

2021



# Dental & Vision

## *Provider Directory*



**(305) 262-1610**

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MEMCOM-MEMHND-001  
V07/01/2021

[www.floridamedplan.com](http://www.floridamedplan.com)

Dear Member,

**Welcome to the Med Plan Family!**

You may begin to use you plan immediately but please note, that you must present your membership card and a picture ID at the time of service in order to verify your eligibility.

**For general questions, appointment assistance or customer service please call 305.857.4395 from 8:30am - 5:00pm.**

We encourage our new members to take a moment and familiarize yourself with this booklet so that you can better understand how Med Plan works. The more informed you are and the more often you take advantage of the great services and exclusive pricing that Med Plan offers you, the better your experience will be. Remember your Health is the most precious gift you have, thank you for trusting Med Plan to protect your family's health.

**Estimado Asociado,**

**¡Bienvenido a la Familia Med Plan!**

Usted puede empezar a usar su plan inmediatamente, pero tenga en cuenta que debe presentar su tarjeta de membresía y una identificación con foto en el momento del servicio para verificar su elegibilidad. **Para preguntas generales, asistencia para citas o servicio al cliente, llame al 305.857.4395 de 8:30 am a 5:00 pm.**

Animamos a nuestros nuevos miembros a tomar un momento y familiarizarse con este folleto para que usted pueda entender mejor cómo funciona Med Plan. Cuanto más informado esté de los excelentes servicios y precios exclusivos que Med Plan le ofrece, mejor será su experiencia. Recuerde que su salud es el regalo más precioso que tiene, gracias por confiar en Med Plan para proteger la salud de su familia.

## Disclosures

- Med plan is not a health insurance policy
- Med plan provides discounts at contracted health care providers for medical services.
- Med Plan does not make payments directly to our providers for medical services
- Med Plan members are obligated to pay for all health care costs at the time of the service but will receive a discount by providers contracted with our discount plan organization.
- Med Plan LLC is located at 6840 SW 40 Street Suite 201A, Miami, FL 33155

## Información Legal

- Med Plan no es Seguro Medico
- Med Plan ofrece descuentos en ciertos proveedores por servicios médicos.
- Med Plan no realiza pagos directamente a los proveedores por servicios médicos.
- Miembros de Med Plan están obligados a pagar todos los servicios de atención médica, en el momento del servicio directamente al proveedor.
- Med Plan está localizado en 6840 SW 40 Street Suite 201A, Miami, FL 33155

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## Disclaimer of Liability

In consideration of the monthly payment fees to be paid to Med Plan by you or on your behalf, Med Plan agrees to arrange for the delivery of health care services in accordance with and subject to the terms of the Agreement entered between you or on your behalf, and Med Plan. Med Plan, in so arranging for the delivery of health care services and supplies, does not directly provide these services nor supply them. Rather, Independent Contractors provide these services and supplies. The health care providers listed in this directory are not employees or agents of Med Plan. Med Plan shall not be liable for any negligent act or omission committed by any of the providers listed in this directory, or any of their employees or agents who may, from time to time provide medical services to you. Med Plan expressly refuses any agency relationship, actual or implied, with any health care provider. Med Plan does not exercise any control or direction over the medical judgement or clinical decisions of any health care provider listed in this directory and does not interfere with the physician patient relationship between you and any health care provider. It is important for you to know when you enroll in Med Plan that the continued participation of any one doctor, hospital or other provider cannot be guaranteed. This directory is current as of date of publication. Some plan providers may have been added or removed from this list after this directory was printed. To get the most up-to-date information about Med Plan providers in your area, you can visit [www.floridamedplan.com/provider.cfm](http://www.floridamedplan.com/provider.cfm) or call our Customer Service Department at **305-857- 4395, Monday through Friday, 8:30am to 5:00pm**. The fact that a provider is listed does not guarantee that they are still in the network or accepting new patients. The "Plan Providers" listed in this directory have agreed to provide you with your health care coverage at fixed discounted from their usual and customary pricing rate. Members are limited to only those providers that are affiliated to the Med Plan Network of Providers. Participating physicians and other providers listed in this directory or on our website [www.floridamedplan.com](http://www.floridamedplan.com) are not agents, employees, or partners of Med Plan or any of its subsidiaries. Med Plan is not a medical services provider, a medical insurance plan nor an HMO. Med Plan does not control nor endorse the judgement or clinical treatment recommendations made by the physicians or other providers listed in our directory, or in our website [www.floridamedplan.com](http://www.floridamedplan.com) nor those that you chose to select. All Med Plan providers are independent contractors. You may go to any of our plan providers listed in this directory; however, some services may require a prescription or medical treatment plan provided by a licensed medical physician. If you have been going to one plan provider, you are not required to continue going to that same provider.

## Excepción de Responsabilidad

Med Plan, en consideración al pago de su membresía, está de acuerdo en ofrecerle el acceso a la red de proveedores establecida que prestan sus servicios a nuestros miembros. Med Plan coordinará su primera cita con el proveedor que usted elija dentro del directorio si usted lo desea. Med Plan no asigna a ningún proveedor. Es responsabilidad del miembro elegir el médico que le prestará los servicios. Med Plan no ofrece los servicios médicos directamente, sino a través de proveedores independientes que proveen estos servicios y sus suplementos. Los proveedores que aparecen en este directorio no son empleados o agentes de Med Plan. Los empleados o agentes de Med Plan no deben ser responsables legalmente por alguna negligencia o acto de omisión cometida en cualquier momento por algún proveedor que aparezca en este directorio. Med Plan específicamente no se responsabiliza en ningún momento y no tiene ninguna relación de agencia con ningún proveedor médico. Med Plan no ejerce ningún control o dirección respecto a un criterio médico o decisión clínica de algún proveedor del directorio ni interfiere en la relación entre el paciente y su médico. Es importante que al convertirse en miembro de Med Plan, la persona sepa que no se le garantiza la continua participación de un doctor, hospital, u otro proveedor. Este directorio está vigente desde el día en que fue publicado. Es muy posible que a partir de ese día se hayan agregado o eliminado de la lista algunos proveedores. Para obtener una información actualizada de los proveedores en su área, visítenos en [www.floridamedplan.com/provider.cfm](http://www.floridamedplan.com/provider.cfm) o llame a nuestro Departamento de Servicio al Cliente, al **(305) 857-4395 de lunes a viernes, de 8:30 am a 5:00 pm**. El hecho de que un proveedor se encuentre en la lista no garantiza que todavía se encuentre en la red o que participe consultando nuevos pacientes. Los proveedores listados en este directorio han acordado en proveerles a los miembros de Med Plan sus servicios de cuidado a su salud con una tarifa fija que representa un Ahorro sobre la tarifa regular. Usted puede ir a cualquiera de nuestros proveedores en este directorio y no necesita ser referido por el médico primario que le atiende para visitar a un especialista dentro de la red, pero los servicios, de exámenes de laboratorio, radiología o diagnóstico sí requieren de una orden por parte del doctor para completar estos procedimientos. Si usted ha ido a uno de nuestros proveedores y no se siente satisfecho con sus servicios, usted no está en la obligación de seguir visitándolo. Los miembros están limitados a los proveedores que están afiliados a la red de Med Plan. Los proveedores participantes en este directorio o en [www.floridamedplan.com](http://www.floridamedplan.com) no son agentes, empleados o socios de Med Plan, ni ninguno de sus subsidios. Med Plan no es un proveedor de servicios médicos, ni tampoco un plan de seguros médicos ni un HMO. Med Plan no apoya los diagnósticos ni los tratamientos médicos dados por los proveedores participantes en la red de Med Plan listados en este directorio, ni en [www.floridamedplan.com](http://www.floridamedplan.com), ni los proveedores escogidos por nuestros miembros.

## Independent Providers

The providers in this directory have been classified by type of provider and by county. Should you need assistance locating or making an appointment, please contact our Customer Care Department at **(305) 857-4395 from 8:30am to 5:00pm**. Providers are contracted Med Plan to render services at a **FIXED discounted rate**. All rates are clearly listed in this book.

If you use a provider outside of the Med Plan network, you will not receive the negotiated rate and you will have to pay the full rate that the provider requires.

You have the right to get timely access to plan providers and to all discounts covered by the plan. Timely access means that you can get appointments and services within a reasonable period. You have the right to get full information from your providers when you go for medical care. You have the right to participate fully in decisions about your healthcare. You have the right to refuse care.

Med Plan does not limit its members from visiting any provider contracted by Med Plan. You can visit any provider or service without any limitation or need for referral. Other services such as Dental and Optical can be accessed directly by the member at any time without providing notification to your PCP.

The provider directory is constantly changing and is therefore subject to change without notice. The Provider Book is updated periodically and the link [www.floridamedplan.com/provider.cmf](http://www.floridamedplan.com/provider.cmf) is sent via text message or email.

## Proveedores Independientes

Los proveedores de este directorio han sido clasificados por tipo de proveedor y por condado. Si necesita ayuda para localizar o concertar una cita, comuníquese con nuestro Departamento de Atención al Cliente al **(305) 857-4395 de 8:30am a 5:00pm**. Los proveedores están contratados por Med Plan para prestar servicios a **una tarifa FIJA** con descuento. Todas las tarifas están claramente enumeradas en este libro y los miembros de Med Plan son responsables de pagar a los proveedores en el momento en que los servicios se prestan. Los descuentos y las tarifas de servicio están sujetas a cambios sin previo aviso.

Si utiliza un proveedor fuera de la red de Med Plan, no recibirá la tarifa negociada y tendrá que pagar la tarifa completa que el proveedor requiere.

Usted tiene el derecho de obtener acceso oportuno a los proveedores del plan ya todos los descuentos cubiertos por el plan. El acceso oportuno significa que usted puede obtener citas y servicios dentro de un período de tiempo razonable. Usted tiene el derecho de obtener información completa de sus proveedores cuando usted va para atención médica. Usted tiene derecho a participar plenamente en las decisiones sobre su atención médica. Usted tiene el derecho de rechazar el cuidado.

Med Plan no limita a sus miembros a visitar a ningún proveedor contratado por Med Plan. Puede visitar cualquier proveedor o servicio sin ninguna limitación o necesidad de referencia. Otros servicios como Dental y Óptica pueden ser accedidos directamente por el miembro en cualquier momento sin notificar a su PCP.

El directorio de proveedores está cambiando constantemente y por lo tanto está sujeto a cambios sin previo aviso. El Libro de proveedores se actualiza periódicamente y el enlace [www.floridamedplan.com/provider.cmf](http://www.floridamedplan.com/provider.cmf) se envía por mensaje de texto o correo electrónico.

## Terms & Conditions

- 1 - Primary member is defined as the person who is responsible for the monthly payments for membership fees and is of legal age. The primary member, spouse, and all legal dependents listed on the enrollment application can access the services and exclusive pricing at Med Plan Contracted service providers.
- 2 - Participating provider may be added or removed from the respective network in which they are associated with at any time. These changes are made in best interest of our members. Updated Provider information will be made available online at [www.floridamedplan.com/provider.cfm](http://www.floridamedplan.com/provider.cfm)
- 3 - Companies contracted to provide benefits and services in this program are not a licensed insurer, health maintenance organization (HMO), or any other underwriters of healthcare services. No portion of any provider fees will be reimbursed or otherwise paid.
- 4 - The Exclusive Med Plan pricing contained herein may not be used in conjunction with any other medical plan or discount program. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and /or services to the public at prices lower than the prices available through this program. In such event, members will be charged the lowest price.
- 5 - Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discounted or modified at any time.
- 6 - Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased.
- 7 - This discount medical plan does not warrant professional services, nor is it responsible for the quality of care provided by participating providers.
- 8-(30) Day Money Back Guarantee: If you cancel for any reason within 30 days, you will receive a full refund. Nonrefundable one-time fees will be disclosed at time of application.
- 9 - All applicable limitations, exclusions and exceptions of the discount medical plan benefits are listed with each benefit description.

## Términos y Condiciones

- 1 - El titular es definido como miembro principal, siendo el responsable de los pagos mensuales y debe ser mayor de edad. Dicho titular, el cónyuge y todos los dependientes legales adicionales contarán automáticamente con los mismos beneficios que se ofrecen en el plan.
- 2 - En cualquier momento, un proveedor participante puede ser eliminado de la red de Med Plan. Estos cambios se realizan para beneficio de nuestros miembros. Usted encontrará esta información actualizada en el sitio web [www.floridamedplan.com/provider.cfm](http://www.floridamedplan.com/provider.cfm)
- 3 - Las compañías proveedoras de servicios asociadas a nuestro plan no son aseguradoras, organizaciones de la salud (HMO) o evaluadores de servicios de salud. Cualquier honorario que usted les pague a estas compañías no le será reembolsado.
- 4 - Los descuentos que figuran en este documento no pueden ser utilizados en combinación con cualquier otro plan de descuento médico o programa de descuentos. Todos los precios cotizados son los precios actuales de los proveedores participantes y están sujetos a cambios sin previo aviso. De vez en vez, algún proveedor puede ofrecer productos y / o servicios al público en general a precios inferiores a los precios disponibles en este programa. En tal caso, se cobrará el precio más bajo.
- 5 - Los proveedores están sujetos a cambios sin previo aviso, los programas pueden variar en algunos términos. Este es un programa de membresía de descuentos, no un seguro médico, y puede ser cancelado o modificado en cualquier momento.
- 6 - Los ahorros se basan en las tasas normales del proveedor. Los ahorros reales variarán dependiendo de la localización de los servicios específicos o productos comprados.
- 7 - Este plan médico de descuentos no ofrece garantía por la calidad de los servicios profesionales brindados por los proveedores participantes.
- 8 - Garantía de Reembolso por 30 Días: Si cancela por cualquier razón en un plazo de 30 días, usted recibirá un reembolso completo de su mensualidad. Tasa no reembolsable se revelará en el momento de aplicación.
- 9 - Las limitaciones, exclusiones o excepciones que apliquen dentro este plan médico de descuentos se enumeran en la descripción de cada servicio.

**FREE Dental Services for Med Plan each member (every 12 months\*) include:**

- Comprehensive Oral Evaluation
- Simple Prophylaxis (cleaning) - including topical anesthesia
- Topical Application of Fluoride Treatment
- Single Restoration – One Surface
- Simple Tooth Extraction (1)

**\*Free services may only be done at participating associated dental offices. New members will be able to access these services after the first 90 days of membership.**

**Los exámenes dentales GRATUITOS para los miembros del Med Plan (cada 12 meses \*) incluyen:**

- Evaluación Oral Integral
- Profilaxis Simple (limpieza) - incluyendo anestesia tópica
- Aplicación Tópica de tratamiento con flúor
- Restauración Individual - de una superficie
- Extracción simple (1)

**\*Los servicios gratuitos sólo pueden realizarse en las oficinas dentales asociadas participantes. Nuevos miembros podrán acceder a estos servicios después de los primeros 90 días de membresía.**

**Med Dental Associated\***

7200 NW 7 Street # 333  
Miami, FL 33126  
305-264-0063

**Hialeah Dental Associated\***

4240 W 16 Ave  
Hialeah, FL 33012  
305-823-1882

**Pines Dental Care\***

17868 NW 2 Street  
Pembroke Pines, FL 33029  
954-538-0047

**Pembroke Pines Dental Associates\***

1ra SW 129 Ave # 406  
Pembroke Pines, FL 33027  
954-889-3678

**If you have a dental emergency and need to see a dentist, please visit any dental clinic listed in the previous page. Med Plan does not provide emergency dental assistance.**

**Si a usted se le presenta alguna emergencia dental, visite cualquiera de las clínicas dentales en la página anterior. Med Plan no ofrece servicios dentales de emergencia.**



## Dentistry Fee Schedule / Tarifa de Odontología

**\*Free services may only be done at participating associated dental offices. New members will be able to access these services after the first 90 days of membership.**

**\*Los servicios gratuitos sólo pueden realizarse en las oficinas dentales asociadas participantes. Nuevos miembros podrán acceder a estos servicios después de los primeros 90 días de membresía.**

ADA CODES	FREE SERVICES (EVERY 12 MONTHS) / SERVICIOS GRATIS (CADA 12 MESES) (* only at Dental Associated/ *solo en Dental Associated)	FEE
D 0150	Comprehensive Oral Evaluation (1 Annually)	\$0.00
D 1110	Simple Prophylaxis (1 Annually)	\$0.00
D 2330	Single Restoration One Surface (1 Annually)	\$0.00
D 1203	Topical Application Of Fluoride - Child (1 Annually)	\$0.00
D 1204	Topical Application Of Fluoride - Adult (1 Annually)	\$0.00
D 7110	Simple Tooth Extraction (1 Annually)	\$0.00
<b>DENTAL SERVICES OFFERED TO MED PLAN MEMBERS ONCE IN A LIFETIME AT NO CHARGE / SERVICIOS DENTALES GRATIS UNA VEZ EN LA VIDA PARA MIEMBROS DE MED PLAN</b>		
D 0210	Full Mouth X-Rays (ONCE)	\$0.00
ADA CODES	GENERAL DENTISTRY/ ODONTOLOGIA GENERAL	FEE
D 2330	Single Restoration Per Surface	\$45.00
D 2331	Resin Based Composite Filling Two Surface Anterior	\$55.00
D 2332	Resin Based Composite Filling - Three Surfaces Anterior	\$65.00
D 2335	Resin Based Composite Filling - Four Or More Surfaces Anterior	\$75.00
D 7110	Simple Extraction	\$60.00
D 3310	Root Canal Anterior	\$350.00
D 3320	Root Canal – Bicuspid	\$450.00
D 3330	Root Canal - Molar	\$550.00
D 2952	Cast Post/Core In Addition To Crown	\$120.00
D 2750	Crown Porcelain Fused To High Noble Metal	\$395.00
D 2740	Crown Porcelain Ceramic	\$450.00
D 4341*	Periodontal Scaling And Root Planning/Quad	\$60.00
D 4342	Periodontal Scaling And Root Planning - 1 To 3 Teeth Per Quadrant	\$45.00
D 5110	Complete Denture - Maxillary	\$375.00
D 5120	Complete Denture - Mandibular	\$375.00
D 5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	\$395.00
D 5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	\$395.00

ADA CODES	GENERAL DENTISTRY/ ODONTOLOGIA GENERAL	FEE
D0120	Periodic Oral Exam	\$20.00
D0140	Limited Oral Evaluation-Problem Focused	\$15.00
D0150	Comprehensive Oral Eval-New Or Established Patient	No Charge
D0160	Detailed & Extensive Eval-Problem Focused	No Charge
D0170	Re-Evaluation-Limited, Problem Focused	\$15.00
D0180	Comprehensive Periodontal Evaluation	\$15.00
ADA CODES	RADIOGRAPHY/DIAGNOSTIC DENTISTRY – RADIOGRAFIA/DIAGNOSTICOS	FEE
D0210	X-Ray - Intraoral - Complete Series (Including Bitewings)	\$30.00
D0220	X-Ray - Intraoral - Periapical First Film	\$15.00
D0230	X-Ray - Intraoral - Periapical Each Additional Film	\$5.00
D0240	X-Ray - Intraoral - Occlusal Film	\$5.00
D0250	X-Ray - Extraoral - First Film	No Charge
D0260	X-Ray - Extraoral - Each Additional Film	No Charge
D0270	X-Ray - Bitewing- Single Film	\$5.00
D0272	X-Ray - Bitewing - 2 Films	\$5.00
ADA CODES	RADIOGRAPHY/DIAGNOSTIC DENTISTRY – RADIOGRAFIA/DIAGNOSTICOS	FEE
<b>NOT TO BE TAKEN IF 274 WAS DONE W/IN PRIOR 6 MONTHS/ NO HACERLO SI D274 SE HIZO DENTRO DE 6 MESES</b>		
D0330	Panoramic Film	\$25.00
D0340	Cephalometric Film, Non-Orthodontic	\$75.00
D0350	Diagnostic Photographs	\$20.00
D0460	Pulp Vitality Test	\$10.00
D0470	Diagnostic Casts	\$25.00

\* Periodontal scaling and root planning of 4 quadrant cost \$240.00

## Dentistry Fee Schedule / Tarifa de Odontología

ADA CODES	PREVENTIVE DENTISTRY/ PROCEDIMIENTOS PREVENTIVOS	FEE
<b>PREVENTIVE DENTISTRY TO BE TAKEN IF 274 WAS DONE W/IN PRIOR 6 MONTHS/ NO HACERLO SI D274 SE HIZO DENTRO DE 6 MESES</b>		
D1110	Routine Prophylaxis Adult (Once Every 6 Months)	\$49.00
D1120	Routine Prophylaxis - Children Under 16 Yrs (Once Every 6 Months)	\$35.00
D1203	Topical Application Of Fluoride For Children Under 16	No Charge
D1204	Topical Application Of Fluoride For Adults	No Charge
D1310	Nutritional Counseling For Control Of Dental Disease	No Charge
D1320	Tobacco Counseling For Control & Prevention Of Oral Diseases	No Charge
D1330	Oral Hygiene Instructions	No Charge
D1351	Application Of Sealant Per Tooth - Children Under 16	\$15.00
D1510	Space Maintainer - Fixed	\$120.00
D1515	Space Maintainer - Fixed	\$175.00
D1520	Space Maintainer - Removable	\$160.00
D1525	Space Maintainer - Removable	\$250.00
D1550	Re-Cementation Of Space Maintainer	\$25.00
D2330	Resin-Based Composite - 1 Surface, Anterior	\$45.00
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$55.00
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$65.00
D2335	Composited Resin - 4 Or More Surfaces	\$75.00
D2391	Resin - Based Composite - 1 Surface, Posterior	\$60.00
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$70.00
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$80.00
D2394	Resin-Based Composite - 4 Or + Surfaces, Posterior	\$90.00
D2410	Gold Foil - 1 Surface	\$75.00
D2420	Gold Foil - 2 Surfaces	\$95.00
D2430	Gold Foil - 3 Surfaces	\$125.00
D2510	Inlay - Metallic - 1 Surface	\$300.00
D2520	Inlay - Metallic - 2 Surfaces	\$320.00
D2530	Inlay - Metallic - 3 Or More Surfaces	\$340.00
D2542	Onlay - Metallic - 2 Surfaces	\$325.00
D2543	Onlay - Metallic - 3 Surfaces	\$330.00
D2544	Onlay - Metallic - 4 Or More Surfaces	\$355.00

ADA CODES	PREVENTIVE DENTISTRY/ PROCEDIMIENTOS PREVENTIVOS	FEE
D2610	Inlay - Porcelain/Ceramic - 1 Surface	\$325.00
D2620	Inlay - Porcelain/Ceramic - 2 Surfaces	\$350.00
D2630	Inlay - Porcelain/Ceramic - 3 Or More Surfaces	\$375.00
D2642	Onlay - Porcelain/Ceramic - 2 Surfaces	\$395.00
D2643	Onlay - Porcelain/Ceramic - 3 Surfaces	\$415.00
D2644	Onlay - Porcelain/Ceramic - 4 Or More Surfaces	\$445.00
D2650	Inlay - Resin - Based Composite - 1 Surface	\$195.00
D2651	Inlay - Resin - Based Composite - 2 Surfaces	\$250.00
D2652	Inlay - Resin - Based Composite - 3 Or More Surfaces	\$275.00
D2662	Onlay - Resin - Based Composite - 2 Surfaces	\$250.00
D2663	Onlay - Resin - Based Composite - 3 Surfaces	\$275.00
D2664	Onlay - Resin - Based Composite - 4 Or More Surfaces	\$290.00
D2710	Crown - Resin (Indirect)	\$210.00
D2720	Crown - Resin With High Noble Metal	\$455.00
D2721	Crown - Resin With Predominantly Base Metal	\$405.00
D2722	Crown - Resin With Noble Metal	\$425.00
D2740	Crown - Porcelain/Ceramic Substrate	\$450.00
D2750	Crown - Porcelain Fused To High Noble Metal	\$395.00
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$495.00
D2752	Crown - Porcelain Fused To Noble Metal	\$495.00
D2780	Crown - 3/4 Cast High Noble Metal	\$530.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$410.00
D2782	Crown - 3/4 Cast Noble Metal	\$520.00
D2783	Crown - 3/4 Porcelain/Ceramic	\$550.00
D2790	Crown - Full Cast High Nobel Metal	\$699.00
D2791	Crown - Full Cast Predominantly Base Metal	\$525.00
D2792	Crown - Full Cast Noble Metal	\$580.00
D2799	Provisional Crown	\$50.00
D2910	Recement Inlay	\$25.00
D2920	Recement Crown	\$25.00
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	\$95.00
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	\$95.00
D2932	Prefabricated Resin Crown	\$95.00
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$145.00

## Dentistry Fee Schedule / Tarifa de Odontología

ADA CODES	PREVENTIVE DENTISTRY	FEE
D2940	Sedative Filling	\$40.00
D2950	Core Buildup, Including Any Pins	\$85.00
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$20.00
D2952	Cast Post & Core In Addition To Crown	\$120.00
D2953	Each Additional Cast Post - Same Tooth	\$105.00
D2954	Prefabricated Post & Core In Addition To Crown	\$125.00
D2955	Post Removal (Not In Conjunction With Endodontic Therapy)	\$30.00
D2957	Each Additional Prefabricated Post - Same Tooth	\$30.00
D2960	Labial Veneer (Resin Laminate) - Chairside	\$205.00
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$260.00
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$425.00
D2970	Temporary Crown (Fractured Tooth)	\$50.00
D2980	Crown Repair/ When Crown And/Or Bridgework Exceeds Six (6) Consecutive Units, There Will Be An Additional Charge Of 30.00 Per Unit.	\$95.00
ADA CODES	PROSTHODONTICS - FIXED	FEE
D6972	Prefabricated Post & Core In Addition To Fixed Partial Denture	\$125.00
D6973	Core Build Up For Retainer, Including Pins	\$95.00
D6975	Coping - Metal	\$95.00
ADA CODES	ENDODONTIC SERVICES	FEE
D3110	Pulp Cap-Direct (Excluding Final Restoration)	\$25.00
D3120	Pulp Cap-Indirect (Excluding Final Restoration)	\$25.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$75.00
D3221	Pupal Debridement, Primary And Permanent Teeth	\$95.00
D3230	Pupal Therapy (Resorb Filling) - Anterior, Primary	\$80.00
D3240	Puplam Therapy (Resorbable Filling) - Posterior, Primary	\$90.00
D3310	Root Canal Therapy - Anterior	\$350.00
D3320	Root Canal Therapy - Bicuspid	\$450.00
D3330	Root Canal Therapy - Molar	\$550.00
D3331	Treatment Of Root Canal Obstruction, Non-Surgical Access	\$85.00
D3346	Retreat, Prev Rct - Anterior	\$495.00
D3347	Retreat, Prev Rct - Bicuspid	\$595.00
D3348	Retreat, Prev Rct - Molar	\$695.00
D3950	Canal Preparation And Fitting Of Prefomed Dowel Or Post	\$75.00

ADA CODES	PERIODONTIC SERVICES	FEE
D4211	Gingivectomy/Gingivoplasty - 1 To 3 Teeth, Per Quad	\$50.00
D4220	Gingival Curettage Per Quadrant Excluding Root Planning	\$75.00
D4240	Gingival Flap Procedure- 4 Or More	\$325.00
D4241	Gingival Flap Procedure - 1 To 3 Teeth Per Quad	\$250.00
D4245	Apically Positioned Flap	\$150.00
D4341	Periodontal Scaling & Root Planing - 4 Or More Contiguous Teeth	\$60.00
D4342	Periodontal Scaling Root Planing - 1 To 3 Teeth, Per Quad	\$45.00
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation	\$80.00
D4381	Local Delivery Antibiotic (Arestin)	\$30.00
D4910	Periodontal Maintenance	\$55.00
D5110	Complete Denture - Maxillary Basic	\$375.00
D5120	Complete Denture - Mandibular Basic	\$375.00
D5211	Maxillary Partial Denture - Resin Base (Including Clasps)	\$450.00
D5212	Mandibular Partial Denture - Resin Base (Including Clasps)	\$450.00
D5213	Partial Denture - Maxillary Cast Metal - Acrylic	\$395.00
D5214	Partial Denture - Mandibular Vast Metal - Acrylic	\$395.00
D5410	Adjustment - Complete Denture - Maxillary	\$20.00
D5411	Adjustment - Complete Denture - Mandibular	\$20.00
D5421	Adjustment - Partial Denture - Maxillary	\$20.00
D5422	Adjustment - Partial Denture - Mandibular	\$20.00
D5510	Repair Broken Complete Denture Base	\$75.00
D5520	Replace Broken Tooth - Complete Denture (Each Tooth)	\$70.00
D5610	Repair Denture Resin Base	\$50.00
D5620	Repair Cast Framework	\$55.00
D5630	Repair Or Replace Broken Clasp	\$55.00
D5640	Repair Broken Teeth - Per Tooth	\$45.00
D5650	Add Tooth To Existing Partial Denture	\$65.00
D5660	Add Clasp To Existing Partial Denture	\$75.00

## Dentistry Fee Schedule / Tarifa de Odontología

ADA CODES	PERIODONTIC SERVICES	FEE
D5710	Rebase Complete Maxillary Denture	\$195.00
D5711	Rebase Complete Mandibular Centure	\$195.00
D5720	Rebase Maxillary Partial Denture	\$175.00
D5721	Rebase Mandibular Partial Denture	\$175.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$85.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$85.00
D5740	Reline Partial Complete Maxillary Denture (Chairside)	\$65.00
D5741	Reline Partial Complete Mandibular Denture (Chairside)	\$65.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$150.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$150.00
D5760	Reline Partial Maxillary Denture (Laboratory)	\$110.00
D5761	Reline Partial Mandibular Denture (Laboratory)	\$110.00
D5810	Interim Complete Denture - Maxillary	\$250.00
D5811	Interim Complete Denture - Mandibular	\$250.00
D5820	Interim Partial Denture - Maxillary	\$250.00
D5821	Interim Partial Denture - Mandibular	\$250.00
D5850	Tissue Conditioning - Maxillary	\$55.00
D5851	Tissue Conditioning - Mandibular	\$55.00
D5862	Precision Attachment	\$150.00
ADA CODES	PROSTHODONTICS - FIXED	FEE
D6210	Pontic - Cast High Noble Metal	\$400.00
D6211	Pontic - Cast Predominantly Base Metal	\$400.00
D6212	Pontic - Cast Noble Metal	\$400.00
D6240	Pontic - Porcelain Fused To High Noble Metal	\$400.00
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$400.00
D6242	Pontic - Porcelain Fused To Noble Metal	\$400.00
D6245	Pontic - Porcelain/Ceramic	\$595.00
D6740	Crown - Porcelain/Ceramic	\$595.00
D6750	Crown - Porcelain Fused To High Noble Metal	\$495.00
D6751	Crown - Porcelain Fused To Predominantly Based Metal	\$495.00
D6752	Crown - Porcelain Fused To Noble Metal	\$495.00
D6780	Crown - 3/4 Cast High Noble Metal	\$530.00
D6781	Crown - 3/4 Cast Predominantly Based Metal	\$510.00
D6782	Crown - 3/4 Cast Noble Metal	\$520.00
D6783	Crown - 3/4 Porcelain/Ceramic	\$510.00

ADA CODES	PROSTHODONTICS - FIXED	FEE
D6790	Crown - Full Cast High Noble Metal	\$495.00
D6791	Crown - Full Cast Predominantly Based Metal	\$495.00
D6792	Crown - Full Cast Noble Metal	\$495.00
D6930	Recement Fixed Partial Denture	\$40.00
D6950	Precision Attachment	\$150.00
D6970	Cast Post & Core Addition To Fixed Partial Denture Retainer	\$125.00
D6971	Cast Post As Part Of A Fixed Partial Denture Retainer	\$125.00
ADA CODES	ORAL SURGERY	FEE
D7110	Single Tooth Extraction	\$70.00
D7140	Extraction Of Erupted Tooth Or Exposed Root	\$70.00
D7310	Alveoplasty With Extractions - Per Quadrant	\$95.00
D7320	Alveoplasty Without Extractions - Per Quadrant	\$130.00
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$55.00
D9215	Local Anesthesia No Charge	
ADA CODES	MISCELLANOUS SERVICES	FEE
D9230	Analgesia Nitrous Oxide Per 1/2 Hour	\$20.00
D9630	Oral Irrigation/Other Drugs/Medicament Per Quad	\$10.00
D9940	Occlusal Guard	\$195.00
D9950	Occlusal Analysis - Mounted Case	\$75.00
D9951	Occlusal Adjustment - Limited	\$25.00
D9952	Occlusal Adjustment - Complete	\$150.00
ADA CODES	ENDODONTIC SERVICES	FEE
Ed3310	Root Canal Therapy - Anterior	\$695.00
Ed3320	Root Canal Therapy - Bicuspid	\$775.00
Ed3330	Root Canal Therapy - Molar	\$925.00
Ed3346	Retreat, Prev Rct - Anterior	\$750.00
Ed3347	Retreat, Prev Rct - Bicuspid	\$825.00
Ed3348	Retreat, Prev Rct - Molar	\$1,125.00

## Dentistry Fee Schedule / Tarifa de Odontología

ADA CODES	PERIODONTIC SERVICES	FEE
D4210	Gingivectomy 4 Or + Per Quadrant	\$450.00
D4249	Clinic Crown Lengthen - Hard Tissue	\$800.00
D4260	Osseous Surgery 4 Or + Per Quadrant	\$900.00
D4263	Bone Replace Graft - 1st Site/Qu	\$650.00
D4264	Bone Replace Graft - Each Add/Qu	\$500.00
D4266	Guided Tiss Regen-Resorb-Per	\$900.00
D4275	Soft Tissue Allograft Rb-Per	\$1,200.00
D7953	Bone Repl Graft Ridge Prsv/Site	\$400.00
D7960	Frenulectomy - Separate Procedure	\$500.00
ADA CODES	ORAL SURGERY	FEE
D7210	Extraction - Surgical/Erupt Tooth	\$240.00
D7220	Extraction - Impacted/Soft Tissue	\$300.00
D7230	Extraction - Impacted/Part Bony	\$395.00
D7240	Extraction - Impacted/Complbony (Cordales)	\$450.00
D7241	Remov Impact - Comp Bony W/Comp	\$500.00
D7250	Surgic Removl Resid Tooth Root	\$250.00
D7285	Biopsy Of Oral Tissue - Hard (Bone, Tooth)	\$120.00
D7286	Biopsy Of Oral Tissue - Soft (All Other)	\$95.00
	Biopsy Lab	\$50.00
ADA CODES	ORTHODONTICS	FEE
D8080	Comprehensive Ortho, Adolescent	\$3,490.00
D8090	Comprehensive Ortho, Adult	\$3,490.00
ADA CODES	IMPLANTS	FEE
D6010	Surg Place Implant, Endosteal	\$1,200.00
D6010/D6059	Completed Crown Implant	\$1,950.00
D0000	Overdenture Upper With 4 Implants	\$4,650.00
D0000	Overdenture Lower With 3 Implants	\$3,650.00

## Optical Services / Óptica

In the following vision centers, Med Plan members will receive a comprehensive eye exam at \$35 which includes:

- Vision Evaluation
- Intraocular Pressure Evaluation to check for Glaucoma
- Dilated Eye Exam to determine eye health and to look for disease such as high blood pressure and diabetes
- External eye health evaluation

En los siguientes centros de visión, los miembros de Med Plan recibirán un (1) examen ocular completo con un costo de \$35 que incluye:

- Evaluación de la vista - (Optometría)
- Evaluación de la Presión Intraocular para verificar evidencia de glaucoma.
- Dilatación de la pupila para determinar la salud y para identificar enfermedades tales como presión alta o diabetes.
- Evaluación externa para determinar la salud de los ojos.

## Optical & Vision Centers / Centros Ópticos

## Miami-Dade

**South Florida Vision  
Navarro Pharmacy 32  
Harold Forrest, OD  
James Hagen, OD  
Martha Alfonso OD**

366 E 4 Ave  
Hialeah, FL 33010  
305-888-9910  
(9 years and up)

**Vivien's Optical \*\*\***

1931 W 60 Street  
Hialeah, FL 33012  
305-556-2020

**Santa Lucia Optical \*\*\***

11300 NW 87 Court  
Hialeah Gardens, FL 33018  
305-817-1818

11 SW 40th St  
Miami, FL 33165  
786-431-1625

**AventVision  
Vision Center Optica**

767 NW 37 Ave  
Miami, FL 33125  
786-452-8544  
(9 years and up)

**Pro Vision Care**

920 SW 67 Ave  
Miami, FL 33144  
305-264-6991  
(7 years and up)

**Shapiro and Specialty Vision**

8700 N Kendall Dr # 101  
Miami, FL 33176  
305-263-9050

**Vision World Optical Corp  
Vision Center Optica**

7367 SW 8 Street  
Miami, FL 33144  
305-265-7778

**Rodrigo Aristizabal OD  
Optical Professional**

591 W 49 Street  
Hialeah, FL 33012  
305-691-9780  
(7 years and up)

**South Florida Vision  
Navarro Pharmacy 32  
Harold Forrest, OD  
James Hagen, OD  
Martha Alfonso OD**

11865-A SW 26 Street  
Miami, FL 33175  
305-552-9100 / 305-225-4004

**Vista Vision Eye Care \*\*\***

13641 SW 26 Street  
Miami, FL 33175  
305-559-1314  
(7 years and up)

**Vision Center Optical  
Gerald D Furnari OD FAAO  
Robert L Lofton OD FAAO  
Patrick F Vecchio OD FAAO**  
948 N Krome Ave  
Homestead, FL 33030  
305-247-2331

**Rafael Sanchez MD  
Sanchez Optical**

12859 SW 88 Street  
Miami, FL 33186  
305-200-3146  
(7 years and up)

Note: (\*\*\*) Evaluation does NOT include intra-ocular exam to detect glaucoma, diabetes and high blood pressure.

Nota: (\*\*\*) La evaluación NO incluye examen intraocular para verificar si hay glaucoma, diabetes y presión alta.

**South Florida Vision**  
**Eric Dupuis OD**  
**Christopher Boaldin OD**  
**Laurie Lesser OD**  
2551 S University Dr  
Davie, FL 33324  
954-370-5883

**South Florida Vision**  
**Eric Dupuis OD**  
**Christopher Boaldin OD**  
**Robert Coppola OD**  
2900 W Cypress Creek Road # 1  
Fort Lauderdale, FL 33309  
954-979-2191

**South Florida Vision**  
**Miriam Faraq OD**  
**Christopher Boaldin OD**  
**Jerrold Mills OD**  
3181 N State Road # 7  
Margate, FL 33063  
954-974-7695

**South Florida Vision**  
**Harold Forrest OD**  
**Christopher Boaldin OD**  
**Laurie Lesser**  
12538 Pines Blvd  
Pembroke Pines, FL 33027  
954-430-4030

**South Florida Vision**  
**Laura DeMarco OD**  
1666 E Oakland Park Blvd  
Fort Lauderdale, FL 33334  
954-566-1404

**South Florida Vision**  
**Christopher Boaldin OD**  
**Robert Coppola OD**  
1205 South Powerline Road  
Pompano Beach, FL 33069  
954-977-6636

**South Florida Vision**  
**Ashley Nochomson OD**  
**Karen Puchalski OD**  
**Miriam Farag OD**  
9851 B S Military Trail  
Boynton Beach, FL 33436  
561-742-8701

**South Florida Vision**  
**Mitchell Biderman OD**  
**Christopher Boaldin OD**  
**Lori Raynor OD**  
**Ashley Nochomson OD**  
6266 S Congress Ave # 9  
Lantana, FL 33462  
561-966-9000

**South Florida Vision**  
**Christopher Boaldin OD**  
**Ronie Zaruches OD**  
143 N Powerline Road  
Deerfield Beach, FL 33442  
954-429-9600

**South Florida Vision**  
**Mitchell Biderman OD**  
**Karen Puchalski OD**  
**Lori Raynor OD**  
6618 W Atlantic Ave  
Delray Beach, FL 33446  
561-498-5007

**St Lucie Vision Center**  
**Mitchell Biderman OD**  
10077 S Federal Hwy  
Port St Lucie, FL 34952  
772-398-3244

**South Florida Vision**  
**Karen Puchalski OD**  
**Jason Aronson OD**  
2905-G B Military Trail  
West Palm Beach, FL 33409  
561-684-5548



**Vision and Optical Fee Schedule / Tarifas de Servicios Ópticos**

Eye Exam/ Examen	Bifocal Lens Fitting / Fijacion de lentes Bifocales	Contact Lens Single Vision / Lentes de contacto Simple
\$ 35.00	\$ 35.00	Single Vision Contact Lens Fitting: \$ 60.00

**Frames and Standard Lenses**

Standard Stock CR-39	Standard Stock CR-39	Standard Stock CR-39	Standard Stock Progressive	Bifocal Transition Lens	Transition Progressive Lens
39-Single Vision \$35.00	Bi-Focal FT-28 \$35.00	Tri Focal 7x28 \$45.00	Bi-Focal \$60.00	\$80.00	\$90.00

