

ADA CODE	DESCRIPTION	FCL FEE	UCR (Usual & Customary)
120	Periodic oral evaluation	\$22	\$38
210	Intraoral x-rays- complete series	\$70	\$82
2750	Crown - porcelain fused to high noble metal	\$648	\$775
3310	RCT - Anterior	\$394	\$550
5211	Upper partial - resin base	\$632	\$920
180	Comprehensive Perio Eval	\$76	\$85
3410	Apicoectomy/periradicular surgery - anterior	\$432	\$850
3450	Root amputation - per root	\$216	\$400
3920	Hemisection	\$189	\$400
4260	Osseous surgery - per quad	\$675	\$925
4261	Osseous surgery - 1-3 teeth per quad	\$648	\$725
4263	Bone replacement graft	\$216	\$650
4270	Pedicle soft tissue graft	\$405	\$750

This is a sample of ten common ADA codes for dental procedures. This is a sample of what FCL would pay for the **Blue Dental Choice Plus** plan versus UCR. This should not be used to show specific out of pocket cost for a member as the UCR is specific to a certain county which may not be the county in which your customer lives. This should be used to show the value of having the coverage versus not having coverage even when the waiting periods apply to specific procedures.