

Sandia Plan

Schedule of Benefits



	ADA Code	Procedure Name	Member pays dentist
DIAGNOSTIC	0120	Periodic Oral Evaluation	\$29
	0140	Limited Oral Evaluation - Problem Focused	\$44
	0150	Comprehensive Oral Evaluation (New/Established)	\$43
	0180	Comprehensive Perio Evaluation (New/Established)	\$48
	0210	Intraoral - Complete Series of Radiographic Images	\$68
	0220	Intraoral - Periapical First Radiographic Image	\$16
	0230	Intraoral - Periapical Each Add. Radiographic Image	\$16
	0240	Intraoral - Occlusal Radiographic Image	\$18
	0250	Extraoral - First Radiographic Image	\$19
	0260	Extraoral - Each Additional Radiographic Image	\$15
	0270	Bitewing - Single Radiographic Image	\$14
	0272	Bitewings - Two Radiographic Images	\$25
	0273	Bitewings - Three Radiographic Images	\$28
	0274	Bitewings - Four Radiographic Images	\$35
	0322	Tomographic Survey	\$170
	0330	Panoramic Radiographic Image	\$65
	0340	Cephalometric Radiographic Image	\$68
	0350	Oral/Facial Photographic Images	\$52
	0425	Caries Susceptibility Tests	\$0
	0460	Pulp Vitality Tests	\$0
	0470	Diagnostic Casts	\$65
	0472	Accession of Tissue Exam & Prep	\$0
	0473	Accession of Tissue Micro Exam	\$0
	0474	Accession of Tissue Micro Exam, Surgical Margins	\$0
	0480	Processing/Inter Cyto Smears	\$0
0502	Other Oral Pathology, By Report	\$0	
PREVENTIVE	1110	Prophylaxis Adult (Cleaning)	\$60
	1120	Prophylaxis Child (Cleaning)	\$42
	1206	Topical Application of Fluoride Varnish	\$57
	1208	Topical Application of Fluoride	\$18
	1310	Nutritional Counseling	\$0
	1320	Tobacco Counseling	\$0
	1330	Oral Hygiene Instruction	\$0
	1351	Sealant Per Tooth	\$27
	1510	Space Maintainer - Fixed Unilateral	\$140
	1515	Space Maintainer - Fixed Bilateral	\$265
	1520	Space Maintainer - Removable Unilateral	\$182
	1525	Space Maintainer - Removable Bilateral	\$255
1550	Recementation of Space Maintainer	\$34	
1999	Additional Prophylaxis - Adult/Child	\$65/\$46	
RESTORATIVE	2140	Amalgam 1 Surface Primary or Permanent	\$76
	2150	Amalgam 2 Surfaces Primary or Permanent	\$96
	2160	Amalgam 3 Surfaces Primary or Permanent	\$119
	2161	Amalgam 4 or More Surfaces Primary or Permanent	\$148
	2330	Resin 1 Surface - Anterior	\$91
	2331	Resin 2 Surfaces - Anterior	\$114
	2332	Resin 3 Surfaces - Anterior	\$140
	2335	Resin 4 or More Surfaces Incl Incisal Angle	\$161
	2390	Resin Based Composite Crown, Anterior	\$190
	2391	Resin 1 Surface - Posterior	\$101
	2392	Resin 2 Surfaces - Posterior	\$148
	2393	Resin 3 Surfaces - Posterior	\$179
	2394	Resin 4 or More Surfaces - Posterior	\$202
	2510	Inlay Metallic 1 Surface	\$392
	2520	Inlay Metallic 2 Surfaces	\$432
	2530	Inlay Metallic 3 Surfaces	\$512
	2542	Onlay Metallic 2 Surfaces	\$636
	2543	Onlay Metallic 3 Surfaces	\$649
	2544	Onlay Metallic 4 or More Surfaces	\$690
	2610	Inlay Porcelain/Ceramic 1 Surface	\$415
2620	Inlay Porcelain/Ceramic 2 Surfaces	\$480	
2630	Inlay Porcelain/Ceramic 3 Surfaces	\$555	
2642	Onlay Porcelain/Ceramic 2 Surfaces	\$686	
2643	Onlay Porcelain/Ceramic 3 Surfaces	\$764	
2644	Onlay Porcelain/Ceramic 4 or More Surfaces	\$788	

	ADA Code	Procedure Name	Member pays dentist
RESTORATIVE cont.	2650	Inlay Composite/Resin 1 Surface	\$565
	2651	Inlay Composite/Resin 2 Surfaces	\$575
	2652	Inlay Composite/Resin 3 or More Surfaces	\$595
	2662	Onlay Composite/Resin 2 Surfaces	\$622
	2663	Onlay Composite/Resin 3 Surfaces	\$632
	2664	Onlay Composite/Resin 4 or More Surfaces	\$668
	2740	Crown Porcelain Ceramic Substrate	\$818
	2750	Crown Porcelain Fused High Noble Metal	\$765
	2751	Crown Porcelain Fused to Predominantly Base Metal	\$629
	2752	Crown Porcelain Fused to Noble Metal	\$680
	2780	3/4 Cast High Noble Metal	\$722
	2783	Crown - 3/4 Porcelain/Ceramic	\$624
	2790	Crown Full Cast High Noble Metal	\$765
	2791	Crown Full Cast Predominantly Base Metal	\$608
	2792	Crown Full Cast Noble Metal	\$672
	2910	Recement Inlay	\$54
	2920	Recement Crown	\$64
	2929	Prefab. Porcelain/Ceramic Crown - Primary Tooth	\$192
	2930	Prefabricated Stainless Steel Crown Primary	\$162
	2931	Prefabricated Stainless Steel Crown Permanent	\$190
	2932	Prefabricated Resin Crown	\$182
	2933	Prefabricated Stainless Steel Crown Resin Face	\$181
	2940	Restore - Direct Placement Restore Material Protect Tooth/Tissue	\$50
	2950	Core Build-Up Including Any Pins	\$143
	2951	Pin Retention Per Tooth in Addition to Restoration	\$24
2952	Cast Post and Core in Addition to Crown	\$211	
2954	Prefabricated Post & Core in Addition to Crown	\$191	
2960	Labial Veneer (Resin Laminate) Chairside	\$268	
2962	Labial Veneer (Porcelain Laminate) Laboratory	\$699	
2970	Temporary Crown (Fractured Tooth)	\$170	
2980	Crown Repair Necessitated by Restorative Material Failure	\$104	
2982	Only Repair by Restorative Material Failure	\$144	
2983	Veneer Repair by Restorative Material Failure	\$144	
2990	Resin Infiltration of Incipient Smooth Surf. Lesions	\$144	
ENDODONTICS*	3110	Pulp Cap Direct (Excluding Final Restoration)	\$46
	3120	Pulp Cap Indirect (Excluding Final Restoration)	\$42
	3220	Pulpotomy (Excluding Final Restoration)	\$92
	3221	Pulpal Debridement Primary or Permanent	\$85
	3230	Pulpal Therapy Anterior Primary Tooth	\$155
	3240	Pulpal Therapy Posterior Primary Tooth	\$181
	3310	Root Canal Anterior (Excluding Final Restoration)	\$404
	3320	Root Canal Bicuspid (Excluding Final Restoration)	\$528
	3330	Root Canal Molar (Excluding Final Restoration)	\$725
	3410	Apicoectomy/Periradicular Surgery - Anterior	\$482
	3421	Apicoectomy/Periradicular Surgery Bicuspid 1st Root	\$507
	3425	Apicoectomy/Periradicular Surgery Molar 1st Root	\$598
	3426	Apicoectomy/Periradicular Each Additional Root	\$164
	3430	Retrograde Filling - Per Root	\$144
	3450	Root Amputation - Per Root	\$257
3920	Hemisection Incl Root Removal - Excluding Root Canal	\$248	
3960	Tooth Bleaching (Discolored)	\$56	
PERIODONTICS*	4210	Gingivectomy/Gingivoplasty 4/+ Contig.Teeth/Tooth Bound Sp./Quad	\$365
	4211	Gingivectomy/Gingivoplasty 1-3 Contig.Teeth/Tooth Bound Sp./Quad	\$222
	4212	Gingivectomy/Gingivoplasty Access Restorative Per Tooth	\$192
	4240	Gingival Flap Incl Root Planing 4 or More Contiguous Teeth	\$405
	4241	Gingival Flap Incl Root Planing 1 to 3 Teeth Per Quad	\$246
	4249	Clinical Crown Lengthening, Hard & Soft Tissue	\$462
	4260	Osseous Surg Incl Flap Entry & Clos 4 or More Contiguous Teeth	\$693
	4261	Osseous Surg Incl Flap Entry & Clos 1 to 3 Teeth Per Quad	\$410
	4263	Bone Replacement Graft - First Site in Quad	\$338
	4270	Pedicle Soft Tissue Graft Procedure.	\$428
	4320	Provisional Splinting - Intracoronal	\$248
	4321	Provisional Splinting - Extracoronal	\$272
4341	Root Planing/Perio Scaling - 4 or More Teeth Per Quad	\$161	
4342	Root Planing/Perio Scaling - 1 to 3 Teeth Per Quad	\$98	

continued on back

ADA Code	Procedure Name	Member pays dentist	
4355	Full Mouth Debridement to Enable Evaluation	\$86	
4910	Periodontal Maintenance	\$78	
4999	General Procedures By Report	\$18	
REMOVABLE PROSTHODONTICS*	5110	Complete Denture, Upper	\$1012
	5120	Complete Denture, Lower	\$1012
	5130	Immediate Denture, Upper	\$1198
	5140	Immediate Denture, Lower	\$1198
	5211	Upper Partial Denture, Resin With Clasps Rests & Teeth	\$682
	5212	Lower Partial Denture, Resin With Clasps Rests & Teeth	\$682
	5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Incl Any Conventional Clasps, Rests & Teeth)	\$951
	5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Incl Any Conventional Clasps, Rests & Teeth)	\$951
	5225	Maxillary Partial Denture-Flexible Base (Incl. Any Clasps, Rests, & Teeth)	\$958
	5226	Mandibular Partial Denture-Flexible Base (Incl. Any Clasps, Rests, & Teeth)	\$958
	5281	Removable Unilateral Partial Denture, With Pontic (Nesbit)	\$553
	5410	Adjust Complete Denture Upper	\$52
	5411	Adjust Complete Denture Lower	\$52
	5421	Adjust Partial Denture Upper	\$52
	5422	Adjust Partial Denture Lower	\$52
	5510	Repair Broken Complete Denture Base	\$135
	5520	Replace Missing/Broken Teeth, Comp Dent Per Tooth	\$140
	5610	Repair Resin Denture Base	\$122
	5620	Repair Cast Framework	\$198
	5630	Repair Or Replace Broken Clasp	\$172
	5640	Replace Broken Teeth - Per Tooth	\$140
	5650	Add Tooth To Existing Partial Denture	\$134
	5660	Add Clasp To Existing Partial Denture	\$158
	5710	Rebase Complete Upper or Lower Denture	\$345
	5720	Rebase Complete Upper or Lower Partial Denture	\$345
	5730	Reline Complete Upper or Lower Denture, Chairside	\$203
	5740	Reline Upper or Lower Partial Denture Chairside	\$185
	5750	Reline Complete Upper or Lower Denture, Laboratory	\$306
	5760	Reline Upper or Lower Partial Denture Laboratory	\$306
	5810	Temporary Complete Denture Upper or Lower	\$460
	5820	Temporary Partial Stayplate Dent Upper or Lower (Flipper)	\$450
	5850	Tissue Conditioning Upper or Lower Denture	\$89
	FIXED PROSTHODONTICS*	6210	Pontic Cast High Noble Metal
6211		Pontic Cast Predominantly Base Metal	\$572
6212		Pontic Cast Noble Metal	\$625
6240		Pontic Porcelain Fused to High Noble Metal	\$765
6241		Pontic Porcelain Fused to Predom Base Metal	\$629
6242		Pontic Porcelain Fused to Noble Metal	\$680
6245		Pontic Porcelain Substrate	\$685
6250		Pontic Resin With High Noble Metal	\$502
6251		Pontic Resin With Predominantly Base Metal	\$370
6252		Pontic Resin With Noble Metal	\$437
6545		Retainer Cast Metal For Resin Bonded Fix Prosthesis	\$316
6600		Inlay Porcelain/Ceramic 2 Surfaces	\$595
6601		Inlay Porcelain/Ceramic 3 Surfaces	\$620
6602		Inlay Cast High Noble Metal 2 Surfaces	\$488
6603		Inlay Cast High Noble Metal 3 or More Surfaces	\$535
6604		Inlay Cast Predominantly Base Metal 2 Surfaces	\$474
6605		Inlay Cast Predominantly Base Metal 3 or More Surfaces	\$510
6606		Inlay Cast Noble Metal 2 Surfaces	\$488
6607		Inlay Cast Noble Metal 3 or More Surfaces	\$518
6608		Onlay Porcelain/Ceramic 2 Surfaces	\$612
6609		Onlay Porcelain/Ceramic 3 or More Surfaces	\$629
6610		Onlay Cast High Noble Metal 2 Surfaces	\$625
6611		Onlay Cast High Noble Metal 3 or More Surfaces	\$649
6612		Onlay Cast Predominantly Base Metal 2 Surfaces	\$592
6613		Onlay Cast Predominantly Base Metal 3 or More Surfaces	\$638
6614		Onlay Cast Noble Metal 2 Surfaces	\$595
6615		Onlay Cast Noble Metal 3 or More Surfaces	\$647
6720		Crown Resin With High Noble Metal	\$549
6721		Crown Resin With Predominantly Base Metal	\$521
6722		Crown Resin With Noble Metal	\$519

ADA Code	Procedure Name	Member pays dentist		
FIXED PROSTHODONTICS* cont.	6750	Crown Porcelain Fused To High Noble Metal	\$765	
	6751	Crown Porcelain Fused To Predom Base Metal	\$629	
	6752	Crown Porcelain Fused To Noble Metal	\$680	
	6780	Crown 3/4 Cast High Noble Metal.	\$699	
	6790	Crown Full Cast High Noble Metal	\$738	
	6791	Crown Full Cast Predominantly Base Metal	\$602	
	6792	Crown Full Cast Noble Metal	\$678	
	6930	Recement Bridge	\$69	
	6940	Stress Breaker	\$221	
	6950	Precision Attachment	\$310	
	6980	Fixed Partial Dent. Repair Restorative Material Failure	\$199	
	ORAL SURGERY*	7111	Coronal Remnants, Deciduous Tooth	\$44
		7140	Extraction Erupted Tooth or Exposed Root	\$73
		7210	Surgical Extraction of Tooth - Erupted	\$132
		7220	Removal of Impacted Tooth - Soft Tissue	\$152
7230		Removal of Impacted Tooth - Partial Bony	\$228	
7240		Removal of Impacted Tooth - Complete Bony	\$240	
7241		Removal of Impacted Complete Bony With Complications	\$258	
7250		Surgical Removal of Residual Root, Cutting Procedure	\$131	
7270		Tooth Replantation &/or Stabiliz. of Evulsed/Displaced	\$239	
7280		Surgical Access of an Unerupted Tooth	\$257	
7285		Biopsy of Oral Tissue - Hard (Bone/Tooth)	\$162	
7286		Biopsy of Oral Tissue - Soft (All Others)	\$153	
7291		Transseptal Fiberotomy	\$78	
7310		Alveoplasty in Conjunction With Extractions - Quad	\$132	
7320		Alveoplasty Not In Conjunction With Extractions - Quad	\$197	
7510	Incision & Drainage of Abscess, Intraoral Soft Tissue	\$101		
7520	Incision & Drainage of Abscess, Extraoral Soft Tissue	\$129		
7910	Suture of Recent Small Wound Up to 5 cm	\$79		
7960	Frenulectomy (Frenectomy/Frenotomy) - Sep. Procedure	\$207		
7970	Excision of Hyperplastic Tissue, Per Arch	\$202		
ORTHODONTICS	8010	Limited Orthodontic Treatment of the Primary Dentition	\$2006	
	8020	Limited Orthodontic Treatment of the Transitional Dentition	\$2298	
	8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$2752	
	8040	Limited Orthodontic Treatment of the Adult Dentition	\$3048	
	8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$2640	
	8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$2835	
	8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$4898	
	8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$5028	
	8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$5555	
	8210	Removable Appliance Therapy	\$705	
	8220	Fixed Appliance Therapy	\$833	
	8670	Periodic Orthodontic Treatment Visit (As Part of Contract)	\$246	
	8680	Orthodontic Retention Removal of Appliances, Construction & Place	\$647	
	8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)	\$150	
	8691	Repair of Ortho Appliances	\$194	
8692	Lost or Broken Retainer	\$96		
8693	Rebonding, Recementing &/or Repair, as Required, of Fixed Retainer	\$150		
OTHER SERVICES	6010	Implants - refer to Sandia Provider List for Percentage of Savings		
	9110	Palliative Emergency Treatment of Pain, Minor	\$75	
	9215	Local Anesthesia	\$27	
	9220	Deep Sedation/General Anesthesia 1st 30 Minutes	\$220	
	9221	Deep Sedation/General Anesthesia Each Add. 15 Minutes	\$60	
	9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	\$29	
	9241	Intravenous Conscious Sedation/Analgesia - 1st 30 Min.	\$199	
	9242	Intravenous Conscious Sedation/Analgesia - Each Add. 15 Min	\$75	
	9310	Consultation	\$0	
	9440	Office Visit After Regular Hours	\$86	
	9910	Application of Desensitizing Medication	\$0	
	9940	Occlusal Night Guard	\$294	
	9951	Occlusal Adjustment limited	\$98	
	9952	Occlusal Adjustment Complete	\$477	
	9972	External Bleaching - Per Arch - Performed in Office	\$280	
9988	Missed Appointment Without 24 Hr. Notice - Per Hour Scheduled	\$30		

* If services of a specialist are required (for Oral Surgery, Endodontics, Periodontics, Pediatric or Prosthodontics) these co-payments do not apply. Members will receive a significant percentage reduction of the usual specialist fee. See provider list. Taxes not included.