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Dental Plan**

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SE HABLAS ESPAÑOL**

# Affordable Discount Dental Plan

**\$349** per year for the primary member and  
**\$299** per year for Spouse or children.

NO waiting period.

Additional members are limited to spouse and *children up to the age of 25* and may be required to show proof of relationship to plan holder.

**Plan expires 1 year from initial enrollment date of the primary subscriber.**

## Services Covered

ADA Code	Procedure	Co-pay
<b>Diagnostic &amp; Preventive</b>		
0120	Periodic Exam	\$0**
0140	Limited Exam	\$0*
0150	Comprehensive Exam	\$0*
0220	X-Ray, Periapical	\$0
0230	X-Ray, Periapical Additional	\$0
0274	X-Ray, Bitewings (4)	\$0*
0330	Panoramic X-Ray	\$0***
1110	Prophy - Adult	\$0**
1120	Prophy - Child	\$0**
1206	Topical Fluoride (Child Only)	\$0**
1351	Sealant - Per Tooth	\$44****
1510	Fixed Space Maintainer	\$330

## Restorative/Fillings

2330	Resin - (1) Surface Anterior	\$154
2331	Resin - (2) Surface Anterior	\$176
2332	Resin - (3) Surface Anterior	\$198
2335	Resin - (4) Surface Anterior	\$220
2391	Resin - (1) Surface Posterior	\$165
2392	Resin - (2) Surface Posterior	\$198
2393	Resin - (3) Surface Posterior	\$231
2394	Resin - (4) Surface Posterior	\$275

## Crowns

2740	Crown Porcelain/Ceramic	\$1100
2790	Crown Full Cast Gold	\$1100
****	(+) Additional lab fee for gold	\$Market

## Other Services

2920	Recement Crown	\$99
2930	Stainless Steel Crown (Primary)	\$275
2940	Sedative Filling	\$110
2950	Core Buildup	\$220
2954	Pre-Formed Post	\$330
2962	Labial Veneer (Laboratory)	\$1210

## Endodontic Services

3110	Pulp Cap - Direct	\$70
3120	Pulp Cap - Indirect	\$70
3220	Therapeutic Pulpotomy	\$209
3310	Root Canal (Anterior)	\$715
3320	Root Canal (Bicuspid)	\$880
3330	Root Canal (Molar)	\$1100
*****	(+) Root Canal Retreatment	Add 30%

## Periodontal Services

4249	Crown Lengthening	\$825
4341	Scaling & Root Planing - 4+ Teeth/Quad	\$195
4342	Scaling & Root Planing - 1-3 Teeth/Quad	\$140
4355	Full Mouth Debridement	\$140
4910	Periodontal Maintenance	\$140

## Prosthetics Removable

5110	Complete Upper Denture	\$1375
5120	Complete Lower Denture	\$1375
5130	Immediate Upper Denture	\$1500
5140	Immediate Lower Denture	\$1500
5211	Upper Partial - Resin Base	\$1100
5212	Lower Partial - Resin Base	\$1100
5225	Upper Partial - Metal/Flexible Base	\$1320
5226	Lower Partial - Metal/Flexible Base	\$1320

## Prosthetics Other

5410	Adjust Upper Denture	\$100
5411	Adjust Lower Denture	\$100
5421	Adjust Upper Partial	\$100
5422	Adjust Lower Partial	\$100
5510	Repair Broken Denture Base	\$210****
5520	Replace Denture Teeth - Per Tooth	\$210****
5610	Repair Resin Denture Base	\$210****
5620	Repair Cast Framework	\$275
5650	Add Tooth To Existing Partial	\$198
5660	Add Clasp To Existing Partial	\$250****
5730/1	Reline - Upper or Lower Denture	\$330
5740/1	Reline - Upper or Lower Partial	\$275
5810	Interim Denture - Upper	\$880
5811	Interim Denture - Lower	\$880

## Implants

6010	Implant Body	\$2420
6056	Pre-fabricated Abutment	\$880
6057	Custom Abutment	\$1100
6065	Porcelain/Ceramic Implant Crown	\$1540
7953	Bone Replacement Graft	\$660

## Prosthetics Fixed

6245	Bridge Pontic Porcelain/Ceramic	\$1100
6740	Bridge Abutment Fused Noble Metal	\$1100
6930	Recement Bridge	\$176

## Oral Surgery - Extractions

7140	Routine Extraction - Erupted Tooth	\$165
7210	Surgical Extraction - Erupted Tooth	\$275
7220	Extraction - Impacted Tooth, Soft Tissue	\$370
7230	Extraction - Impacted Tooth, Partial Bony	\$470
7240	Extraction - Impacted Tooth, Full Bony	\$550
7250	Surgical Extraction - Residual Tooth Roots	\$300
7310	Alveoloplasty w/ Extraction - 4+ Teeth/Quad	\$220
7311	Alveoloplasty w/ Extraction - 1-3 Teeth/Quad	\$190

## Adjunctive Services

8080	Orthodontics, Metal Brackets (Child)	\$4950
8090	Orthodontics, Clear Aligners (Adult)	\$4950
8220	Fixed Appliance Therapy	\$550
9110	Emergency Treatment, Palliative	\$110
9944	Nightguard - Hard, Full Arch	\$495

## Cosmetic

9999	Custom Bleaching Trays/Kit	\$300
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\* Services are covered once (1) per year  
\*\* Services are covered twice (2) per year  
\*\*\* Services are covered once (1) per 5 yrs  
\*\*\*\* Services are covered once (1) per 3 yrs



For more information, please visit our website or call us to schedule an appointment.

**SE HABLAMOS ESPANOL**

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