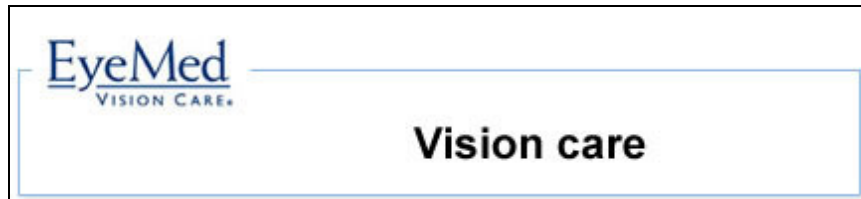


Discount plans are not insurance

Code	Diagnostic and Preventive	Fee	Code	Prosthodontics (Removed) (Continued)	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$21	D5520	Replace Missing or Broken Teeth	\$75
D0140	Limited Oral Evaluation - Problem Focus	\$31	D5630	Repair or Replace Broken Clasp	\$107
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$35	D5650	Add Tooth to Existing Partial Denture	\$92
D0210	X - Rays - Intraoral - Complete Series (including bitewings)	\$60	D5660	Add Clasp to Existing Partial Denture	\$112
D0220	X - Rays - Intraoral - Periapical - 1st Film	\$12	D5730	Reline Complete Maxillary Denture (chairside)	\$157
D0230	X - Rays - Intraoral - Periapical - Each Additional Film	\$9	D5731	Reline Complete Mandibular Denture (chairside)	\$157
D0270	Bitewing X - Ray - Single Film	\$11	D5740	Reline Maxillary Partial Denture (chairside)	\$146
D0272	Bitewings - Two Films	\$16	D5741	Reline Mandibular Partial Dent (chairside)	\$146
D0273	Bitewings - Three Films	\$20	D5750	Reline Complete Maxillary Denture (lab)	\$210
D0274	Bitewings - Four Films	\$24	D5751	Reline Complete Mandibular Denture (lab)	\$208
D0330	Panoramic Film	\$51	Prosthodontics (Fixed)		
D1110	Prophylaxis - Adult Cleaning	\$40	D6240	Pontic - Porcelain Fused to High Noble Metal	\$517
D1120	Prophylaxis - Child Cleaning	\$31	D6241	Pontic - Porcelain Fused to Predom Base Metal	\$482
D1351	Sealant - Per Tooth	\$24	D6242	Pontic - Porcelain Fused to Noble Metal	\$498
D1510	Space Maintainer - Fixed - Unilateral	\$150	D6750	Crown - Porcelain Fused to High Noble Metal	\$534
D1515	Space Maintainer - Fixed - Bilateral	\$214	D6751	Crown - Porcelain Fused to Predom Base Metal	\$482
D1520	Space Maintainer - Removeable - Unilateral	\$179	D6752	Crown - Porcelain Fused to Noble Metal	\$499
D1525	Space Maintainer - Removeable - Bilateral	\$223	Oral Surgery		
Restorative			D7140	Extraction, erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$64
D2140	Amalgam - One Surface, Primary or Permanent	\$50	D7220	Removal of Impacted Tooth - Soft Tissue	\$142
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$66	D7230	Removal of Impacted Tooth - Partially Bony	\$180
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$80	D7240	Removal of Impacted Tooth - Completely Bony	\$222
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$98	D7250	Surgical Removal of Residual Tooth Roots	\$131
D2330	Resin - Based Composite - One Surface, Anterior	\$62	D7310	Alveoloplasty in Conjunction with Extraction Per Quad	\$129
D2331	Resin - Based Composite - Two Surfaces, Anterior	\$78	D7320	Alveoloplasty not in Conjunction with Extraction Per Quad	\$181
D2332	Resin - Based Composite - Three Surfaces, Anterior	\$101	D7510	Incision/drainage of Abscess - Intraoral Soft Tissue	\$85
D2335	Resin - Based Composite - Four or More Surfaces, Anterior	\$125	Orthodontics		
D2391	Resin - Based Composite - One Surface, Posterior	\$70	D8070	Complete Orthodontic Treatment - Transitional Dentition	20% Discount
D2392	Resin - Based Composite - Two Surfaces, Posterior	\$98	D8080	Complete Orthodontic Treatment - Adolescent Dentition	20% Discount
D2393	Resin - Based Composite - Three Surfaces, Posterior	\$125	D8090	Complete Orthodontic Treatment - Adult Dentition	20% Discount
D2394	Resin - Based Composite - Four or More Surfaces, Posterior	\$148	Miscellaneous Services		
D2750	Crown - Porcelain Fused to High Noble Metal	\$535	D9110	Palliative Treatment Dental Pain - Minor Procedure	\$46
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$480	D9215	Local Anesthesia	\$20
D2752	Crown - Porcelain Fused to Noble Metal	\$501	D9230	Analgesia	\$27
D2790	Crown - Full Cast High Noble Metal	\$518	D9951	Occlusal Adjustment Limited	\$71
D2791	Crown - Full Cast Predominantly Base Metal	\$452	D9952	Occlusal Adjustment Complete	\$289
D2930	Prefabricated Stainless Steel Crown - Primary	\$121	*This schedule applies to services provided by a participating Careington General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Member is responsible for all charges at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees. Fee schedules are subject to change without prior notification to members.		
D2931	Prefabricated Stainless Steel Crown - Permanent	\$140	*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.		
D2950	Core Buildup - Including Any Pins	\$122	*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your Careington provider for a detailed treatment plan prior to beginning any work.		
D2951	Pin Retention Per Tooth in Addition to Restoration	\$26	*Procedures not listed on this schedule will be discounted at 20% of the General Dentist's normal fee.		
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$191	*Implants and some whitening procedures will not be discounted by all participating Careington providers. Implants and some whitening procedures will only be discounted if the participating Careington provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.		
D2954	Prefabricated Post and Core in Addition to Crown	\$150	*If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that procedure.		
Endodontics			*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.		
D3110	Pulp Cap Direct (excluding final restoration)	\$32	*Careington can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. not all types of dentists may be available in your area.		
D3120	Pulp Cap Indirect (excluding final restoration)	\$32	*Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.		
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$76	* Careington or its vendors may periodically adjust this fee schedule with 30 days notice to Client.		
D3310	Root Canal - Anterior (excluding final restoration)	\$305	*While all participating Careington providers are professionally licensed in the state in which they practice, Careington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating Careington provider should be directed in writing to: Careington Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.		
D3320	Root Canal - Bicuspid (excluding final restoration)	\$366			
D3330	Root Canal - Molar (excluding final restoration)	\$461			
Periodontics					
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$289			
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$107			
D4910	Periodontal Maintenance	\$62			
Prosthodontics (Removable)					
D5110	Complete Denture - Maxillary	\$689			
D5120	Complete Denture - Mandibular	\$689			
D5130	Immediate Denture - Maxillary	\$725			
D5140	Immediate Denture - Mandibular	\$730			
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$517			
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$517			
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$741			
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$744			
D5410	Adjust Complete Denture - Maxillary	\$37			
D5411	Adjust Complete Denture - Mandibular	\$37			
D5510	Repair Broken Complete Denture Base	\$83			



Discounts:

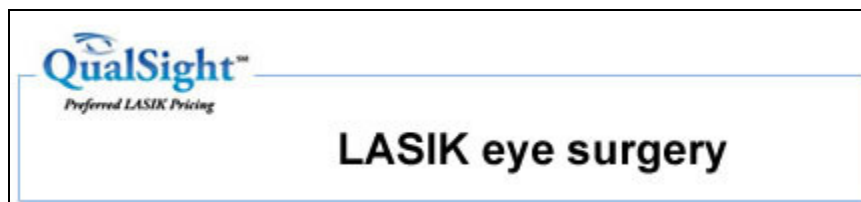
- Members save 20% to 40% off the retail price of eyewear
- Receive discounts on exams and contact lenses
- Access discounts on LASIK or PRK procedures

Provider network: Over 40,000 providers nationwide including access to independent optometrists, ophthalmologists and opticians and leading optical retailers such as Pearle Vision®, LensCrafters®, Sears Optical® and Target Optical®

Key features:

- Replacement contact lenses* can be ordered via the Internet for competitive prices for delivery to the member's home
- 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount, through U.S. Laser Network, one of the largest laser networks available

* This service is for replacement contact lenses only, and your EyeMed Vision Care discount does not apply.



Discounts: 40%-50% off the overall national average cost of LASIK vision correction surgery. Plus, LASIK vision correction surgery can provide members with savings of thousands of dollars over several years by eliminating or reducing the need for glasses and contacts.

Provider network: Over 710 locations nationwide

Key features:

- A free consultation, pre-operative exam and post-operative appointments
- Fully refundable deposit (even if the member decides not to have the surgery)
- Nationwide access to board certified ophthalmologists using state-of-the-art, FDA approved LASIK vision correction technologies
- Interest-free financing plans up to four months or payments as low as \$42 per month available to qualified candidates