

Dental

The Freedom Dental Plan # 802-D is a reduced fee “Open Access” dental plan specifically developed for Care Access by United Benefit Solutions (“UBS”), a leader in innovative dental programs.

The Plan provides comprehensive, affordable, dental services supported by a prestigious network of self-referring general and specialty practitioners.

Member Highlights of the Freedom Plan:

Network Freedom – Open Access to any participating General or Specialty provider listed in our Dental Directory

Referral Freedom – No Referral needed prior to receiving Specialty care

Authorization Freedom - No forms to complete for authorization to utilize benefits

Provider Selection Freedom - Each family member selects the provider of his or her choice

Benefit Highlights of the Freedom Plan:

- ◆ Defined, low member fees.
- ◆ 528 Dental ADA Codes covered.
- ◆ No charge for standard office visits.
- ◆ No charge for standard X-Rays
- ◆ Annual check-up only \$29.00 adults, \$25.00 children.
- ◆ Cosmetic treatments

Service Highlights of the Freedom Plan:

- ◆ No waiting periods
- ◆ No deductibles
- ◆ No claim forms to submit
- ◆ Local administration
- ◆ Internet assistance 24 /7
- ◆ Open access – No referral networks

“Comprehensive, affordable, Dental Services supported by a prestigious network of General and Specialty practitioners.”

Looking for affordable dental care?
We have a solution.



P.O. Box 69-9002
Miami, Florida 33269
Toll Free: 1-800-411-CAHP (2247)
Fax: (305) 614-5011



Your Access to Affordable Care



www.MyCareAccess.com

SCHEDULE OF FEES

ADA

Codes performed by General Practitioners

Code	Description	Member Pays
Diagnostic Services		
150	Initial oral examination	No Charge
120	Periodic oral examination	No Charge
130	Emergency oral examination	No Charge
210	Intraoral comp. series x-ray (Inc. Bit.)	No Charge
220	Intraoral x-ray film, single, first	No Charge
230	Intraoral x-ray film, each additional	No Charge
270	Bitewing x-ray film, single, first	No Charge
272	Bitewing x-ray films, two	No Charge
274	Bitewing x-ray films, four	No Charge
330	Panoramic film	No Charge
460	Pulp vitality tests	\$17.00
9491	Office Visit – Per Visit	No Charge
Preventive Services		
1110	Prophylaxis - adult (one cleaning every 6 months)	29.00
1120	Prophylaxis - child (one cleaning every 6 months up to & including 16 years old)	25.00
1203	Topical appl. of fluoride (excl. proph-child)	\$8.00
1204	Topical appl. of fluoride (excl. proph-adult)	\$9.00
1330	Oral hygiene instructions	No Charge
1351	Sealant - per tooth	\$14.00
1510	Space maintainer – fixed unilateral type	\$95.00
1515	Space maintainer - fixed bilateral type	\$141.00
Cosmetic Services		
2962	Porcelain laminate veneer-per tooth	\$319.00
3960	Bleaching (whitening) – per jaw	\$150.00
Restorative Services		
2110	Amalgam - 1 surface, primary	\$33.00
2120	Amalgam - 2 surfaces, primary	\$44.00
2130	Amalgam - 3 surfaces, primary	\$53.00
2131	Amalgam - 4 surfaces, primary	\$64.00
2140	Amalgam - 1 surface, permanent	\$38.00
2150	Amalgam - 2 surfaces, permanent	\$49.00
2160	Amalgam - 3 surfaces, permanent	\$62.00
2161	Amalgam - 4 surfaces, permanent	\$75.00
2330	Resin - 1 surface, anterior	\$44.00
2331	Resin - 2 surfaces, anterior	\$60.00
2332	Resin - 3 surfaces, anterior	\$76.00
2335	Resin - 4+ surfaces or involving incisal angle	\$89.00
2385	Resin - 1 surface, posterior permanent	\$66.00
2386	Resin - 2 surfaces, posterior permanent	\$87.00
2387	Resin - 3 surfaces, posterior permanent	\$107.00
2750	Crown, porcelain fused to high noble metal	\$476.00
2751	Crown - porcelain fused to base metal	\$390.00
2791	Crown - full cast (base metal)	\$325.00
2920	Recement crown	\$32.00
2930	Prefab'd stainless steel crown – primary	\$77.00
2931	Prefab'd stainless steel crown – permanent	\$102.00
2932	Prefabricated Resin Crown	\$90.00
2940	Sedative filling	\$32.00
2950	Core buildup, including any pins	\$83.00
2951	Pin retention-per tooth, in add. to restoration	\$23.00
2952	Cast post and core, in addition to crown	\$135.00
2953	Cast post as part of crown	\$110.00
2954	Prefab'd post and core in add. to crown	\$109.00
2970	Temporary crown (fractured tooth)	\$83.00

ADA

Codes performed by General Practitioners

Code	Description	Member Pays
Endodontic Services (Root Canal Therapy)		
3110	Pulp cap-direct (exc final restoration)	\$17.00
3120	Pulp cap-indirect (excl final restoration.)	\$17.00
3220	Therapeutic pulpotomy (excl final restoration.)	\$58.00
3310	Root canal therapy-anterior (excl final restoration.)	\$227.00
3320	Root canal therapy-bicuspid (excl final restoration.)	\$288.00
3330	Root canal therapy-molar (exc final restoration.)	\$355.00
3340	Root canal therapy-4 or more canals (excl. final restoration)	\$398.00
3920	Hemisection (incl root removal; excl root canal therapy)	\$110.00
Periodontic Services		
4210	Gingivectomy or gingivoplasty – per quadrant	\$158.00
4211	Gingivectomy or gingivoplasty, per tooth	\$51.00
4240	Gingival flap procedure-incl root planing per quadrant	\$245.00
4260	Osseous surgery-incl flap entry and closure per quadrant	\$354.00
4270	Pedicle soft tissue graft procedure	\$201.00
4341	Periodontal scaling and root planing, per quadrant	\$60.00
4345	Periodontal scaling in the presence of gingival inflammation	\$51.00
4910	Periodontal maintenance procedures (follow active therapy)	\$51.00
Prosthodontics, Removable		
5110	Complete upper denture, incl 6 months post-insertion care	\$490.00
5120	Complete lower denture, incl 6 months post-insertion care	\$490.00
5130	Immediate upper denture, Incl 6 months post-insertion care; does not include required future rebasing/relining procedure(s) or a complete new denture	\$515.00
5140	Immediate lower denture, incl 6 months post-insertion care; does not include required future rebasing / relining procedure(s) or a complete new denture	\$515.00
5211	Upper partial denture - acrylic base, including any conventional clasps and rest	\$362.00
5212	Lower partial denture - acrylic base, including any conventional clasps and rest	\$362.00
5213	Upper partial denture - predominantly base cast base with acrylic saddles incl any conventional clasps and rests	\$558.00
5214	Lower partial denture - predominantly base case base with acrylic saddles incl any conventional clasps and rests	\$558.00
5410	Adjust complete denture-upper (after 6 mos)	\$23.00
5411	Adjust complete denture-lower (after 6 mos)	\$23.00
5421	Adjust partial denture-upper (after 6 mos)	\$23.00
5422	Adjust partial denture-lower (after 6 mos)	\$23.00
5510	Repair broken complete denture base	\$58.00
5520	Replace missing or broken teeth, complete denture (each tooth)	\$52.00
5610	Repair partial denture resin saddle or base	\$53.00
5630	Repair or replace partial denture broken	\$68.00
5640	Replace broken teeth-partial denture-per tooth	\$52.00
5650	Add tooth to existing partial denture	\$69.00
5660	Add clasp to existing partial denture	\$83.00
5710	Rebase complete upper denture (LAB)	\$168.00
5711	Rebase complete lower denture (LAB)	\$168.00
5720	Rebase partial upper denture (LAB)	\$168.00
5721	Rebase partial lower denture (LAB)	\$168.00
5730	Reline complete upper denture (chairside)	\$104.00
5731	Reline complete lower denture (chairside)	\$104.00
5740	Reline upper partial denture (chairside)	\$104.00
5741	Reline lower partial denture (chairside)	\$104.00
5810	Temporary complete denture (upper)	\$273.00
5811	Temporary complete denture (lower)	\$273.00
5820	Temporary partial - stayplate denture (upper)	\$246.00

ADA

Codes performed by General Practitioners

Code	Description	Member Pays
Prosthodontics, Removable (continued)		
5821	Temporary partial - stayplate denture (lower)	\$246.00
6545	Cast metal retainer for acid etch bridge	\$184.00
6751	Crown (abutment)-porcelain fused to base metal	\$390.00
6791	Crown (abutment)- full cast base metal	\$325.00
6930	Recement bridge	\$40.00
6940	Stress breaker	\$136.00
6950	Precision attachment (each)	\$270.00
6970	Cast post & core in addition to bridge retainer	\$135.00
6971	Cast post & core as part of bridge retainer	\$110.00
6972	Prefabricated post & core in addition to bridge retainer	\$109.00
Oral Surgery		
7110	Extraction (simple) - single tooth	\$47.00
7120	Extraction (simple) - each additional tooth	\$43.00
7130	Extraction, root removal-exposed root	\$56.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth-each tooth mucoperiosteal flap and removal of bone and/or section of tooth	\$79.00
7220	Removal of impacted tooth, soft tissue	\$102.00
7230	Removal of impacted tooth, partially bony	\$135.00
7240	Removal of impacted tooth-completely bony	\$180.00
7241	Removal of impacted tooth, completely bony, with unusual surgical complications	\$219.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$83.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$132.00
7310	Alveolectomy or plasty in conjunction with extractions-per quadrant	\$70.00
7320	Alveolectomy or plasty not in conjunction with extractions-per quadrant	\$102.00
7960	Frenectomy (frenectomy or frenotomy), separate procedure	\$112.00
7970	Excision of hyperplastic tissue, per arch	\$90.00
7971	Excision for pericoronal gingival	\$67.00
Adjunctive Services Unclassified Treatment		
0016	Failed appointment (without 24 hour notice), per 15 minutes	\$15.00
9110	Palliative (emergency) treatment of dental pain, minor procedure, during regular office hours	\$31.00
9215	Local Anesthesia	No Charge
9440	Office visit after regularly scheduled hours	\$55.00
ADA Codes: Performed by Board Eligible or Board Certified Dental Specialist		
Oral Surgery		
7110	Extraction (simple)-single tooth	\$69.00
7120	Extraction (simple)-each additional tooth	\$59.00
7130	Extraction, root removal-exposed roots	\$72.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth-each tooth	\$99.00
7220	Removal of impacted tooth-soft tissue	\$140.00
7230	Removal of impacted tooth-partially bony	\$174.00
7240	Removal of impacted tooth-completely bony	\$211.00
7241	Removal of impacted tooth-completely bony with unusual surgical complications	\$257.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$121.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$170.00
7310	Alveolectomy or plasty in conjunction with extractions per quadrant	\$97.00

- ◆ GENERAL AND SPECIALTY CARE
- ◆ PUBLISHED FEE SCHEDULE
- ◆ OFFERED TO INDIVIDUALS AND GROUPS OF SUBSCRIBERS
- ◆ COMPLETE ANNUAL CHECK UP FOR ONLY \$29.00 ADULTS, \$25.00 CHILDREN - INCLUDES XRAYs, ORAL EXAM, OFFICE VISIT, AND CLEANING

RATES

Plan 802-D

Individual	\$8.00
Individual + 1	\$14.00
Individual + 2	\$21.00
or more	

Rates Effective 10/1/03
For Miami-Dade, Broward & Palm Beach Counties

