

SCHEDULE OF BENEFITS AND SURCHARGES CSA FLORIDA-RETIREES

Rev. 10/96

ADA CODES		Actual Florida Plan Charges	Amount Paid By Healthplex to Member/Doctor	Actual Cost to Member
Appointments				
9430	Office appointments (normal hours)	\$ 5.00	\$ 0	\$ 5.00
0130	Emergency treatment (regular hours)	20.00	20.00	No Charge
9440	Emergency treatment (after hours)	35.00	35.00	No Charge
9999	Broken appointments (without 24 hrs notice/per 15 minutes)	10.00	0	10.00
Maximum \$40 per broken appt. No charge will be made due to emergencies.				
Diagnostic				
0110	Oral dental/cancer examination	No Charge	0	No Charge
0470	Study models	No Charge	0	No Charge
0999	Diagnosis and treatment plan presentation	No Charge	0	No Charge
9310	Second opinion (as provided by participating dentist)	10.00	0	10.00
Radiographs (x-rays)				
0220	Single film	No Charge	0	No Charge
0210	Complete mouth series	No Charge	0	No Charge
0330	Panoramic	No Charge	0	No Charge
0460	Pulp Vitality tests	No Charge	0	No Charge
Preventive				
1110	Prophylaxis to include scaling/polishing (1x every 6 months)	No Charge	0	No Charge
1110	Additional routine prophylaxis (cleaning)	15.00	5.00	10.00
1201	Topical fluoride treatment (up to 16 yrs of age)	No Charge	0	No Charge
1351	Sealants (pit & fissure per tooth)	7.00	7.00	No Charge
1330	Preventive dental education and instruction	No Charge	0	No Charge
Anesthesia				
9215	Local anesthesia	No Charge	0	No Charge
9230	Nitrous oxide (per visit) (per 20 minutes)	15.00	0	15.00
Extractions				
7110	Simple extractions (per tooth)	No Charge	0	No Charge
7120	Multiple extractions (per visit)	10.00/tooth	10.00/tooth	No Charge
7130	Root removal-exposed root	10.00	10.00	No Charge
Surgical Extractions:				
7210	Surgical extraction of erupted tooth	25.00	25.00	No Charge
7220	Soft tissue impaction	40.00	40.00	No Charge
7230	Partial bony impaction	60.00	60.00	No Charge
7240	Complete bony impaction	75.00	75.00	No Charge
7250	Surgical root recovery (includes flaps and sutures)	25.00	25.00	No Charge
7310	Alveoplasty in conjunction with extraction (min. 2 teeth)	20.00	20.00	No Charge
7320	Alveoplasty not in conjunction with extraction (per	50.00	12.00	38.00
Space Maintainers				
1510	Fixed band type (unilateral)	45.00 + Lab	45.00	Lab Fee
1515	Fixed band type (bilateral)	45.00 + Lab	45.00	Lab Fee
1520	Removable acrylic (unilateral)	85.00 + Lab	85.00	Lab Fee
1525	Removable acrylic (bilateral)	85.00 + Lab	85.00	Lab Fee
1550	Recementation of Space Maintainer	10.00	10.00	No Charge
Restorative (fillings)				
2999	Sedative base (under fillings)	No Charge	0	No Charge
Amalgam (silver):				
2110	One Surface	No Charge	0	No Charge
2120	Two Surfaces	No Charge	0	No Charge
2130-2160	Three or more surfaces	No Charge	0	No Charge
2334	Retention pins (per tooth)	12.00	0	12.00
2510 - 2530	Inlay (cast: one, two, three surfaces)	85/95/120	85/95/120	No Charge
2540	Onlay (gold: per tooth)	150.00	150.00	No Charge

ADA CODES		Actual Florida Plan Charges	Amount Paid By Healthplex to Member/Doctor	Actual Cost to Member
	Crowns & Bridges			
2930	Stainless steel	\$ 45.00	\$ 45.00	No Charge
	* Full cast crown	220.00	95.00	125.00
	** Porcelain fused to metal	240.00	115.00	125.00
2810	Three quarter cast crown	220.00	95.00	125.00
	Pontics:			
6210 - 6212	Full Cast	220.00	95.00	125.00
6240 - 6242	Porcelain fused to metal	240.00	115.00	125.00
2950	Core Buildup	40.00	0	40.00
2951	Retention pins (per tooth)	12.00	12.00	No Charge
2952	Dowel post/pin and core	90.00	90.00	No Charge
6930	Recement bridge/crown/inlay or onlay (per unit)	10.00	10.00	No Charge
*	2790/2791/2792 6790/6791/6792			
**	2750/2751/2752 6750/6751/6752			
	The above prices are exclusive of Gold.			
2954	Prefabricated Post & Core	75.00	25.00	50.00
	Periodontics (gum treatment)			
4910	Periodontal prophylaxis	45.00	45.00	No Charge
4341	Subgingival curettage & root planing (per sextant)	45.00	15.00	30.00
4210	Gingivectomy or gingivoplasty , per quad	120.00	50.00	70.00
4211	Gingivectomy or gingivoplasty, per tooth	36.00	36.00	No Charge
4220	Gingival Curettage, per quad	65.00	65.00	No Charge
	Adjunctive Services			
4330	Occlusion adjustment (limited)	25.00	0	25.00
4331	Occlusion adjustment (complete)	150.00	0	150.00
4355	Full Mouth Debridement	35.00	0	35.00
	Prosthodontics			
	Standard complete dentures (includes 3 adjustments)			
5110	Complete upper	260.00	135.00	125.00
5120	Complete lower	260.00	135.00	125.00
5130	Immediate upper	280.00	155.00	125.00
5140	Immediate lower	280.00	155.00	125.00
	Partial dentures:			
5211, 5212	Upper or lower w/clasps 2 rests, acrylic base	280.00	155.00	125.00
5213, 5214	Upper or lower/with chrome cast/two clasps	350.00	200.00	150.00
5999	Additional clasps	30.00	0	30.00
	Repairs To Prosthetics (partial or complete)			
5400	Additional adjustments	15.00	15.00	No Charge
5410	Adjust complete	15.00	15.00	No Charge
5421	Adjust Partial	15.00	15.00	No Charge
5630	Replace broken clasp with new clasp on denture	15.00 + Lab	15.00	Lab Fee
5510	Repair broken complete denture/no teeth damage	15.00 + Lab	15.00	Lab Fee
5520	Replacing broken complete denture/replace tooth	10.00 + Lab	10.00	Lab Fee
	Each additional tooth	10.00 + Lab	10.00	Lab Fee
5850	Soft tissue conditioning	25.00	0	25.00
5650	Add or replace tooth to partial denture	30.00 + Lab	30.00	Lab Fee
5730 - 5741	Relining (office)	45.00	0	45.00
5750 - 5761	Relining (laboratory)	35.00 + Lab	35.00	Lab Fee
5999	Additional Clasps	30.00	0	30.00
	Orthodontics (braces) - Dependent Children Only			
8110	Initial consultation	No Charge	0	No Charge
9951	Occlusal Adjust - Limited	25.00	25.00	No Charge