

## COMFORT DENTAL GOLD MEMBERSHIP PLAN NEW MEXICO REDUCED FEE SCHEDULE

| ADA CODE                                                                                                                                                                                                                                                                                                                                                        | MEMBER'S SERVICES                                                                                                                                             | UCR** | MEMBER PAYS | ADA CODE                                  | MEMBER'S SERVICES                                                       | UCR** | MEMBER PAYS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------------------------------|-------------------------------------------------------------------------|-------|-------------|
| <b>PREVENTIVE AND DIAGNOSTIC</b>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               |       |             | <b>INLAYS AND ONLAYS</b>                  |                                                                         |       |             |
| 0110                                                                                                                                                                                                                                                                                                                                                            | Initial Oral Exam                                                                                                                                             | 80    | N/C         | 2510                                      | Inlay metallic - one surface                                            | 540   | 270         |
| 0120                                                                                                                                                                                                                                                                                                                                                            | Periodic Oral Exam                                                                                                                                            | 60    | N/C         | 2520                                      | Inlay metallic - two surfaces                                           | 580   | 320         |
| 0130                                                                                                                                                                                                                                                                                                                                                            | Emergency Oral Exam (office hours)                                                                                                                            | 80    | N/C         | 2530                                      | Inlay metallic - three surfaces                                         | 620   | 340         |
| 0210                                                                                                                                                                                                                                                                                                                                                            | Complete Series X-Rays                                                                                                                                        | 95    | N/C         | 2540                                      | Onlay metallic - (in addition to inlay)                                 | 630   | 340         |
| 0220                                                                                                                                                                                                                                                                                                                                                            | Single Periapical X-Ray                                                                                                                                       | 28    | N/C         | <b>CROWN AND BRIDGE</b>                   |                                                                         |       |             |
| 0230                                                                                                                                                                                                                                                                                                                                                            | Each additional film                                                                                                                                          | 22    | N/C         | 2740                                      | Porcelain Crown                                                         | 1180  | 730         |
| 0274                                                                                                                                                                                                                                                                                                                                                            | Bitewing X-Rays                                                                                                                                               | 45    | N/C         | 2750-52                                   | Porcelain with Metal Crown                                              | 940   | 585         |
| 0470                                                                                                                                                                                                                                                                                                                                                            | Diagnostic Casts                                                                                                                                              | 75    | 25          | 2790                                      | Full Crown                                                              | 1100  | 635*        |
| 9430                                                                                                                                                                                                                                                                                                                                                            | Office Visit                                                                                                                                                  | 55    | 25          | 2810                                      | 3/4 Metal Crown                                                         | 1100  | 635*        |
| 1110                                                                                                                                                                                                                                                                                                                                                            | Simple tooth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section) | 80    | N/C         | 2930                                      | Stainless Steel Crown (Primary)                                         | 280   | 160         |
| 1203                                                                                                                                                                                                                                                                                                                                                            | Fluoride Treatment (Limit one per year to age 18)                                                                                                             | 40    | N/C         | 2910                                      | Recoment Crown                                                          | 80    | 45          |
| 1330                                                                                                                                                                                                                                                                                                                                                            | Preventive Dental Education, Home Care                                                                                                                        | 55    | N/C         | 2950                                      | Crown Build-up including any pins                                       | 235   | 135         |
| 1351                                                                                                                                                                                                                                                                                                                                                            | Sealants (Pit & Fissure) per tooth                                                                                                                            | 40    | 25          | 2952                                      | Cast Post and Core                                                      | 260   | 165         |
| 1510                                                                                                                                                                                                                                                                                                                                                            | Space Maintainer Unilateral                                                                                                                                   | 220   | 145         | 2962                                      | Cosmetic Porcelain Veneer                                               | 1180  | 730         |
| 1515                                                                                                                                                                                                                                                                                                                                                            | Space Maintainer Bilateral                                                                                                                                    | 310   | 160         | 6210-12                                   | Cast Pontic                                                             | 940   | 600*        |
| 9310                                                                                                                                                                                                                                                                                                                                                            | Consultation                                                                                                                                                  | 100   | 40          | 6240-42                                   | Porcelain with metal Pontic                                             | 940   | 585         |
| 9440                                                                                                                                                                                                                                                                                                                                                            | After hours Office Visit                                                                                                                                      | 180   | 110         | 6545                                      | Maryland Bridge per unit                                                | 1000  | 480         |
|                                                                                                                                                                                                                                                                                                                                                                 | Missed/Canceled Appointments (without 24 hours notice)                                                                                                        | 30    | 50          | 6750-52                                   | Porcelain with metal Bridge Abutment                                    | 940   | 585         |
|                                                                                                                                                                                                                                                                                                                                                                 | VelScope Cancer Screening                                                                                                                                     | 70    | 50          | 6780                                      | 3/4 Metal Bridge Abutment                                               | 940   | 620*        |
| The following Orthodontic fees apply only when treatment is performed at a Comfort Braces Center.                                                                                                                                                                                                                                                               |                                                                                                                                                               |       |             | 6790-92                                   | Full Metal Crown                                                        | 980   | 585*        |
| <b>ORTHODONTICS (BRACES) CHILDREN/ADULTS.</b>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |       |             | 2954                                      | Crown over Implant                                                      | 1750  | 950         |
| ---                                                                                                                                                                                                                                                                                                                                                             | Orthodontic Consultation                                                                                                                                      | 60    | N/C         |                                           | Pre-fab post & core                                                     | 240   | 150         |
| ---                                                                                                                                                                                                                                                                                                                                                             | Records                                                                                                                                                       | 300   | 189         | <b>PROSTHODONTICS - REMOVABLE</b>         |                                                                         |       |             |
| ---                                                                                                                                                                                                                                                                                                                                                             | Down Payment                                                                                                                                                  | 1500  | N/C         | 5110                                      | Complete Upper Denture                                                  | 1450  | 800         |
| ---                                                                                                                                                                                                                                                                                                                                                             | Monthly Adjustment Fee (Child)                                                                                                                                | 150   | 119         | 5120                                      | Complete Lower Denture                                                  | 1450  | 800         |
| ---                                                                                                                                                                                                                                                                                                                                                             | Monthly Adjustment Fee (Adult)                                                                                                                                | 175   | 129         | 5130                                      | Immediate Upper Denture                                                 | 1500  | 880         |
| ---                                                                                                                                                                                                                                                                                                                                                             | Retainers                                                                                                                                                     | 600   | 369         | 5140                                      | Immediate Lower Denture                                                 | 1500  | 880         |
| 0330                                                                                                                                                                                                                                                                                                                                                            | Pano                                                                                                                                                          | 115   | 66          | 5213                                      | Upper Partial - Cast                                                    | 1450  | 880         |
| <b>RESTORATIVE (FILLINGS)</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |       |             | 5214                                      | Lower Partial - Cast                                                    | 1450  | 900         |
| Amalgam Restorations/Permanent-Primary Teeth                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |       |             | 9940                                      | Nightguard (occlusal guard)                                             | 350   | 240         |
| 2140                                                                                                                                                                                                                                                                                                                                                            | One tooth surface                                                                                                                                             | 85    | 60          | 5213-14                                   | Treatment Partial - Acrylic/Flipper                                     | 425   | 290         |
| 2150                                                                                                                                                                                                                                                                                                                                                            | Two surfaces                                                                                                                                                  | 120   | 70          | ---                                       | Resin Based Partial Denture less than 3 teeth                           | 425   | 290         |
| 2160                                                                                                                                                                                                                                                                                                                                                            | Three surfaces                                                                                                                                                | 150   | 80          | ---                                       | Resin Based Partial Denture replacing more than 3 teeth                 | 750   | 500         |
| 2161                                                                                                                                                                                                                                                                                                                                                            | Four or more surfaces                                                                                                                                         | 280   | 110         | <b>REPAIRS/RELINES</b>                    |                                                                         |       |             |
| Anterior Resin Restorations                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |       |             | 5410-22                                   | Denture adjustments (Upper or Lower, complete or partial)               | 85    | 55          |
| 2330                                                                                                                                                                                                                                                                                                                                                            | One surface                                                                                                                                                   | 135   | 75          | 5510                                      | Repair broken complete denture base                                     | 440   | 260***      |
| 2331                                                                                                                                                                                                                                                                                                                                                            | Two surfaces                                                                                                                                                  | 165   | 85          | 5520                                      | Replace missing or broken teeth complete or partial denture (per tooth) | 135   | 65***       |
| 2332                                                                                                                                                                                                                                                                                                                                                            | Three surfaces                                                                                                                                                | 185   | 100         | 5620-30                                   | Repair Cast Framework/Clasp                                             | 280   | 135***      |
| 2335                                                                                                                                                                                                                                                                                                                                                            | Four or more surfaces                                                                                                                                         | 240   | 130         | 5650                                      | Add tooth to existing partial denture                                   | 200   | 80***       |
| Posterior Resin Restorations                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |       |             | 5710                                      | Rebase                                                                  | 420   | 200         |
| 2385                                                                                                                                                                                                                                                                                                                                                            | One surface                                                                                                                                                   | 200   | 90          | 5730                                      | Reline Chairside                                                        | 280   | 100         |
| 2386                                                                                                                                                                                                                                                                                                                                                            | Two surfaces                                                                                                                                                  | 229   | 168         | 5750                                      | Reline Lab                                                              | 410   | 200         |
| 2387                                                                                                                                                                                                                                                                                                                                                            | Three or more surfaces                                                                                                                                        | 300   | 200         | <b>OTHER SERVICES</b>                     |                                                                         |       |             |
| The following ORAL SURGERY, ENDODONTIC and PERIODONTIC co-payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, these co-payments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR. |                                                                                                                                                               |       |             | 9110                                      | Emergency Palliative Treatment                                          | 150   | 70          |
| <b>ORAL SURGERY</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               |       |             | 9210                                      | Local Anesthetic                                                        | N/C   | N/C         |
| 7140                                                                                                                                                                                                                                                                                                                                                            | Simple Extraction                                                                                                                                             | 145   | 80          | 9230                                      | Nitrous Oxide (each 30' minute session)                                 | 54    | N/C         |
| 7120                                                                                                                                                                                                                                                                                                                                                            | Each Additional Routine Extraction                                                                                                                            | 120   | 80          | 9951                                      | Occlusal Adjustment - limited                                           | 85    | 45          |
| 7210                                                                                                                                                                                                                                                                                                                                                            | Surgical Extraction Erupted                                                                                                                                   | 245   | 120         | ---                                       | Take Home Bleaching - per arch                                          | 280   | 120         |
| 7220                                                                                                                                                                                                                                                                                                                                                            | Soft Tissue Impaction                                                                                                                                         | 280   | 130         | ---                                       | In Office Bleaching - per arch                                          | 250   | 105         |
| 7230                                                                                                                                                                                                                                                                                                                                                            | Partial Bony Impaction                                                                                                                                        | 420   | 220         | 2951                                      | Pin Retention per tooth                                                 | 100   | 70          |
| 7240                                                                                                                                                                                                                                                                                                                                                            | Complete Bony Impaction                                                                                                                                       | 510   | 310         | 2940                                      | Sedative Filling                                                        | 130   | 70          |
| 7250                                                                                                                                                                                                                                                                                                                                                            | Surgical-Root Recovery                                                                                                                                        | 210   | 100         | 3110-20                                   | Pulp Cap                                                                | 110   | 30          |
| 7270                                                                                                                                                                                                                                                                                                                                                            | Tooth Reimplantation and Stabilization                                                                                                                        | 510   | 200         | <b>ENDODONTICS (root canal treatment)</b> |                                                                         |       |             |
| 7280                                                                                                                                                                                                                                                                                                                                                            | Surgical Exposure of Impacted Tooth                                                                                                                           | 200   | 80          | 3220                                      | Therapeutic Pulpotomy                                                   | 180   | 65          |
| 7286                                                                                                                                                                                                                                                                                                                                                            | Biopsy of Oral-Tissue-soft                                                                                                                                    | 180   | 70          | 3221                                      | Pulpotomy                                                               | 110   | 55          |
| 7310                                                                                                                                                                                                                                                                                                                                                            | Alveoloplasty/Quad with Extractions                                                                                                                           | 340   | 110         | 3310                                      | Ret Anterior                                                            | 520   | 330         |
| 7320                                                                                                                                                                                                                                                                                                                                                            | Alveoloplasty/Quad without Extractions                                                                                                                        | 200   | 115         | 3320                                      | Ret Bicuspoid                                                           | 610   | 400         |
| 7510                                                                                                                                                                                                                                                                                                                                                            | Intra-Oral I & D Abscess                                                                                                                                      | 130   | 75          | 3330                                      | Ret Molar 3 canals                                                      | 900   | 510         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 3340                                      | Ret Molar 4 canals                                                      | 850   | 550         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 3410                                      | Apicoectomy                                                             | 500   | 250         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | <b>PERIODONTICS (gum treatment)</b>       |                                                                         |       |             |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 4999                                      | Periodontal Exam and Charting                                           | 90    | 35          |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 4210                                      | Gingivectomy/Quad                                                       | 510   | 270         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 4220                                      | Gingival Curettage/Quad                                                 | 210   | 165         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 4260                                      | Osseous surgery/Quad (including flap entry and closure)                 | 700   | 360         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 4341                                      | Scaling/Root Planning/Quad                                              | 310   | 165         |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |       |             | 4910                                      | Periodontal Maintenance (following therapy)                             | 140   | 80          |

\*All patient co-payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient co-payments \*\*\*Plus Lab Fee.  
UCR\*\* - Usual, Customary and Reasonable Fees for New Mexico. Procedures or services not listed will be performed at UCR.

ALL FEES SUBJECT TO SALES TAX IN NEW MEXICO