

Carolina Dental Discount Plan

Plan: Total Annual Cost:

Primary \$275

Each additional member \$100
(limited to spouse and children up to age 21)

Your Plan Will Include:

- 2 Annual Exams
- 2 Cleanings (non-periodontal based)
- 2 Fluoride Tooth Desensitizing Treatments
- Bitewing X-Rays
- Any Individual X-rays needed throughout the year
- Full Mouth Series of X-rays or Panoramic

**The family plan includes family members and children to age 21 either living at home or enrolled full-time in school.
Fees must be paid at the time services are started.

Affordable Discount Dental Plan

Plan fee per year. NO waiting period. \$275 per year for the primary member and \$100 for each additional family member

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

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

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

Coverage

(not all services listed)

ADA Code Procedure Co-Pay

Restorative/Fillings

2330	Resin-(1) Surface Anterior	\$125
2331	Resin-(2) Surface Anterior	\$150
2332	Resin-(3) Surface Anterior	\$160
2335	Resin-(4) Surface Anterior	\$175
2391	Resin-(1) Surface Posterior	\$130
2392	Resin-(2) Surface Posterior	\$150
2393	Resin-(3) Surface Posterior	\$175
2394	Resin-(4+) Surface Posterior	\$200

Crowns

2740	Crown Porcelain/ Ceramic	\$850
2790	Crown Full Cast Gold	\$1225

**Includes price of Gold

Other Services

2920	Recement Crown	\$75
2930	Stainless Steel Crown (prim)	\$150
2940	Sedative Filling	\$75
2950	Core Buildup	\$150
2954	Pre-Formed Post	\$250

Endodontic Services

3220	Therapeutic Pulpotomy	\$150
3310	Root Canal (Anterior)	\$500
3320	Root Canal (Bicuspid)	\$600
3330	Root Canal (Molar)	\$800

Periodontic Services

4341	Periodontal Scaling 4+ Teeth	\$150
4342	Periodontal Scaling 1-3 Teeth	\$100
4355	Full Mouth Derbiment	\$65
4910	Perio Maintenance	\$100

Prosthodontics Other

5410	Adjust Denture-Max	\$50
5411	Adjust Denture-Mand	\$50
5421	Adjust Partial-Max	\$50
5422	Adjust Partial-Mand	\$50

5520	Replace Each Tooth-Denture	\$85
5630	Repair/Replace Broken Clasp	\$150
5650	Add Tooth to Existing Partial	\$100
5660	Add Clasp to Existing Partial	\$175
5740	Reline Max or Man Partial	\$275

Implants

6010	Implant Body	\$1400
6056	Pre-Fabricated Abutment	\$500
6065	Implant Porcelain/Ceramic Crown	\$1100
7953	Bone Replacement Graft	\$400
5750	Reline Max Denture(lab)	\$300
5751	Reline Mand Denture(lab)	\$300
5760	Reline Max Partial(lab)	\$300
5761	Reline Mand Partial(lab)	\$300
5820	Interim Partial Denture-Max	\$400
5821	Interim Partial Denture-Mand	\$400

Prosthodontics Removable

5130	Immediate Denture-Max	\$950
5140	Immediate Denture-Mand	\$950
5211	Max Partial-Resin Base	\$875
5212	Mand Partial-Resin Base	\$875
5213	Max Partial -Metal/Flex	\$950
5214	Mand Partial-Metal/Flex	\$950

Prosthodontics Fixed

6245	Pontic Porcelain/ceramic	\$800
6740	Abutment Fused Noble Metal	\$850
6930	Recement Bridge	\$100

Oral Surgery- Extractions

7140	Extraction, Erupted Tooth	\$100
7210	Surgical Rem Erupted Tooth	\$175
7220	Rem of Imp Tooth Soft Tissue	\$200
7230	Rem of Imp Tooth Par Bony	\$225
7240	Rem of Imp Tooth Comp Bony	\$300
7250	Surg Rem of Residual Roots	\$150
7960	Frenulectomy	\$300

Adjunctive Services

8210	Removal of App. Therapy	\$150
8220	Fixed App. Therapy	\$325
9110	Palliative ER Treatment	\$75
9940	Occlusal Guard	\$350

Cosmetic

9975	ZOOM	\$450
5520	Replace Each Tooth-Denture	\$85
5630	Repair/Replace Broken Clasp	\$150
5650	Add Tooth to Existing Partial	\$100
5660	Add Clasp to Existing Partial	\$175
5740	Reline Max or Man Partial	\$275

Plan Premium, Product or service	Dental Savings Plan Membership	Carolina Dental Regular Fees
Primary Member	\$275	\$340
Additional Member	\$100	\$340
Deductible	None	N/A
Maximum	None	N/A
Waiting Period	None	N/A
Cleaning and Exam	\$0	\$131
Veneers	\$900	\$1,100
Implants	\$1,400	\$2,000



AROLINA DENTAL

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