



SUMMITCARE PLUS GROUP DENTALPLAN

ADA Code	PROCEDURE	PLAN COPAYMENT
	PREVENTIVE/DIAGNOSTIC	
D0274	Bitewings four images	\$0
D0150	Initial oral exam	\$0
D1110	Adult - Prophylaxis (cleaning)	\$0
D9430	Office Visit	\$0
	RESTORATIVE	
D2140	Amalgam - one surface	\$13
D2150	Amalgam - two surfaces	\$24
D2330	Resin - one surface	\$29
D2331	Resin - two surfaces	\$40
	CROWN & BRIDGE	
D2750	Crown porcelain, high noble metal	\$495*
D2950	Crown buildup, including any pins	\$80
	ENDODONTICS	
D3310	Root canal therapy - anterior	\$195
D3330	Root canal therapy - molar	\$399
	ORAL SURGERY	
D7140	Extraction, erupted tooth exposed roots	\$40
D7220	Soft tissue impaction	\$90
	PROSTHETICS	
D5110	Complete upper/lower denture	\$615*
D5212	Partial upper/lower denture	\$550*
	PERIODONTICS	
D4260	Osseous surgery/quad	\$390

*Listed copayment includes lab fee. Lab fees may vary; please ask your provider for details.

**Specialists include Endodontists, Periodontists and Oral Surgeons. All other specialists are discounts only.

Have something to SMILE about! Enjoy the richest dental benefit for the dollar and smile while doing it!

- Access to over 3,300 providers
- No Annual Maximums
- No Waiting Periods
- No Deductibles
- ▶ Specialists Included**

With the simplicity of the SummitCARE Plus plan be at the dentist office within a week, and save some money.

