

Affordable Discount Dental Plan

Plan fee per year. NO waiting period.

\$225 per year for the primary member and \$75 for each additional family member.

Additional members are limited to spouse and children **up to the age of 21.**

Additional members may be required to show proof of relationship to plan holder.

*****Plan expires 1yr from initial enrollment date of the primary subscriber.*****

Services Covered

ADA Code	Procedure	Co-pay
Diagnostic & Preventive		
0120	Periodic Oral Eval	N/C**
0140	Limited Oral Eval	N/C*
0150	Comp Oral Eval	N/C*
0220	X-Ray Periapical	N/C
0230	X-Ray Additional	N/C
0274	X-Ray Bitewing (4)	N/C*
0330	Panoramic X-Ray	N/C***
1110	Prophy Adult	N/C**
1120	Prophy Child	N/C**
1206	Fluoride	N/C**
1351	Sealant Per Tooth	\$15
1510	Space Maintainer Fixed	\$250
Restorative/Fillings		
2330	Resin - (1) Surface Anterior	\$75
2331	Resin - (2) Surface Anterior	\$90
2332	Resin - (3) Surface Anterior	\$115
2335	Resin - (4) Surface Anterior	\$135

2391	Resin - (1) Surface Posterior	\$95
2392	Resin - (2) Surface Posterior	\$120
2393	Resin - (3) Surface Posterior	\$150
2394	Resin - (4+) Surface Posterior	\$175

Crowns

2740	Crown Porcelain/ Ceramic	\$700
2752	Crown Porcelain / Noble Metal	\$725
2790	Crown Full Cast Gold	\$750

Other Services

2920	Recement Crown	\$65
2930	Stainless Steele Crown (Prim)	\$125
2940	Sedative Filling	\$50
2950	Core Buildup	\$100
2954	Pre-Formed Post	\$190
2962	Labial Veneer (laboratory)	\$650

Endodontic Services

3110	Pulp Cap - Direct	\$50
3120	Pulp Cap - Indirect	\$50
3220	Therapeutic Pulpotomy	\$125
3310	Root Canal (Anterior)	\$400
3320	Root Canal (Bicuspid)	\$500
3330	Root Canal (Molar)	\$650

***** Root Canal retreatments are 30% increase*****

Periodontic Services

4249	Crown Lengthening	\$ 325
4341	Periodonatal Scaling 4+ Teeth	\$100
4342	Periodontal Scaling 1-3 Teeth	\$70
4355	Full Mouth Debridment	\$65
4910	Perio Maintenance	\$75

Prosthodontics Removable

5130	Immediate Denture - Maxillary	\$780***
5140	Immediate Denture - Mandibular	\$780***
5211	Maxillary Partial - Resin Base	\$550***
5212	Mandibular Partial - Resin Base	\$550***
5213	Maxillary Partial - Metal/Flex	\$790***
5214	Mandibular Partial - Metal/Flex	\$790***

Prosthodontics Other

5410	Adjust Denture - Maxillary	\$50
5411	Adjust Denture - Mandibular	\$50
5421	Adjust Partial - Maxillary	\$50
5422	Adjust Partial - Mandibular	\$50
5510	Repair Broken Denture Base	\$185
5520	Replace Each Tooth - Denture	\$75
5610	Repair resin Denture Base	\$175
5630	Repair / Replace Broken Clasp	\$115
5650	Add Tooth To Existing Partial	\$85
5660	Add Clasp To Existing Partial	\$110
5730	Reline Complete Max or Man Denture	\$175
5740	Reline Max or Man Partial	\$140

Implants

6010	Implant Body	\$1,200
6056	Pre-Fabricated Abutment	\$ 350
6065	Implant Porcelain/Ceramic Crown	\$ 900
7953	Bone Replacement Graft	\$ 375

5750	Reline Max Denture (lab)	\$170
5751	Reline Mand Denture (lab)	\$170
5760	Reline Max Partial (lab)	\$180
5761	Reline Mand Partial (lab)	\$180
5810	Interm Denture - Maxillary	\$340
5811	Interm Denture - Mandibular	\$340
5820	Interm Partial Denture-Max	\$300
5821	Interm Partial Denture-Mand	\$300

Prosthodontics Fixed

6245	Pontic Porcelain/ceramic	\$650
6740	Abutment Fused Noble Metal	\$700
6930	Recement Bridge	\$85

Oral Surgery - Extractions

7140	Extraction, Erupted Tooth	\$75
7210	Surgical Rem Erupted Tooth	\$140
7220	Rem of Imp Tooth Soft Tissue	\$150
7230	Rem of Imp Tooth Par Bony	\$165
7240	Rem of Imp Tooth Comp Bony	\$199
7250	Surg Rem of Residual Roots	\$120
7960	Frenulectomy	\$225

Adjunctive Services

8210	Removal of App. Therapy	\$150
8220	Fixed App. Therapy	\$350
9110	Palliative ER Treatment	\$75
9940	Occlusal Guard	\$300
9942	Repair of Occlusal Guard	\$75

Cosmetic

9998	ZOOM	\$350
9999	Bleaching Trays	\$150

* Services are covered once (1) per year.

** Services are covered twice (2) per year.

*** Services are covered once (1) per 5 yrs.



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