



COVERED BENEFITS & COPAYS

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I. PREVENTIVE SERVICES PREVENTIVE SERVICES

OFFICE VISIT

Oral examination
 Intraoral x-rays, complete series
 Bitewing x-rays, single film
 Topical fluoride (child)
 Oral hygiene instruction
 Prophylaxis (teeth cleaning)
 Sealant per tooth

NO CHARGE

No Charge
 No Charge
 No Charge
 No Charge
 No Charge
 No Charge
 \$25.00

II. ROUTINE SERVICES

RESTORATION

Amalgam, 1 surface
 Amalgam, 2 surfaces
 Amalgam, 3 surfaces
 Amalgam, 4 or more surfaces
 Composite 1 surface anterior
 Composite 2 surfaces anterior
 Composite 3 surfaces anterior
 Composite 4 or more surfaces anterior
 Composite 1 surface posterior
 Composite 2 surfaces anterior
 Composite 3 surfaces anterior
 Composite 4 or more surfaces anterior

COPAYMENT

\$85.00
 \$95.00
 \$105.00
 \$120.00
 \$125.00
 \$145.00
 \$175.00
 \$215.00
 \$140.00
 \$165.00
 \$190.00
 215.00

ORAL SURGERY

Amalgam, 1 surface
 Amalgam, 2 surfaces
 Amalgam, 3 surfaces
 Amalgam, 4 or more surfaces
 Composite 1 surface anterior
 Composite 2 surfaces anterior
 Composite 3 surfaces anterior
 Composite 4 or more surfaces anterior
 Composite 1 surface posterior
 Composite 2 surfaces anterior
 Composite 3 surfaces anterior
 Composite 4 or more surfaces anterior

COPAYMENT

\$85.00
 \$95.00
 \$105.00
 \$120.00
 \$125.00
 \$145.00
 \$175.00
 \$215.00
 \$140.00
 \$165.00
 \$190.00
 215.00

ORAL SURGERY

Extraction, single permanent tooth
 Surgical removal of erupted tooth
 Removal of impacted tooth, soft tissue
 Removal of impacted tooth, partially bony
 Removal of impacted tooth, full bony
 Surgical removal of residual root tips
 Synthetic bone graft

\$120.00
 \$190.00
 \$220.00
 \$245.00
 \$325.00
 \$150.00
 TBD

ENDODONTICS

Pulp cap
 Pulpotomy vital or therapeutic
 Root canal, anterior
 Root canal, bicuspid
 Root canal, molar

\$50.00
 \$85.00
 \$525.00
 \$615.00
 \$754.00

PERIODONTICS

Scaling & root planning, per quadrant
 Full Mouth Debridement
 Periodontal Maintenance
 Periodontal Irrigation, per quadrant
 Periodontal Irrigation, generalized
 Arestin (per site)

\$95.00
 \$99.00
 \$99.00
 TBD
 TBD
 TBD

III. MAJOR SERVICES

CROWNS AND BRIDGES

Porcelain fused to base metal crown
 Porcelain fused to noble metal crown
 Porcelain fused to high noble metal
 All porcelain crown
 Porcelain Inlay or Onlay (1-4 surfaces)
 Bridge abutment or pontic unit
 Cast post & core
 Prefabricated post & core *
 *Member is responsible for copayment plus actual lab cost of gold
 Reattach crown
 Reattach bridge

COPAYMENT

\$697.00
 \$747.00
 \$747.00
 \$747.00
 \$697.00
 \$797.00
 \$195.00
 \$225.00
 \$80.00
 \$135.00

DENTURES

Complete upper or lower denture
 Upper or lower partial denture, resin base
 Upper or lower partial denture, cast metal base with resin saddles
 Adjust complete or partial upper or lower denture
 Replace missing or broken teeth, complete denture, each tooth
 Reline complete or partial upper or lower denture, chairside
 Reline complete or partial upper or lower denture, laboratory
 Stayplate
 Add clasp to existing denture
 Denture rebase

COPAYMENT

\$975.00
 \$775.00
 \$1,075.00
 \$70.00
 \$145.00
 \$225.00
 \$275.00
 \$475.00
 \$200.00
 \$300.00

IV. ORTHODONTICS

STANDARD 24-MONTH CARE

Full-banded, upper and lower, to age 19
 Full-banded, upper and lower, adults
 Upper or lower, to age 19
 Upper or lower, adult
 Ortho Retention upper and lower
 Invisalign

COPAYMENT

\$2,850.00
 \$3,050.00
 \$1,970.00
 \$2,120.00
 \$650.00
 TBD

V. COSMETIC SERVICES

In Office Bleaching, full mouth
 Ceramic Crown, 3rd generation
 Labial veneer (porcelain laminate), laboratory
 Night guards, soft, includes lab fee
 Broken Appointment w/out 24 hr notice
 Emergency after-hours

\$249.00
 \$747.00
 \$847.00
 \$447.00
 \$447.00
 \$145.00

*The ratio of premium costs to health services paid for plan contracts with individuals and groups of 50 or fewer

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