Careington Care 500

Member Schedule: 501

Contact Us		
Business Hours: 7 a.m 7 p.m. CST Monday - Friday	Mail: Careington International Corp	
Customer Service: (800) 290-0523	PO Box 2568 Frisco, TX 75034	
Schedu	ale of Services	
 dentist. The purpose of this schedule is to establish the maximum ferfor full payment of all charges at the time of service. Your participating provider will have a complete fee schedule, or you 	gton Care 500 fee schedule and applies to services provided by a partic e that a general dentist will charge for each listed procedure. Participant may request one by calling (800) 290-0523 . c charge according to a fee schedule. Participating Specialists will give a	t is responsible
 Discount plans are not insurance. 		
Diagnostic Services		Member Pays
D0120 Periodic oral evaluation - established patient		\$18
D0150 Comprehensive oral evaluation - new or established patient		\$32
D0270 Bitewing - single radiographic image		\$10
D0272 Bitewings - two radiographic images		\$16
D0273 Bitewings - three radiographic images		\$19
D0274 Bitewings - four radiographic images		\$22
Preventive Services		Member Pays
D1110 Prophylaxis - adult		\$33
D1120 Prophylaxis - child		\$24
Restorative Services		Member Pays
D2330 Resin-based composite - one surface, anterior		\$75
D2391 Resin-based composite - one surface, posterior		\$85
D2750 Crown - porcelain fused to high noble metal		\$524
D2790 Crown - full cast high noble metal		\$517
Endodontic Services		Member Pays
D3310 Endodontic therapy, anterior tooth (excluding final restoration)		\$327
D3330 Endodontic therapy, molar tooth (excluding final restoration)		\$481
Periodontic Services		Member Pays
D4341 Periodontal scaling and root planing - four or more teeth per quadran	t	\$124
D4910 Periodontal maintenance		\$72
Prosthodontic Services (removable)		Member Pays
D5110 Complete denture - maxillary		\$752
D5120 Complete denture - mandibular		\$755
D5213 Maxillary partial denture - cast metal framework with resin denture ba	ases (including retentive/clasping materials, rests and teeth)	\$804
D5214 Mandibular partial denture - cast metal framework with resin denture	bases (including retentive/clasping materials, rests and teeth)	\$804
D5750 Reline complete maxillary denture (indirect)		\$214
D5751 Reline complete mandibular denture (indirect)		\$215
Oral Surgery Services		Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps re	emoval)	\$71
Adjunctive Services		Member Pays
D9215 Local anesthesia in conjunction with operative or surgical procedures	3	\$17
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis		\$28
Exclusions & Limitations		
1. Face subject to shappe		

1. Fees subject to change.

2. 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.

3. 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.

4. 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.

5. 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 International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.





Effective January 1, 2025