primary, excluding final restoration	\$225	25%
3310	Anterior root canal, excluding final restoration	\$485	23%
3320	Bicuspid root canal, excluding final restoration	\$595	20%
3330	Molar root canal, excluding final restoration	\$675	22%
3331	Treatment of root canal obstructions, non-surgical access	\$325	30%
3332	Incomplete endo therapy, unrestorable tooth	\$303	21%
3346	Retreatment of root canal, anterior, by report	\$600	24%
3347	Retreatment of root canal, bicuspid, by report	\$650	26%
3348	Retreatment of root canal, molar, by report	\$800	27%
3920	Hemisection, including any root removal	\$355	24%
3950	Canal preparation and fitting of preformed dowel or post	\$180	28%

Periodontic Services

ADA Code	Description	Smile Plus Fee	% Savings
4210	Gingivectomy or gingivoplasty, 4 or more bound teeth	\$450	27%

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Periodontic Services (continued)

ADA Code	Description	Smile Plus Fee	% Savings
4211	Gingivectomy or gingivoplasty, 1 to 3 teeth	\$160	29%
4230	Anatomical crown exposure, 4 or more teeth	\$350	33%
4231	Anatomical crown exposure, 1 to 3 teeth	\$325	36%
4240	Gingival flap procedure, 4 or more teeth	\$545	25%
4241	Gingival flap procedure, including root canal, 1 to 3 teeth	\$475	21%
4245	Apically positioned flap	\$595	21%
4249	Crown lengthening, hard and soft tissue	\$500	30%
4260	Osseous surgery, 4 or more teeth	\$800	19%
4261	Osseous surgery, 1 to 3 teeth	\$625	25%
4263	Bone replacement, first site	\$450	38%
4264	Bone replacement graft, each additional site in quadrant	\$325	35%
4266	Guided tissue regeneration, resorbable barrier	\$600	31%
4267	Guided tissue regeneration, nonresorbable barrier	\$735	21%
4268	Surgical revision procedure, per tooth	\$600	22%
4270	Pedicle soft tissue graft	\$600	21%
4271	Free soft tissue graft	\$600	23%
4274	Distal or proximal wedge procedure	\$510	22%
4276	Combined connective tissue and double pedicle graft	\$850	19%
4320	Provisional splinting, intracoronal	\$350	28%
4321	Provisional splinting, extracoronal	\$325	26%
4341	Periodontal scaling and root planing, 4 or more teeth	\$129	38%
4342	Periodontal scaling and root planing, 1 to 3 teeth	\$89	35%
4355	Full mouth debridement	\$99	34%
4910	Periodontal maintenance	\$79	33%

Removable Prosthodontic Services

ADA Code	Description	Smile Plus Fee	% Savings
5110	Deluxe denture, upper	\$425	38%
5110	Elite denture, upper	\$675	33%
5110	Premier denture, upper	\$925	44%
5120	Deluxe denture, lower	\$425	38%
5120	Elite denture, lower	\$675	33%
5120	Premier denture, lower	\$925	44%
5130	Immediate Deluxe denture, upper	\$575	39%
5130	Immediate Elite denture, upper	\$775	18%
5130	Surgical Deluxe denture package, upper (2 dentures)	\$775	18%
5140	Immediate Deluxe denture, lower	\$575	39%

Removable Prosthodontic Services (continued)

ADA Code	Description	Smile Plus Fee	% Savings
5140	Immediate Elite denture, lower	\$775	18%
5140	Surgical Deluxe denture package, lower (2 dentures)	\$775	18%
5211	Partial, upper, resin base	\$475	31%
5212	Partial, lower, resin base	\$475	31%
5213	Deluxe partial, upper	\$625	43%
5213	Elite partial, upper	\$950	37%
5213	Premier partial, upper	\$1,100	36%
5213	Immediate Elite partial, upper	\$1,125	23%
5213	Immediate Premier partial, upper	\$1,275	23%
5214	Deluxe partial, lower	\$625	43%
5214	Elite partial, lower	\$950	37%
5214	Premier partial, lower	\$1,100	36%
5214	Immediate Elite partial, lower	\$1,125	23%
5214	Immediate Premier partial, lower	\$1,275	23%
5225	Partial denture with flexible base, upper	\$825	18%
5226	Partial denture with flexible base, lower	\$825	18%
5213	Immediate Deluxe partial, upper	\$799	38%
5214	Immediate Deluxe partial, lower	\$799	38%
5225	Cosmetic partial, Valplast®, upper	\$1,050	29%
5226	Cosmetic partial, Valplast®, lower	\$1,050	29%
5213	Surgical Deluxe partial, upper	\$999	27%
5214	Surgical Deluxe partial, lower	\$999	27%
5213	Surgical Elite partial, upper	\$1,299	39%
5214	Surgical Elite partial, lower	\$1,299	39%
5213	Surgical Premier partial, upper	\$1,449	37%
5214	Surgical Premier partial, lower	\$1,449	37%
5213	Combination partial, upper, metal base and clear clasp	\$1,250	23%
5214	Combination partial, lower, metal base and clear clasp	\$1,250	23%
5281	Removable unilateral partial denture, one piece	\$775	23%
5410	Adjust complete denture, upper	\$50	32%
5411	Adjust complete denture, lower	\$50	32%
5421	Adjust partial denture, upper	\$50	36%
5422	Adjust partial denture, lower	\$50	36%
5510	Repair, broken complete denture base	\$135	35%
5520	Replace missing or broken teeth, complete denture	\$99	40%
5610	Repair acrylic saddle or base	\$135	33%
5620	Repair cast framework	\$170	31%
5630	Repair or replace broken clasp	\$160	33%
5640	Replace broken teeth, per tooth	\$99	40%
5650	Add tooth to existing partial denture	\$129	36%

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Removable Prosthodontic Services (continued)

ADA Code	Description	Smile Plus Fee	% Savings
5660	Add clasp to existing partial denture	\$179	28%
5670	Replace all teeth and acrylic on cast metal framework, upper	\$475	25%
5671	Replace all teeth and acrylic on cast metal framework, lower	\$475	25%
5710	Rebase, complete upper denture	\$360	26%
5711	Rebase, complete lower denture	\$360	26%
5720	Rebase, upper partial denture	\$360	26%
5721	Rebase, lower partial denture	\$360	26%
5730	Reline, upper complete denture, chairside	\$210	34%
5731	Reline, lower complete denture, chairside	\$210	34%
5740	Reline, upper partial denture, chairside	\$210	34%
5741	Reline, lower partial denture, chairside	\$210	34%
5750	Reline, upper complete denture, laboratory	\$275	28%
5751	Reline, lower complete denture, laboratory	\$275	28%
5760	Reline, upper partial denture, laboratory	\$275	27%
5761	Reline, lower partial denture, laboratory	\$275	27%
5810	Denture, temporary, complete upper	\$475	28%
5811	Denture, temporary, complete lower	\$475	28%
5820	Interim partial denture, flipper, upper	\$399	31%
5821	Interim partial denture, flipper, lower	\$399	31%
5850	Tissue conditioning, upper denture	\$130	29%
5851	Tissue conditioning, lower denture	\$130	29%
5860	Overdenture complete, by report	\$1,200	29%
5861	Overdenture partial, by report	\$1,200	29%
5862	Precision attachment, by report	\$400	32%
5867	Replacement of semi-precision or precision attachment	\$100	62%
5982	Surgical stent	\$280	28%

Implant Services

ADA Code	Description	Smile Plus Fee	% Savings
6010	Surgical placement of implant body, endosteal implant	\$1,200	27%
6012	Surgical placement of interim implant	\$1,125	22%
6050	Surgical placement, transosteal implant	\$4,200	25%
6053	Implant/abutment supported removable denture, fully edentulous	\$1,100	48%
6054	Implant/abutment supported removable denture, partially edentulous	\$1,200	43%
6055	Dental implant supported connection bar	\$1,700	26%
6056	Prefabricated abutment, includes placement	\$500	34%
6057	Custom abutment, includes placement	\$675	27%

Implant Services (continued)

ADA Code	Description	Smile Plus Fee	% Savings
6058	Abutment supported porcelain/ceramic crown	\$995	24%
6059	Abutment supported PFM high noble crown	\$950	27%
6065	Implant supported porcelain/ceramic crown	\$1,050	24%
6066	Implant supported PFM (titanium, titanium alloy, high noble metal) crown	\$1,025	28%
6069	Abutment supported retainer for PFM to high noble metal FPD	\$1,025	31%
6070	Abutment supported retainer for PFM base metal FPD	\$950	27%
6078	Implant/abutment supported fixed denture for fully edentulous arch	\$3,000	25%
6091	Replacement of semi/precision attachment	\$400	29%
6092	Recement implant/abutment supported crown	\$100	36%
6093	Recement implant/abutment fixed partial	\$100	39%

Fixed Prosthodontic Services

ADA Code	Description	Smile Plus Fee	% Savings
6210	Pontic, cast high noble metal	\$700	25%
6211	Pontic, cast predominantly base metal	\$525	37%
6212	Pontic, cast noble metal	\$625	28%
6214	Pontic, titanium	\$750	21%
6240	Pontic, porcelain fused to high noble metal	\$675	27%
6241	Pontic, porcelain fused to predominantly base metal	\$550	35%
6242	Pontic, porcelain fused noble metal	\$600	32%
6245	Pontic, porcelain/ceramic fixed partial denture	\$725	22%
6250	Pontic, resin with high noble metal	\$675	27%
6251	Pontic, resin with predominantly base metal	\$625	27%
6252	Pontic, resin with noble metal	\$650	25%
6545	Cast metal retainer for acid etch bridge	\$455	27%
6548	Retainer, porcelain/ceramic for resin bonded fixed prosthetics	\$625	20%
6600	Inlay, porcelain/ceramic, 2 surfaces	\$799	20%
6601	Inlay, porcelain/ceramic, 3 or more surfaces	\$850	20%
6602	Inlay, cast high noble, 2 surfaces	\$775	25%
6603	Inlay, cast high noble, 3 or more surfaces	\$800	27%

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Fixed Prosthodontic Services (continued)

ADA Code	Description	Smile Plus Fee	% Savings
6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$895	27%
6611	Onlay, cast high noble metal, 3 or more surfaces	\$895	30%
6614	Onlay, cast noble metal, 2 surfaces	\$885	19%
6615	Onlay, cast noble metal, 3 or more surfaces	\$890	27%
6720	Crown, resin with high noble metal	\$675	32%
6740	Crown, porcelain/ceramic	\$799	23%
6750	Crown, porcelain fused to high noble metal	\$699	25%
6750 + upgrade	Crown, porcelain fused to high noble metal , Captek®	\$725	24%
6751	Crown, porcelain fused to predominantly base metal	\$575	31%
6752	Crown, porcelain fused to noble metal	\$625	28%
6790	Crown, full cast high noble metal	\$775	20%
6792	Crown, full cast noble metal	\$675	29%
6793	Provisional retainer crown	\$200	56%
6810	Additional charge, per unit for multiple crowns	\$99	21%
6920	Connection bar	\$750	25%
6930	Recement bar	\$100	37%
6950	Precision attachment	\$420	32%
6973	Core buildup for retainer, including any pins	\$190	24%
6975	Coping, metal	\$500	23%
6980	Bridge repair, by report	\$275	24%

Oral & Maxillofacial Surgery Services

ADA Code	Description	Smile Plus Fee	% Savings
7111	Extraction, coronal remnants, deciduous teeth	\$90	33%
7140	Extraction, erupted tooth or exposed root	\$95	39%
7210	Surgical extraction of erupted tooth requiring elevation	\$180	27%
7220	Removal of impacted tooth, soft tissue	\$200	29%
7230	Removal of impacted tooth, partially bony	\$230	34%
7240	Removal of impacted tooth, completely bony	\$315	27%
7241	Removal of impacted tooth, completely bony	\$375	31%
7250	Surgical removal of residual tooth roots	\$200	38%
7260	Oroantral fistula closure	\$525	24%
7280	Surgical access of erupted tooth	\$325	28%
7285	Biopsy of oral tissue (hard)	\$250	32%
7286	Biopsy of oral tissue (soft)	\$155	39%

Orthodontic Services

ADA Code	Description	Smile Plus Fee	% Savings
8090	Comprehensive ortho treatment of adult dentition (Invisalign®)	\$4,000	25%

Adjunctive General Services

ADA Code	Description	Smile Plus Fee	% Savings
9110	Palliative (emergency) treatment of dentition	\$75	32%
9120	Fixed partial denture sectioning	\$145	41%
9210	Local anesthesia not in conjunction with operational/surgical procedure	\$30	55%
9211	Regional block anesthesia	\$75	23%
9215	Local anesthesia	\$11	78%
9220	General anesthesia	\$225	36%
9221	General anesthesia, each additional 15 minutes	\$99	32%
9230	Inhalation of nitrous oxide, analgesia, anxiolysis	\$45	44%
9241	Intravenous sedation/analgesia, first 30 minutes	\$245	33%
9242	Intravenous sedation/analgesia, each additional 15 minutes	\$99	30%
9248	Non-intravenous conscious sedation	\$199	33%
9440	Emergency office visit, after regularly scheduled hours	\$85	38%
9910	Application of desensitizing medicaments	\$20	58%
9911	Application of desensitizing resin, per tooth	\$40	44%
9940	Occlusal guards, by report, hard	\$375	39%
9941	Fabrication of athletic mouthguards	\$160	29%
9950	Occlusion analysis, mounted case	\$199	36%
9951	Occlusal adjustment, limited	\$99	39%
9952	Occlusal adjustment, complete	\$475	24%
9310	Denture consultation	\$25	74%
9940	Soft mouthguard	\$175	72%
9940	Flexible mouthguard	\$325	47%
9940	Hard mouthguard	\$200	67%
4381	Initial Arestin, 1 to 3 sites	\$90	50%
4381	Retreatment of Arestin site, follow-up visit	\$30	83%
4381	Additional Arestin	\$30	83%
5999	Rush denture, per arch	\$150	34%
5999	Snore guard	\$199	24%

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