

## MetLife Dental Option 1 Fee Schedule

ADA Code	Description of Service	Fee Schedule Amount
00425	Caries Susceptibility Tests	\$7.00
00460	Pulp Vitality Tests	\$6.00
00470	Diagnostic Casts	\$9.00
02140	Amalgam - one surface, primary or permanent	\$12.00
02150	Amalgam - two surfaces, primary or permanent	\$19.50
02160	Amalgam - three surfaces, primary or permanent	\$27.00
02161	Amalgam - four or more surfaces, primary or permanent	\$27.00
02330	Composite Resin-1 surface, anterior	\$16.50
02331	Composite Resin-2 surface, anterior	\$22.50
02332	Composite Resin-3 surface, anterior	\$31.50
02335	Composite Resin-4/more surf. anterior	\$31.50
02390	Resin-based composite crown, anterior	\$31.00
02391	Resin-based composite - one surface, posterior	\$16.50
02392	Resin-based composite - two surfaces, posterior	\$22.50
02393	Resin-based composite - three surfaces, posterior	\$31.50
02394	Resin-based composite - four or more surfaces, posterior	\$34.00
02410	Gold Foil - 1 surface	\$20.00
02420	Gold Foil - 2 surface	\$33.00
02430	Gold Foil - 3 surface	\$39.00
02510	Inlay - Gold, 1 surface	\$58.00
02520	Inlay - Gold, 2 surface	\$61.00
02530	Inlay - Gold, 3 surface	\$70.00
02542	Metallic Onlay - 2 surface	\$32.00
02543	Metallic Onlay - 3 surface	\$70.00
02544	Metallic Onlay - 4 or more surface	\$65.00
02610	Inlay - Porcelain, 1 surface	\$22.00
02620	Inlay - Porcelain, 2 surface	\$31.00
02630	Inlay - Porcelain, 3 or more surface	\$37.00
02642	Onlay - Porcelain, 2 surface	\$65.00
02643	Onlay - Porcelain, 3 surface	\$60.00
02644	Onlay - Porcelain, 4/more surface	\$60.00
02650	Inlay - Composite Resin, 1 surface	\$23.00
02651	Inlay - Composite Resin, 2 surface	\$25.00
02652	Inlay - Comp. Resin, 3/more surface	\$29.00
02662	Onlay - Comp. Resin, 2 surface	\$50.00
02663	Onlay - Comp. Resin, 3 surface	\$50.00
02664	Onlay - Comp. Resin, 4/more surf.	\$60.00
02710	Crown - Resin (laboratory)	\$50.00
02720	Crown - Resin w/High nobel metal	\$95.00
02721	Crown-Resin w/Predom. base metal	\$80.00
02722	Crown-Resin w/Nobel metal	\$89.00
02740	Crown - Porcelain./Ceramic substrate	\$87.00
02750	Crown - Porcelain. to high nobel metal	\$157.50
02751	Crown - Porcelain. to predom. base met.	\$98.00
02752	Crown-Porcelain. to Nobel Metal	\$102.00

ADA Code	Description of Service	Fee Schedule Amount
02780	3/4 Cast High Nobel Metal	\$158.00
02781	3/4 Cast Predom Base Metal	\$98.00
02782	3/4 Cast Nobel Metal	\$102.00
02783	3/4 Cast Porcelain/ceramic	\$87.00
02790	Crown - Full Cast High nobel metal	\$124.50
02791	Crown - Full Cast predom. base met	\$56.00
02792	Crown - Full Cast nobel metal	\$69.00
02910	Recement Inlays	\$7.00
02920	Recement Crowns	\$13.50
02930	Stainless Steel Crown, Primary	\$19.00
02931	Stainless Steel Crown, Permanent	\$19.00
02932	Resin Crown	\$19.00
02933	Stainless Steel Crown, Resin Window	\$28.00
02940	Sedative Filling	\$8.00
02950	Core buildup, including pins	\$31.50
02951	Pin Retention - Per Tooth	\$9.00
02952	Cast Post and Core	\$30.00
02953	Cast Post/Core each addtl tooth	\$3.00
02954	Prefabricated Post and Core	\$21.00
02955	Post Removal	\$31.50
02957	Prefabricated Post/Core ea addtl	\$2.00
02960	Labial Veneer, laminate, chairside	\$25.00
02961	Labial Veneer, Resin Laminate, lab.	\$28.00
02962	Labial Veneer, Porcelain. Laminate, lab.	\$30.00
02980	Crown Repair, By Report	\$21.00
03110	Pulp Cap, direct	\$7.00
03120	Pulp Cap, indirect	\$6.00
03220	Therapeutic Pulpotomy	\$15.00
03221	Gross Pulpal Debridement	\$7.00
03230	Pulpal Therapy, anterior, primary	\$15.00
03240	Pulpal Therapy, posterior, primary	\$15.00
03310	Root Canal - Anterior Tooth	\$78.00
03320	Root Canal - Bicuspid Tooth	\$101.00
03330	Root Canal - Molar Tooth	\$199.50
03331	Treatment of Root Canal Obstruct.	\$23.00
03332	Incomplete Root Canal Therapy	\$39.00
03333	Internal Root Repair	\$20.00
03346	-Retreatment, anterior tooth	\$78.00
03347	-Retreatment, Bicuspid Tooth	\$101.00
03348	-Retreatment, Molar Tooth	\$133.00
03351	Apexification/Recalcification, initial	\$45.00
03352	Apexification/Recalcification, interim	\$45.00
03353	Apexification/Recalcification, Final	\$45.00
03410	Apicoectomy/Periradicular, Anterior	\$41.00
03421	Apicoectomy/Periradicular, Bicuspid	\$63.00
03425	Apicoectomy/Periradicular, Molar	\$96.00

ADA Code	Description of Service	Fee Schedule Amount
03426	Apicoectomy/Periradicular,add'l root	\$49.00
03430	Retrograde Filling - First Root	\$23.00
03450	Root Amputation - Per Root	\$59.00
03910	Surgical Procedure, Rubber Dam	\$27.00
03920	Hemisection	\$51.00
04210	Gingivectomy per Quadrant	\$61.00
04211	Gingivectomy per Tooth	\$8.00
04240	Gingival Flap Procedure	\$75.00
04241	Gingival flap procedure, incl. root planning - one to three teeth, per quad	\$45.00
04245	Apically Positioned Flap	\$33.00
04249	Crown Lengthening - hard tissue	\$88.00
04260	Osseous Surgery per Quadrant	\$115.00
04261	Osseous surgery (incl. flap entry & closure) - one to three teeth per quad	\$69.00
04263	Osseous Grafts, First Site, Quadrant.	\$111.00
04264	Osseous Grafts, Add'l Sites, Quadrant	\$48.00
04265	Biologic materials to aid in soft and osseous tissue regeneration	\$111.00
04266	Guided Tissue Regeneration, resorbable	\$47.00
04267	Guided Tissue Regeneration, non-resorbable.	\$22.00
04268	Surgical Revision per tooth	\$8.00
04270	Pedicle Soft Tissue Grafts	\$66.00
04271	Free Soft Tissue Grafts	\$92.00
04273	Subepithelial connect. tissue graft	\$199.50
04274	Distal or Proximal Wedge procedure	\$36.00
04275	Soft tissue allograft	\$199.50
04276	combined connective tissue and double pedicle graft	\$199.50
04342	Periodontal scaling and root planning - one to three teeth, per quadrant	\$9.00
04355	Full Mouth Debridement	\$51.00
04381	Local. delivery/Chemotherapeutic	\$63.00
04910	Periodontal Maintenance	\$30.00
04920	Unscheduled Dressing Change	\$7.00
05110	Complete Denture - Maxillary	\$164.00
05120	Complete Denture - Mandibular	\$164.00
05130	Immediate Denture - Maxillary, comp	\$175.00
05140	Immediate Denture, maxillary, comp	\$175.00
05211	Maxillary Partial Denture, resin base	\$92.00
05212	Mandibular partial denture, resin	\$92.00
05213	Max. Partial, cast frame, resin base	\$193.00
05214	Mand. partial, cast frame, resin base	\$193.00
05281	Removable Unilateral partial	\$100.00
05410	Adjustment - Comp. maxillary	\$15.00
05411	Adj. - Complete Mandibular denture	\$15.00
05421	Adj. - Partial Maxillary Denture	\$14.00
05422	Adj. - Partial Mandibular Denture	\$14.00
05510	Repair Complete Denture Base	\$17.00
05520	Replace Complete Denture Tooth	\$19.00
05610	Repair Resin Denture Base	\$15.00

ADA Code	Description of Service	Fee Schedule Amount
05620	Repair Denture/Cast Framework	\$15.00
05630	Repair or Replace Broken Clasp	\$20.00
05640	Repl. Broke Tooth, No other repair	\$13.00
05650	Add tooth to Replace Extract. tooth	\$23.00
05660	Add Clasp to existing part. denture	\$25.00
05670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$175.00
05671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$175.00
05710	Rebase Complete maxillary Denture	\$164.00
05711	Rebase Complete mandib. Denture	\$164.00
05720	Rebase Maxillary Partial Denture	\$175.00
05721	Rebase Mandib. Partial Denture	\$175.00
05730	Reline Maxillary Denture, Chairside	\$33.00
05731	Reline Mandib. Denture, Chairside	\$33.00
05740	Reline Maxillary Partial, Office	\$29.00
05741	Reline Mandibular Partial, Office	\$29.00
05750	Reline Maxillary Complete, Lab	\$51.00
05751	Reline Mandibular Complete, Lab	\$51.00
05760	Reline Maxillary Partial, Lab	\$48.00
05761	Reline Mandibular Partial, Lab	\$48.00
05850	Tissue Conditioning, Maxillary	\$19.00
05851	Tissue Conditioning, Mandibular	\$19.00
05860	Overdenture - Complete, by report	\$166.00
05861	Overdenture - Partial, by report	\$164.00
05862	Precision Attachment, by report	\$75.00
05867	Replacement of precision attach.	\$38.00
05875	Modification of removable prothes.	\$26.00
05931	Obturator Prosthesis, Surgical	\$79.00
05932	Obturator Prosthesis, Definitive	\$79.00
05933	Obturator Prosthesis, modification	\$79.00
06053	Implant/abutment supp'd removable denture for completely edentulous arch	\$166.00
06054	Implant/abutment supp'd removable denture for partially edentulous arch	\$164.00
06058	Abutment supp. by Ceramic Crown	\$109.00
06059	Abut. Support. By Hi Nobel Metal	\$158.00
06060	Abut. Support. By Pred Base Metal	\$113.00
06061	Abut. Support by Nobel Metal	\$118.00
06062	Abut. Support by Hi Nobel Metal	\$133.00
06063	Abut. Support by Pred. Base Metal	\$113.00
06064	Abut. Support by Nobel Metal	\$110.00
06065	Implant support by Porcelain/Ceram.	\$109.00
06066	Implant support by Hi Nobel Metal	\$158.00
06067	Implant support by Hi Nobel Metal	\$133.00
06068	Abut. Support by retainer/porc.	\$109.00
06069	Abut. support by retainer/hi nobel	\$165.00
06070	Abut. Support by retainer/Pred. Base	\$125.00
06071	Abut support by retainer/nobel	\$150.00
06072	Abut. Support by retainer/ hi nobel	\$133.00

ADA Code	Description of Service	Fee Schedule Amount
06073	Abut support by retainer/pred base	\$113.00
06074	Abut. Retainer/nobel metal	\$110.00
06075	Implant support by ceramic fpd	\$109.00
06076	Implant support by retainer/hi nobel	\$165.00
06077	Implant support by retainer/hi nobel	\$133.00
06079	Implant/Abut support fixed denture/p	\$241.00
06210	Pontic, Cast High Noble Metal	\$106.00
06211	Pontic, Cast Predominantly base	\$72.00
06212	Pontic, Cast Noble Metal	\$88.00
06240	Pontic, Porcelain to High Nobel	\$126.00
06241	Pontic, Porcelain to Predom. Base	\$90.00
06242	Pontic, Porcelain to Noble Metal	\$94.00
06245	Pontic, Porcelain/ceramic	\$87.00
06250	Pontic, Resin with High Noble Metal	\$111.00
06251	Pontic, Resin with Predom. base met	\$93.00
06252	Pontic, Resin with Noble Metal	\$103.00
06545	Retainer, Cast Metal for Resin Bond	\$83.00
06548	Retainer/Porcelain/Ceramic for Resin	\$91.00
06600	Inlay - porcelain/ceramic, two surfaces	\$60.00
06601	Inlay - porcelain/ceramic, three or more surfaces	\$60.00
06602	Inlay - cast high noble metal, two surfaces	\$75.00
06603	Inlay - cast high noble metal, three or more surfaces	\$92.00
06604	Inlay - cast predominantly base metal, two surfaces	\$75.00
06605	Inlay - cast predominantly base metal, three or more surfaces	\$92.00
06606	Inlay - cast noble medal, two surfaces	\$75.00
06607	Inlay - cast noble medal, three or more surfaces	\$92.00
06608	Onlay - porcelain/ceramic, two surfaces	\$60.00
06609	Onlay - porcelain/ceramic, three or more surfaces	\$60.00
06610	Onlay - cast high noble metal, two surfaces	\$49.00
06611	Onlay - cast high noble metal, three or more surfaces	\$92.00
06612	Onlay - cast predominantly base metal, two surfaces	\$49.00
06613	Onlay - cast predominantly base metal, three or more surfaces	\$92.00
06614	Onlay - cast noble medal, two surfaces	\$49.00
06615	Onlay - cast noble medal, three or more surfaces	\$92.00
06720	Crown, Resin with High Noble Metal	\$118.00
06721	Crown, Resin/Predomin. Base Metal	\$85.00
06722	Crown, Resin with Noble Metal	\$109.00
06740	Crown, Procelain/ceramic	\$87.00
06750	Crown, Porcelain to High Noble	\$132.00
06751	Crown, Porcelain/Predom. Base	\$100.00
06752	Crown, Porcelain to Noble Metal	\$120.00
06780	Crown, 3/4 Cast High Noble Metal	\$92.00
06781	Crown, 3/4 Cast predom. Base	\$86.00
06782	Crown, 3/4 Cast Nobel metal	\$89.00
06783	Crown, 3/4 Procelain/ceramic	\$70.00
06790	Crown, full cast high noble metal	\$106.00

ADA Code	Description of Service	Fee Schedule Amount
06791	Crown, full cast/predom. base metal	\$90.00
06792	Crown, full cast noble metal	\$88.00
06920	Connector Bar	\$20.00
06930	Recement Bridge	\$11.00
06940	Stress Breaker	\$35.00
06950	Precision Attachment	\$75.00
06970	Cast Post&Core,in add'n to bridge	\$36.00
06972	Prefab P&C,in add'n to Bridge Ret.	\$25.00
06973	Core buildup for Retainer, Incl. pins	\$32.00
06976	Ea. Addt'l Cast/Post-same tooth	\$3.00
06977	Ea Addt'l Prefab.post/same tooth	\$3.00
06980	Bridge Repair, by report	\$25.00
07111	Coronal remnants, deciduous tooth	\$12.60
07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$13.00
07210	Extract Tooth, Surgical, Erupted	\$19.60
07220	Extract Tooth, Surgical - Soft Tissue	\$22.00
07230	Extract Tooth, Surg. - Partial Bony	\$36.00
07240	Extract Tooth, Surg. - Full Bony	\$47.00
07241	Extract Tooth, Surg. - Full Bony,diff.	\$53.00
07250	Surgical Removal of Residual Root	\$25.00
07260	Oroantral Fistula Closure	\$35.00
07261	Primary closure of a sinus perforation	\$9.00
07270	Tooth Reimplantation/Stabilization	\$47.00
07272	Tooth Transplantation	\$52.00
07280	Surgical Exposure, Ortho Reasons	\$40.00
07282	Mobilization of erupted or malpositioned tooth to aid eruption	\$10.00
07285	Biopsy, Hard Tissue	\$27.00
07286	Biopsy, Soft Tissue	\$21.00
07290	Surgical Repositioning	\$40.00
07291	Transseptal Fiberotomy	\$13.00
07310	Alveoplasty w/ extraction per Quadrant	\$33.00
07320	Alveoplasty w/o extraction per Quadrant	\$47.00
07340	Vestibuloplasty, secondary epithel.	\$40.00
07350	Vestibuloplasty, including grafts, etc	\$409.00
07450	Removal Odonto. Cyst, under 1.25c	\$44.00
07451	Removal Odonto. Cyst, over 1.25c	\$77.00
07460	Rem.Non-Odonto. Cyst, under 1.25	\$50.00
07465	Destruction of Lesion	\$17.00
07471	Removal of Exostosis per site	\$90.00
07472	Removal of torus palatinus	\$90.00
07473	Removal of torus mandibularis	\$90.00
07485	Surgical reduction of osseous tuberosity	\$47.00
07510	Incision & Drainage, Intraoral	\$18.00
07520	Incision & Drainage, Extraoral	\$30.00
07530	Removal of Foreign Body	\$10.00
07880	Occlusal Orthotic Device, by report	\$88.00

ADA Code	Description of Service	Fee Schedule Amount
07960	Frenulectomy	\$63.00
07970	Excision of Hyperplastic tissue,arch	\$49.00
07971	Excision of Pericoronal Gingiva	\$27.00
07972	Surgical reduction of fibrous tuberosity	\$35.00
08010	Appliance, limited treat, primary	\$88.00
08020	Appliance, limited, transitional	\$88.00
08030	Appliance, limited, adolescent	\$88.00
08040	Appliance, limited, Adult dentition	\$88.00
08050	Appliance, Interceptive, Primary	\$209.00
08060	Appliance, Interceptive, transitional	\$209.00
08070	Appliance, Comprehensive, transit'l	\$209.00
08080	Appliance, Compr, adolescent	\$209.00
08090	Appliance, Compre, Adult dentition	\$209.00
08210	Harmful Habit, removable appliance	\$80.00
08220	Harmful Habit, fixed appliance	\$80.00
08660	Pre-Orthodontic treatment visit	\$13.00
08670	Periodic Treatment Visit	\$28.00
08680	Orthodontic Retention	\$48.00
08690	Orthodontic Treatment	\$15.00
08691	Repair of orthodontic appliance	\$14.00
09110	Palliative treatment of dental pain	\$7.00
09220	General Anesthesia (first 30 min)	\$18.00
09221	General Anes. - each add'l 15 min.	\$9.00
09310	Consultation	\$15.00
09430	Office Visit, Regular Hours	\$12.00
09440	Office Visit, After Regular Hours	\$6.00
09610	Therapeutic Drug Injection	\$6.00
09910	Desensitizing Medicaments	\$10.00
09930	Complications, Post Surgical	\$5.00
09940	Occlusal Guards (Bruxism)	\$95.00
09950	Occlusion Analysis, Mounted Case	\$95.00
09951	Occlusal Adjustment, Limited	\$13.00
09952	Occlusal Adjustment, Complete	\$37.00

Report Date: 02/12/2008