

FILLINGS PIN REINFORCED	
Silver	N/C
Composite	N/C
FIXED SPACE MAINTAINER	
Unilateral	\$25.00
Bilateral	\$40.00
STAINLESS STEEL CROWN	\$25.00
SURGICAL	
Impaction-soft	\$50.00
Impaction-partial bony	\$75.00
Impaction-complete bony	\$100.00
Apicoectomy (root tip removal)	\$50.00
Alveolectomy (upper or lower) (area occ. By not less than 6 teeth)	\$40.00
Biopsy	\$15.00
Single Extraction*	
Permanent-Simple	N/C
Permanent-Complex	\$13.00
Deciduous	N/C
Excision of Benign Lesion (minor less than 1 mm)	\$30.00
FRENECTOMY	\$50.00
Analgesia	N/C
Nitrous Oxide Sedation	\$10.00

*Extractions resulting from the recommendation of the attending dentist with the consent of the patient will result in NO CHARGE for the service rendered. Extractions resulting from the "demand of the patient" will result in a fee as listed in the plan for each tooth extracted.

**Posterior composite fillings as well as cosmetic bondings will be charged at UCR fee less 20%.

Prosthetic devices requiring gold, or patient request for use of gold, will vary in cost based upon the current price of gold.

All additional services not listed above may be provided for at the level of prevailing fees.

(dollar amounts indicated are fees for which the patient is responsible.)

A deposit is required at the initial visit for all prosthetic cases to cover the cost of laboratory fees. Payment is due in full upon completion of all prosthetic cases before delivery of the case will be made.

In order to minimize the cost of the Plan to you and to avoid the expense of duplicate coverage, the Plan does not cover services for which other coverage is provided, such as Workmen's Compensation, other group insurance and major medical plans, and accident cases where insurance coverage applies.

PEDODONTIC SERVICES
Dependents of Council 10 members will receive a 50% reduction of the usual and customary fee schedule at Dr. Kernan's office for pedodontic services provided in Dr. Kernan's office.

In the event that Dr. Kernan's office is unable to provide the services of a pedodontist, referrals will be made to an out-of-network pedodontist of your choice. In these cases, Dr. Kernan will reimburse the member at 50% of the usual and customary fee currently in use at his office.

ORTHODONTIC SERVICES

ORTHODONTIC THERAPY (braces)- for dependent children up to age 19-Full banded (includes treatment planning and retention-Basic Program.)

Member pays 50% of prevailing fee with a maximum benefit of \$1800.00 per member or eligible dependent.

Additions:
Upgrades, including Ceramic Braces, are at the members expense.

Exclusion:
Services with respect to congenital or developmental malformations or cosmetic surgery or dentistry for purely cosmetic reasons. All Orthodontic Services are provided by Specialists recognized by the Board of Orthodontics.

PROBLEMS OR QUESTIONS
If you have a problem or question about this plan which has not been addressed to your satisfaction, please fill out a "Patient Comment Form." these forms are available at the front desk at the dental office. After completing the "Patient Comment Form," please mail to:

John D. Kernan, D.M.D.
Westmont Plaza
Cuthbert Road & MacArthur Boulevard
Westmon, New Jersey 08108

Your problems, questions and/or complaints will be addressed within fifteen (15) days of their receipt.

DENTAL PLAN

For

ELIGIBLE MEMBERS

Of

CAMDEN COUNTY

COUNCIL 10