

# Burch Dental Plan

## Schedule of Benefits & Copayments - 2023

### Member Benefits.....\*Member Cost

#### Diagnostic & Preventive

Office Visits.....	No Charge
Oral Examination and Diagnosis .....	No Charge
Teeth Cleaning (prophylaxis) 2 per year.....	No Charge
Teeth Cleaning (prophylaxis) additional.....	102
Preventive Care Instruction/training .....	No Charge
Local Anesthetics.....	No Charge
Nitrous Oxide Analgesia .....	31
Fluoride Treatment .....	No Charge
Sealant - per tooth.....	44

#### Emergency Services

Palliative treatment - normal hours.....	No Charge
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#### X-ray Coverage (except for specialist treatment)

Complete Mouth .....	No Charge
Panoramic .....	No Charge
Single Film.....	No Charge
Each additional film .....	No Charge
Bitewings .....	No Charge

#### Restorative (fillings)

Amalgam restorations-primary teeth (child):	
Cavities involving one surface of tooth .....	109
Cavities involving two surfaces of tooth.....	129
Cavities involving three or more surfaces.....	159
Amalgam restorations-permanent teeth (adult):	
Cavities involving one surface of tooth .....	143
Cavities involving two surfaces of tooth.....	174
Cavities involving three surfaces of tooth.....	195
Cavities involving four or more surfaces.....	256
Composites (white) restoration:	
Cavities involving one surface of tooth .....	143
Cavities involving two surfaces of tooth.....	169
Cavities involving three surfaces of tooth .....	195
Cavities involving four or more surfaces.....	256
Sedative filling.....	81
Pin retention-per pin (exclusive of restoration) .....	41
Prefabricated Post and Core .....	279

#### Cosmetic Dentistry

Plastic Veneer - single .....	339
Plastic Veneer - multiple .....	283
Porcelain Veneer - per tooth.....	999
InOfficeWhitening.....	362

#### Crown and Bridge

Porcelain with gold crown-per unit.....	914
All ceramic crown .....	1046
Full cast metal crown.....	914
Full cast gold crown.....	1134
Maryland bridge wing-each (plus pontic).....	899
Recementing bridge/crown.....	109/94

### Member Benefits.....\*Member Cost

#### Endodontics (root canal)

Incisor canal therapy .....	579
Premolar canal therapy .....	694
Molar canal therapy .....	849
Vital pulpotomy .....	209
Pulpectomy.....	209

#### Periodontics (gum and supporting tissues)

- by general dentist only -

Treatment of acute periodontal abscess .....	99
Gingivectomy - per quadrant .....	480
Gingivectomy - per tooth .....	249
Osseous (bone) or mucogingival surgery - quadrant .....	825
Class II nonsurgical periodontal treatment .....	163
Class III nonsurgical periodontal treatment .....	178

#### Prostodontics (removables)

Complete upper denture.....	1149
Complete lower denture .....	1149
Partial upper or lower with chrome cobalt frame two clasps and rest and acrylic base .....	1310
Precision attachments .....	414
Stayplate flipper.....	314
Tissue conditioning.....	111
Denture/partial adjustment (after 6 months).....	71
Reline (partial or denture) - in office .....	279

#### Repair of prosthesis

Repair broken denture or partial-not teeth involved .....	115
Replace broken or missing tooth on denture/partial.....	152
Adding tooth to partial to replace extracted tooth .....	172
Add/replace clasp on partial .....	209

#### Oral Surgery (extractions)

Uncomplicated, simple (by general dentist).....	139
Alveoloplasty with extraction/quadrant .....	318
Frenulectomy (labial without grafts).....	339
Excision of cyst to 1.25 cm .....	286
Incision and drainage of abscess (intraoral).....	179
Implant placement (endosteal).....	1566
Postoperative visit .....	No Charge

*Benefits are available exclusively in our office in Frankfort, Kentucky.*

*Specialty Care...Oral surgery, Periodontics and Orthodontics where available will be usual and customary fee with discounts up to 20% with referral through our office.*

**\*Member cost (copayment) is to be paid at the time of service unless other financial arrangement have been made.**

*Any procedure not listed may be obtained at the usual and customary fee.*