



StarDent Plan 140-02

Plan Features

| Procedure Code | Description | Member Co-Pay |
|-----------------------|--|----------------------|
| 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 st 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 |
| 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 |
| 1110 | Prophylaxis – adult | \$ 0 |

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