



# Family HealthCare Dental Costs on the Access Plan

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## Dental Services on the Access Plan

\*Full payments are due at appointment\*

Root Canal (Anterior).....	Covered at Copay levels
Root Canal (Bicuspid).....	\$700-----\$350 due at scheduling
Root Canal (Molar).....	\$800-----\$400 due at scheduling
Any Crown (Single Unit or Bridge) .....	\$900-----\$450 due at scheduling
Scaling & Root Planning Per Quadrant (1-3 teeth).....	\$175----- per visit
Scaling & Root Planning Per Quadrant (4 or more teeth).....	\$200----- per visit
Immediate Complete Denture-Maxillary ( <i>requires letter from employer</i> ).....	\$1100----- \$550 due at impression
Complete Denture-Maxillary.....	\$1000----- \$500 due at impression
Immediate Complete Denture-Mandibular ( <i>requires letter from employer</i> )	\$1100----- \$550 due at impression
Complete Denture- Mandibular.....	\$1000----- \$500 due at impression
Interm PD (flipper, 1-2 teeth) .....	\$500----- \$250 due at impression
Partial Denture-Maxillary.....	\$1000----- \$500 due at impression
Partial Denture- Mandibular.....	\$1000----- \$500 due at impression

\*\*Denture & Partial Dentures include adjustments for up to 6 months\*\*

Pulpal Debridement .....	\$200
Internal Bleaching (each tooth) .....	\$250
Alveoloplasty (1-3 teeth) .....	\$300
Alveoloplasty (4 or more teeth) .....	\$350
Add Tooth to Existing Partial Denture .....	\$250
Replace/Repair Tooth to Existing Complete Denture .....	\$175
Repair Acrylic Base (Not a Reline or Rebase) .....	\$100
Removal of impacted tooth-soft tissue.....	\$350
Removal of Impacted tooth- Partial Bony.....	\$350
Removal of Impacted tooth- Complete Bony.....	\$450
Occlusal Guard.....	\$400
Nitrous.....	\$65

\*Please Note that the fee listed above does include Access Plan Fee excluding Nitrous Oxide\*

\*Please note that patients over age 21 Access Plan cover only 1 cleaning per year\*