EXHIBIT A
Lime Fee Schedule
General Dentist

Dental Plans of America®

Any procedure not listed, including cosmetic, shall be discounted 20% from the Dentists usual and customary fee.

DIAGNOSTIC TREATMENT

ADA CODE	TREATMENT	MEMBER PAYS
D0120	Periodic oral evaluation - established patient	$15
D0140	Limited oral evaluation - problem focused	$22
D0150	Comprehensive oral evaluation - new or established patient	$49
D0210	Intraoral - complete series of radiographic images	$80
D0220	Intraoral - periapical first radiographic image	$20
D0230	Intraoral - periapical each additional radiographic image	$15
D0240	Intraoral - occlusal radiographic image	$25
D0270	Bitewing - single radiographic image	$23
D0272	Bitewings - two radiographic images	$30
D0273	Bitewings - three radiographic images	$35
D0274	Bitewings - four radiographic images	$40
D0330	Panoramic radiographic image	$75

PREVENTATIVE TREATMENT

ADA CODE	TREATMENT	MEMBER PAYS
D1110	Prophylaxis - Adult	$50
D1120	Prophylaxis - Child	$42
D1206	Topical application of fluoride varnish	$23
D1208	Topical application of fluoride	$18
D1330	Oral hygiene instructions	$19
D1351	Sealant - per tooth	$30

ADJUNCTIVE GENERAL SERVICES

ADA CODE	TREATMENT	MEMBER PAYS
D9999	Infection control	$10

- Lab fees included in all procedures where required
- Dentist will discuss fees and treatment plan with patient prior to treatment.
- Dentist may charge additional fees for procedures that present unusual difficulties and circumstances.
- If the Dentist's usual and customary fee is less than the AmeriPlan/Dental Plans of America scheduled fee, the Dentist will charge the lower fee.

- **IMPLANTS** - Special rule: *Discount applies to all dental services except practitioner's cost of implant fixture.*

- **Invisalign discounts may not apply.**

SPECIALIST FEE SCHEDULE
To be used by Dentists who have aquired an advanced degree. Including:
Orthodontists
Periodontists
Endodontists
Prosthodontists
Pedodontists
Oral Surgeons

Fees shall be discounted 15% from the Specialists usual and customary fees.

Any procedure not listed, including cosmetic, shall be discounted 20% from the Dentists usual and customary fee.