



DDP COLORADO

Dental Plan Fee Schedule – Page 1

DIAGNOSTIC AND PREVENTIVE SERVICES					
ADA Code	Service Description	DDP Price	ADA Code	Service Description	DDP Price
D0150	Initial Exam	\$0.00	D0230	Each Additional Periapical X-ray	\$7.00
D0120	Periodic Exam	\$0.00	D0272	Bite Wing X-ray (2)	\$12.00
D0199	Infection Control	\$11.00	D0274	Bite Wing X-ray (4)	\$18.00
D0460	Pulp Vitality Test (Incl. in Initial or Periodic Exam)	\$0.00	D0330	Panoramic X-ray	\$36.00
D1203	Fluoride Treatment-Child (Included in Initial or Periodic Exam)	\$0.00	D1110	Adult Prophylaxis-Teeth Cleaning (1 per year)	\$16.00
D0140	Limited Oral Evaluation	\$20.00	D1110	Additional Adult Prophylaxis-Teeth Cleaning (2nd or more per year)	\$28.00
D0180	Periodontal Evaluation	\$30.00	D1120	Child Prophylaxis-Teeth Cleaning (1 per year)	\$16.00
D9440	Office Visit after regular hours	\$35.00	D1120	Additional Child Prophylaxis-Teeth Cleaning (2nd or more per year)	\$22.00
D0210	Full Mouth X-ray	\$28.00	D1351	Sealant Per Tooth	\$14.00
D0220	First Single Periapical X-ray	\$7.00			
RESTORATIVE SERVICES					
D2140	One Surface Permanent	\$44.00	D2620	Porcelain / Ceramic Inlay, Two Surface	\$345.00
D2150	Two Surface Permanent	\$54.00	D2630	Porcelain / Ceramic Inlay, Three Surface	\$377.00
D2160	Three Surface Permanent	\$64.00	D2960	Laminate Veneer, Chair Side	\$185.00*
D2161	Four+ Surface Permanent	\$82.00	D2962	Porcelain Veneer, Lab	\$400.00*
D2330	Resin One Surface Anterior	\$54.00	D2750	Crown, Porcelain / High Noble Metal	\$375.00*
D2331	Resin Two Surface Anterior	\$76.00	D2751	Crown, Porcelain / High Pred. Base Metal	\$375.00*
D2332	Resin Three Surface Anterior	\$82.00	D2790	Crown, Full Cast High Noble Metal	\$375.00*
D2335	Resin Four+ Surface / Incisal Angle	\$108.00	D2791	Crown, Full Cast Base Metal	\$345.00*
D2391	Resin One Surface Posterior	\$62.00	D2721	Crown, Acrylic with Metal	\$285.00
D2392	Resin Two Surface Posterior	\$74.00	D2710	Crown, Acrylic	\$220.00
D2393	Resin Three+ Surface Posterior	\$102.00	D2930	Prefab Stainless Steel Crown, Primary	\$110.00
D2394	4+ Surface Posterior Resin	\$130.00	D2931	Prefab Stainless Steel Crown, Permanent	\$110.00
D2510	Metallic Inlay, One Surface	\$245.00	D2920	Re-Cement Crown	\$42.00
D2520	Metallic Inlay, Two Surface	\$410.00	D2950	Core Buildup & Pins	\$90.00
D2530	Metallic Inlay, Three Surface	\$450.00	D2954	Prefab Post & Core	\$98.00
D2610	Porcelain / Ceramic Inlay, One Surface	\$311.00	D2970	Core Build-up Pins	\$87.00
ORAL SURGERY					
D7140	Extraction of Erupted Tooth	\$54.00	D7230	Remove Impacted Tooth, Partial Bony	\$152.00
D7250	Surgical Removal of Residual Tooth Roots	\$90.00	D7240	Remove Impacted Tooth, Complete Bony	\$228.00
D7210	Surgical Extraction, Single	\$88.00	D7510	Intra-Oral Incision & Drainage Abscess	\$40.00
D7220	Remove Impacted Tooth, Soft Tissue	\$157.00			



DIRECT DENTAL PLANS OF AMERICA, INC.

11178 Huron Street, Suite 3 • Northglenn, CO 80234
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Dental Plan Fee Schedule – Page 2

ENDODONTICS					
ADA Code	Service Description	DDP Price	ADA Code	Service Description	DDP Price
D3110	Direct Pulp Cap	\$30.00	D3410	Apicoetomy, Anterior	\$235.00
D3120	Indirect Pulp Cap	\$24.00	D3421	Apicoetomy, Bicuspid	\$245.00
D3220	Therapeutic Pulpotomy Primary	\$52.00	D3425	Apicoetomy, Molar	\$265.00
D3310	Root Canal, Anterior	\$245.00	D3426	Apicoetomy, Each Additional Root	\$95.00
D3320	Root Canal, Bicuspid	\$292.00	D3430	Retrograde Filling, Per Root	\$78.00
D3330	Root Canal, Molar	\$365.00		Apico and Retro, Per Root	\$298.00
PERIODONTICS					
	Perio Hygiene Instruction	\$14.00	D4260	Osseous Surgery, Per Quad	\$286.00
D4910	Perio Maintenance Cleaning	\$74.00	D4341	Perio Scaling & Root Planing/Quad	\$95.00
D4220	Gingival Curettage, Per Quad	\$100.00	D4355	Full Mouth Debridement	\$55.00
D4210	Gingivectomy/Plasty, Per Quad	\$200.00	D0180	Perio Charting	\$30.00
D4211	Gingivectomy, Per Tooth	\$75.00			
PONTICS & BRIDGEWORK					
D6240	Pontic Porcelain / High Noble Metal	\$310.00*	D6721	Acrylic/Metal	\$244.00
D6241	Pontic Porcelain / Base Metal	\$315.00*	D6210	Pontic - Cast High Noble Metal	\$245.00*
D6750	Retainer Crown Porcelain / High Noble	\$375.00*	D6211	Pontic - Cast Base Metal	\$335.00*
D6751	Retainer Crown Porcelain / Base Metal	\$345.00*	D6930	Re-Cement Bridge	\$36.00
REMOVABLE PROSTHODONTICS					
D5110	Complete Upper Denture	\$490.00*	D5640	Replace Tooth on Denture	\$65.00*
D5120	Complete Lower Denture	\$490.00*	D5510	Repair Broken Denture Base	\$65.00*
D5211	Partial Upper Resin Base	\$390.00*	D5750	Lab Reline Upper/Lower Denture	\$142.00*
D5212	Partial Lower Resin Base	\$390.00*	D5730	Chair Reline Upper/Lower Denture	\$78.00
D5630	Repair Partial Clasp	\$67.00*	D5410	Adjust Upper/Lower Denture	\$36.00
D5650	Add Tooth to Partial	\$65.00*	D5410	Adjust Upper/Lower Stay-Plate	\$137.00
D5660	Add Clasp to Partial	\$65.00*	D5820	Interim Partial Denture	\$175.00*
D5520	Replace Missing Tooth Denture	\$60.00*			
* Indicates services that may require additional lab charges that are not included in this fee schedule. - All prices are exclusive of gold or other precious metals.					
ADDITIONAL INFORMATION - STIPULATIONS - EXCLUSIONS					
<ul style="list-style-type: none"> • DDP Fee Schedule only valid through DDP participating providers (Option I Benefits); payments are made directly to the provider when services are rendered. • Cancellation of appointment without 24 hours notice is subject to \$30.00 cancellation fee. • General Dentists agree to fee schedule pricing. Dental Specialists are not obligated to the fee schedule. • All other charges not listed, including cosmetic dentistry, shall be 25% reduction from the General Dentist's customary or standard fees. • This Schedule applies to General Dentists only; Specialists are contracted at a 15%-20%-25% savings from their Usual & Customary Pricing. • Consult with your participating Dentist prior to beginning any treatment. 					



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Vision Plan Fee Schedule

Description	DDP Member Out-Of-Pocket
EXAMINATIONS	
Examinations for Eye Glasses	\$7.00 Less Than Provider Customary Pricing
Examinations for Contact Lenses	\$12.00 Less Than Provider Customary Pricing
LENSES - PLASTIC	
Single Vision	\$34.00
Bifocals (FT25-28)	\$55.00
Trifocals (FT25-28)	\$67.00
Progressive No-Line Bifocals	\$89.00
Premium Progressive	\$130.00
Polycarbonate Lenses	\$64.00
DISPENSING OPTIONS	
Anti-Reflective Coating	\$38.00
Gradient Tint	\$10.00
Photochromic (Glass Lenses Only)	\$14.00
Plus or Minus 400 Sph - 2 Cyl	\$2.00 per diapter/per lens
Solid Tint	\$8.00
Transition Lenses	\$55.00
DISPENSING & EXAM OPTIONS AT NO CHARGE	
Scratch-Resistant Coating	\$0.00
UV Coating	\$0.00
Adjustments	\$0.00
Ultra-Sonic Cleaning	\$0.00
Standard Carrying Case	\$0.00
FRAMES/CONTACTS	
Description	DDP Member Saves
Frames Priced Up to \$72.00	50% off Retail Price
Frames Priced Over \$72.01	40% off Retail Price
Contacts	20% off Retail Price
ADDITIONAL INFORMATION – INFORMATION – EXCLUSIONS	
<ul style="list-style-type: none"> • DDP Fee Schedule valid through DDP participating providers; payments are made directly to the provider when services are rendered. • All other charges for services not listed shall be a 20% reduction from the Provider's customary or standard fee. • Consult with your participating provider prior to beginning any treatment. 	



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Chiropractic / Massage Plan Fee Schedule

CHIROPRACTIC EXAMINATIONS	
Description	DDP Member Out-Of-Pocket
Initial Examination	\$0.00
X-Rays (performed in Provider's Office)	50% off Provider's Customary Charge
CHIROPRACTIC ADJUSTMENTS / MODALITIES	
Description	DDP Member Out-Of-Pocket
Spinal Adjustment	\$25.00
Electric Stimulation	\$10.00
Ultrasound	\$10.00
Diatherapy (Heat Therapy)	\$8.00
Traction or Roller Bed	\$8.00
MASSAGE THERAPY	
Description	DDP Member Out-Of-Pocket
1/2 Hour Session	\$20.00
1 Hour Session	\$35.00
ADDITIONAL INFORMATION • STIPULATIONS • EXCLUSIONS	
<ul style="list-style-type: none"> • DDP Fee Schedule only valid through DDP participating providers and payments are made directly to the provider when services are rendered. • All other charges for services not listed shall be a 20% reduction from the Provider's customary or standard fee. • Consult with your participating provider prior to beginning any treatment. 	



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