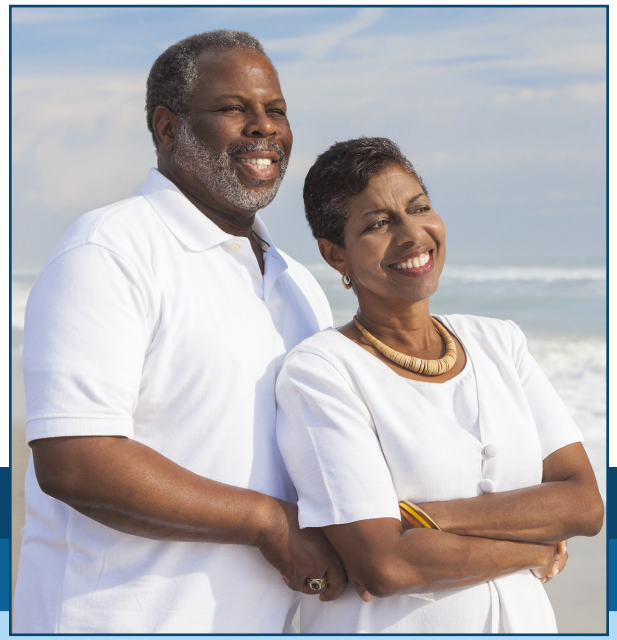
IMPLANT SERVICES	TDC PLAN	TDC PRIVATE
Endosteal Implant	1298	1622
Custom Abutment	704	920
Crown-Porcelain-Noble Metal Implant Supp	1028	1461
Bridge-Porcelain-Noble Metal Implant Supp	1029	1391
Overdenture	6500	7350
O Ring Replacement (per implant)	55	82
Locator Replacement (per implant)	55	82
GBR/ Ridge Augmentation	2461	2704
Lateral/Direct Sinus Lift	2461	2704
Vertical/Indirect Sinus Lift	1406	1622
Internal Sinus Lift	757	920

COSMETIC PROCEDURES	TDC PLAN	TDC PRIVATE
Cosmetic Bonding (per tooth)	369	460
Porcelain Veneer (laminate)	649	812
In-office bleaching with take home trays	550	750
Bleaching Trays (inc/ 1 kit of bleach)	275	400
Bleaching Touch Up Kit	50	75

ANESTHESIA	TDC PLAN	TDC PRIVATE
Local Anesthesia	n/c	n/c
Nitrous Oxide Per Visit	50	110
Oral Sedation Per Visit	379	541
IV Sedation 1st 30 minutes (Oral Surgeon)	216	324
IV Sedation add 15 minutes (Oral Surgeon)	108	163



Plan Highlights:

- 24 -Hour Emergency Service
- Implants and Cosmetic Services
- Oral Sedation and IV Sedation
- Teeth Whitening
- No Additional Lab Fees
- No Hidden Specialist Fees
- All Services at the advertised rate
- Up to 60% Savings on all procedures

TDC
TOTAL DENTAL CARE

699 Middle Country Road
Middle Island, NY 11953
1-800-PLAN-TDC
www.totaldentalcare.com

TDC DENTAL PLAN

2020 Fee Schedule

DIAGNOSTIC	TDC PLAN	TDC PRIVATE
Consultation (no xrays)	50	86
Comprehensive Exam	50	70
Limited Exam	40	60
Palliative Treatment	25	48
Periodic Exam (recall)	n/c	55
Diagnostic Casts	55	86
Oral/Facial Photographic Images	36	48
Full Mouth Xrays	n/c	81
Panorex	n/c	70
DentScan (per arch)	190	379
Oral Cancer Testing	39	43
Caries Susceptibilty Testing	17	27
Saliva Testing	109	146
Periapical Xray 1st Film	n/c	22
Pericapical Xray each additional	n/c	11
Bitewing Xray single film	n/c	16
Bitewing Xrays 2films	n/c	22
Bitewing Xrays 4 films	n/c	38

PREVENTIVE	TDC PLAN	TDC PRIVATE
Child Cleaning & Polish	60	75
Adult Cleaning & Polish*	75	90
Topical Fluoride Treatment	15	48
Fluoride Varnish	15	48
Sealant (per tooth)	20	43
Child Cleaning & Polish	60	75
Adult Cleaning & Polish*	75	90
Nightguard	406	567
Occlusal Guard	406	567
Fluoride Trays for Home Use	163	271

* Periodontal Therapy (Scaling and Root Planing and Perio Maint listed seperately). Addiditional adult cleaning and polish $55.

RESTORATIVE	TDC PLAN	TDC PRIVATE
Composite (white fillings)		
Anterior (front)		
1 Surface	137	168
2 Surface	141	201
3 Surface	168	227
Posterior (back)		
1 Surface	141	201
2 Surface	168	227
3 Surface	238	297
4 Surface	276	335
Sedative Filling	39	48

ENDONTONICS	TDC PLAN	TDC PRIVATE
Direct/Indirect Pulp Cap	70	108
Pulpotomy	92	108
Anterior Root Canal*	379	541
Bicuspid Root Canal*	623	784
Molar Root Canal*	849	1028

* Initial Root Canal Therapy Only- Retreats not included

FIXED PROSTHODONTICS	TDC PLAN	TDC PRIVATE
Crowns (per tooth)		
Crown- Porcelain & Noble Metal	699	1298
Crown- LAVA (porcelain/zirconia)	1130	1622
Crown-BRUXZIR (zirconia)	1130	1622
Bridges (per tooth)		
Bridge- Porcelain & Noble Metal	699	1298
Bridge- LAVA (porcelain/zirconia)	1130	1622
Bridge- BRUXZIR (zirconia)	1130	1622
Other		
Prefab Post & Core	271	324
Cast Post & Core	334	460
Core Build Up	208	254
Lab Processed Temporary (per tooth)	228	292
Recement Crown/Bridge (per tooth)	39	55
Remove Crown/Bridge	92	155
Post Removal	201	271

REMOVABLE PROSTHODONTICS	TDC PLAN	TDC PRIVATE
Complete Denture (per arch)	920	1363
Simply Natural Denture (per arch)	1244	1622
Partial Denture (per arch)	1055	1461
Valplast Partial Denture (per arch)	1352	1622
Temporary Full/Partial Denture (per arch)	433	595
Immediate Denture (per arch)	920	1363
Interim Partial Denture/Flipper (single tooth)	379	541
Repairs		
Denture Adjustments (New Denture or less than 1yr)	n/c	n/c
Denture Adjustments (Pre-exsisting or after 1yr)	22	55
Add/Repair tooth -existing partial denture	130	163
Add/Repair clasp -exisiting partial denture	141	189
Reline Denture	244	352
Repair Acrylic	141	173

PEDIATRICS	TDC PLAN	TDC PRIVATE
Pulpotomy	92	108
Mineral Trioxide Aggregate (MTA)	271	352
Stainless Steel Crown	135	189
Composite Crown	194	216
Surgical Exposure (incuding materials and placement)	704	844

PERIODONTICS	TDC PLAN	TDC PRIVATE
Consultation w/ Periodontist 1/yr.	n/c	86
Arrestin per site	75	100
Full Mouth Debridement	108	141
Scaling & Root Planning (per quadrant) includes irrigation	120	141
Irrigation w/medication	12	27
Osseous Surgery (per quadrant)	633	1109
Bone Graft 1st site	350	525
Bone Graft each add site	152	216
Soft Tissue Graft	406	541
Gingivectomy (per tooth)	216	271
Gingivectomy (per quadrant)	455	481
Crown Lengthening	515	595
Periodontal Maintenance*	100	141
Biological Membrane (not including Bone Graft)	433	487

* Following active therapy - 1 visit every 3 months is routine for this procedure. TDC PLAN - every other visit n/c as long as d.o.s is 90-110 days from last periodontic maintenance appointment.

ORAL SURGERY	TDC PLAN	TDC PRIVATE
Consultation w/Oral Surgeon	60	82
Simple Extraction	135	173
Surgical Extraction	190	271
Soft Tissue Impaction	238	297
Partial Bony Impaction	324	405
Full Bony Impaction	406	487
Full Bony Complicated	460	541
Alveoplasty w/extraction	201	227
Alveoplasty w/out extraction	309	340
Apictoectomy - Anterior	406	676
Apicoectomy - Bicuspid	444	741
Apicoectomy - Molar	541	887
Apicoectomy each addt'l root	163	281
Retrograde Fill (per root)	147	227
Cyst Removal	324	405
Hemisection	141	168
Biopsy of Soft Tissue	324	405
Biopsy of Hard Tissue	427	455