



**StarDent Plan 140-01B**

**Plan Features**

<b>Procedure Code</b>	<b>Description</b>	<b>Member Co-Pay</b>
0120	Periodic Oral Evaluation	\$ 0
0140	Emergency Evaluation (limited)	\$ 0
0150	Initial Comprehensive Evaluation	\$ 0
0210	Intraoral Complete Series(including bitewings)	\$ 0
0220	Intraoral periapical 1 <sup>st</sup> film	\$ 0
0230	Intraoral periapical each additional	\$ 0
0240	Intraoral occlusal film	\$ 0
0270	Bitewing – single film	\$ 0
0272	Bitewings – two films	\$ 0
0274	Bitewings – four films	\$ 0
1110	Prophylaxis – adult	\$ 0
2140	Amalgam -1 Surface, Permanent	\$ 0
2150	Amalgam – 2 Surface, Permanent	\$ 0
2330	Resin – 1 Surface, Anterior	\$ 0
2331	Resin – 2 Surface, Anterior	\$ 0
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.	\$ 0

**ALL other treatment is paid by the patient at 75% of dentist's usual and customary fees.**