



Dental Services Organization, LLC

**PREPAID GROUP
DENTAL PLAN A**



1030 St. Georges Avenue • Suite 401
Avenel, NJ 07001 • (732) 634-4810
www.dentalservicesorganization.com

PROCEDURE

Patient Cost with DSO option

DIAGNOSTIC

Charting history, oral examination, periodic recall examination (every six months), emergency treatment	No Charge
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RADIOGRAPHIC

Complete intraoral series, periapical and bitewing films	No Charge
Intraoral periapical.....	No Charge
Each additional single film (periapical or bitewing)	No Charge
Occlusal view x-ray	No Charge
Lateral jaw x-ray, each	No Charge
Four bitewing x-ray films	No Charge
Antero-posterior x-ray of head and jaw	No Charge
Cephalometric radiograph.....	No Charge
Panoramic (panography) including bitewings	No Charge

PREVENTIVE

Oral prophylaxis (every six months).....	No Charge
Topical fluoride treatment following prophylaxis (to age 19)	No Charge
Space maintainers – unilateral	\$ 5.00
Space maintainers – bilateral	\$ 10.00

OPERATIVE (RESTORATIVE) SERVICES

Primary Silver amalgam – 1 surface	No Charge
Primary Silver amalgam – 2 surfaces	No Charge
Primary Silver amalgam – 3 surfaces or more	No Charge
Permanent Silver amalgam – 1 surface	No Charge
Permanent Silver amalgam – 2 surfaces	No Charge
Permanent Silver amalgam – 3 surfaces or more	No Charge
Silver amalgam reinforcement pins – 1st	No Charge
Each additional pin	No Charge
Composite filling (for front teeth)	No Charge
Composite Class III	No Charge
Composite Class IV.....	No Charge
Core build-up (including any pins)	\$ 15.00

PERIODONTIA

Root scaling and root planing (per quadrant)	\$ 50.00
Prophylaxis, medication and minor bite correction	\$ 20.00
Gingivectomy, Gingivoplasty (per quadrant).....	\$ 120.00
Occlusal adjustment (and/or equilibration)	\$ 10.00
Bite guard	\$ 25.00
Osseous surgery (per quadrant).....	\$ 140.00

ENDODONTICS (INCLUDING RADIOGRAPHS)

Single root canal, filling.....	\$ 50.00
Double root canal, filling	\$ 85.00
Triple or more root canal, filling	\$ 125.00
Apicoectomy (per root)	\$ 55.00

SIMPLE EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Single tooth.....	\$ 10.00
Each additional tooth	\$ 10.00

PROCEDURE

Patient Cost with DSO option

ORAL SURGERY EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Surgical extraction	\$ 20.00
Extraction of tooth (soft tissue impaction).....	\$ 50.00
Extraction of tooth (partial bony impaction)	\$ 75.00
Extraction of tooth (complete bony impaction)	\$ 90.00
Alveoplasty/Alveolectomy (per jaw maximum) per quadrant in conjunction with extraction.....	\$ 55.00
Alveoplasty, including ridge extension, arch	No Charge
Excision of benign tumor, lesion diameter up to 2.5 cm	\$ 15.00
Removal of cyst up to 2.5 cm diameter	\$ 50.00

PROSTHETICS (INCLUDING ADJUSTMENTS AND RELINES FOR 6 MONTHS FOLLOWING INSTALLATION) REMOVABLE

Full upper denture	\$ 175.00
Full lower denture	\$ 175.00
Partial upper or lower denture without clasps, acrylic base.....	\$ 150.00
Partial upper or lower denture with two chrome clasps with rests, acrylic base	\$ 175.00
Partial upper or lower with chrome lingual or palatal bar with two clasps and rests, acrylic base	\$ 175.00
Repair broken full or partial denture, no teeth damaged	No Charge
Repair broken full or partial denture, replace broken tooth	\$ 10.00
Each additional tooth	\$ 10.00
Replace broken tooth on denture, no other repairs	\$ 10.00
Each additional tooth	\$ 10.00
Adding tooth to partial denture to replace extracted tooth.....	\$ 20.00
Each additional tooth	\$ 20.00
Reattaching clasp on denture, clasp intact.....	\$ 35.00
Replacing broken clasp with new clasp on denture.....	\$ 55.00
Relining upper or lower full or partial denture (office) once every 3 years.....	\$ 20.00
Relining upper or lower full or partial denture (lab) once every 3 years.....	\$ 35.00
Jump case, complete denture (duplicate of denture) once every 3 years.....	\$ 90.00

CROWNS

Two surface gold inlay	\$ 175.00
Three or more surfaces gold inlay	\$ 175.00
Acrylic jacket	No Charge
Acrylic with metal (semi-precious)	\$ 150.00
Porcelain jacket	\$ 175.00
Porcelain fused to metal (semi-precious)	\$ 175.00
¾ cast.....	\$ 150.00
Full cast.....	\$ 150.00

BRIDGES – PONTICS & ABUTMENTS (FIXED)*

Cast	\$ 150.00 each
Maryland bridge	\$ 175.00 each
Porcelain fused to metal (semi-precious)	\$ 175.00 each
Plastic processed to metal (semi-precious)	\$ 175.00 each

*Refer to exclusion #22

ORTHODONTIC

Maximum, 24 months (to age 19).....	\$ 1,300.00
Adult (19 years or older).....	\$ 2,500.00

LIMITATIONS AND EXCLUSIONS

BENEFITS shall not be provided for any of the following:

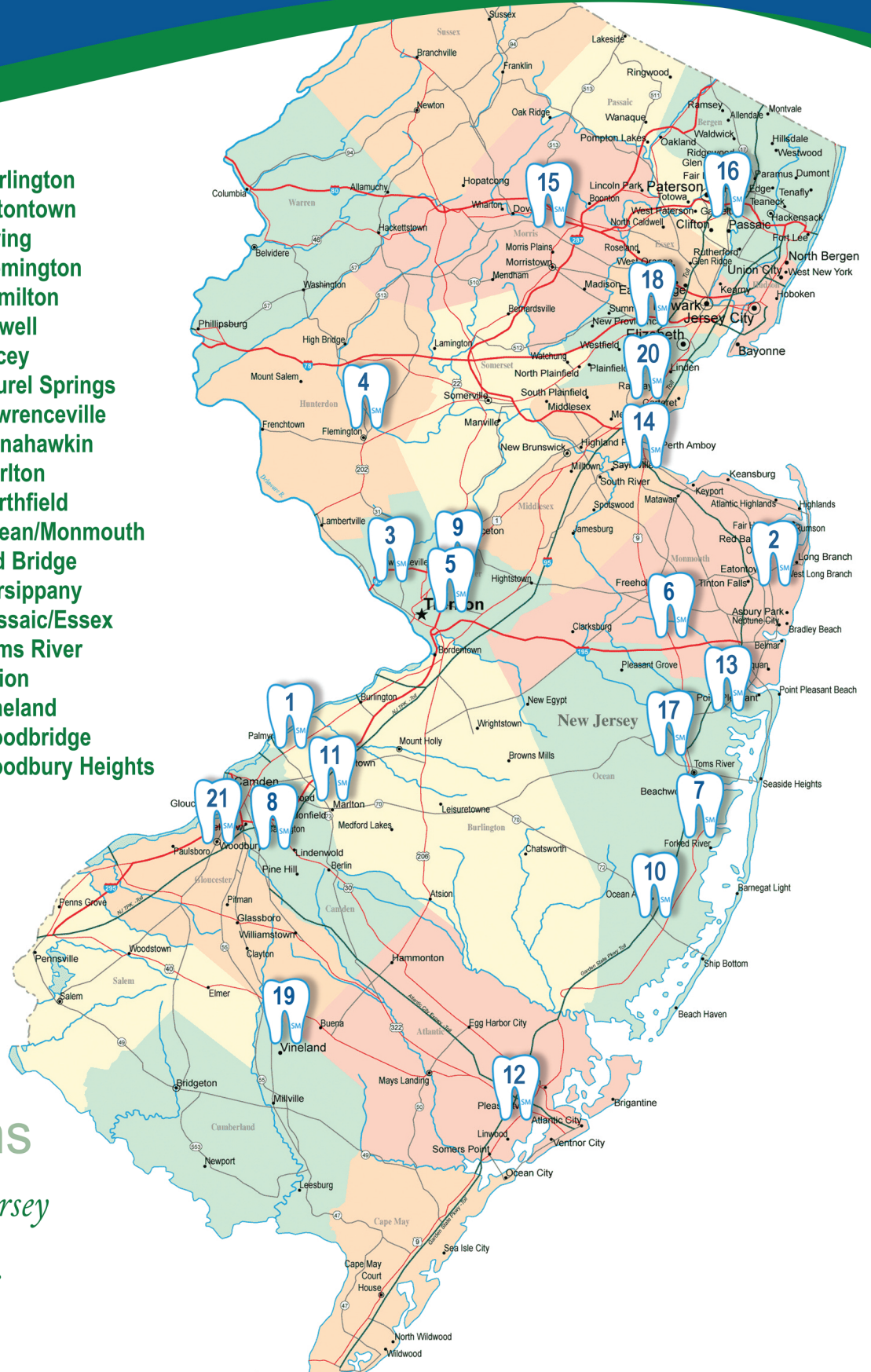
1. *Any dental services which were not rendered, prescribed, arranged, or approved by a Participating Dentist.*
2. *Bedside calls, either at home or in a hospital.*
3. *Any Hospital, outpatient or emergency facility administered anesthesia or any form of general anesthesia wherever administered, hospital charges, prescription drugs and/or laboratory tests.*
4. *Consultation by Non-Participating Dentist(s) unless specifically directed by DSO.*
5. *Any service or appliance for which the Covered Person incurs no charge.*
6. *Any service or appliance not required in accordance with accepted standards of dental practice in the geographic area and/or location in which the service is provided.*
7. *Any service or appliance received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group.*
8. *Services provided under any governmental program (excluding the Medicaid Act), any state or federal worker's compensation, employer's liability or occupational disease law or similar law for loss covered by such benefits; and services performed by a member of a Member's immediate family.*
9. *Anything other than services enumerated in this Contract.*
10. *Services rendered or items furnished for any conditions, disease, ailment or injury occurring while the Covered Person is on active duty during military service, or for services or items provided under the laws of the United States of America or of any State of the United States or of any Foreign country or of any political subdivision of any of the foregoing.*
11. *Dental services rendered prior to the date the Enrollee or Covered Person became eligible for such services under this Contract.*
12. *Any service(s) or item(s) which are determined by DSO's Dental Director, prior to being provided, not to be a necessary service or item incidental to the condition, disease or injury for which the Covered Person is being treated.*
13. *Broken appointments. An Enrollee may be liable for charges for broken appointments consistent with and if that is the policy of the provider office.*
14. *Any dependent(s) below age ten (10) where such dependent is so unruly as to make the rendering of services impractical under the circumstances in the opinion of the Participating Dentist.*
15. *Treatment of unmanageable patients. An attempt will be made to treat all patients; however, if a Covered Person is untreatable by virtue of fear or phobia, it is the Enrollee's responsibility to contact DSO and discuss possible referral to another office for treatment at the Enrollee's expense.*
16. *Treatment of a Covered Person with a communicable disease without medical clearance from such person's physician.*
17. *Services/supplies partially or wholly cosmetic in nature, including bleaching, bonding procedures and orthodontic services and appliances.*
18. *Replacement of any lost, stolen or existing prosthesis made within five (5) years.*
19. *Prosthetic devices, including but not limited to bridges, crowns, inlays, complete and partial removable dentures for which the final impressions were taken while the Covered Person was not Covered under this Plan; or where final impressions were taken while such Covered Person was covered under this Plan, but not finally installed or delivered to such Covered Person within sixty (60) days after termination of coverage.*
20. *Replacement of an orthodontic appliance including retainers, bite plates, functional appliances, lingual arches and tongue cribs or repair due to patient negligence.*
21. *Dental procedure(s) required because of insurrection, invasion, bombardment, rebellion, revolution, military or usurped power or riot or resulting from any type of accidental injury, whether or not due to or caused by negligence, act of God, deliberate conduct of any kind or caused by anything other than natural biological factors, improper, poorly performed or nonexistent dental hygiene or by reason of dental (including periodontal) disease.*
22. *Replacement of teeth by fixed bridgework where teeth are missing on both sides of the same arch or jaw. Where teeth are missing on both sides of the same arch, replacement will be accomplished by removable prosthesis.*
23. *Expenses for duplication, maintenance or repair of any appliance to be used as a spare.*
24. *Expenses for all periodontal regenerative therapy and appliances or restorations necessary to accomplish periodontal splinting, increase vertical dimensions or restore occlusion.*
25. *Expenses for occlusal equilibration except to the extent necessary to treat periodontal disease.*
26. *Expenses for implantology, sealants or mouthguards.*
27. *Treatment of major congenital defects, such as cleft palates, and associated deformities and temporomandibular joint dysfunction.*
28. *Repairs to a removable denture which is (i) at least five (5) years old; (ii) to be replaced; (iii) beyond repair; and (iv) no longer serviceable.*



Dental Services Organization, LLC

PROVIDER OFFICES

1. Eastern Dental® of Burlington
2. Eastern Dental® of Eatontown
3. Eastern Dental® of Ewing
4. Eastern Dental® of Flemington
5. Eastern Dental® of Hamilton
6. Eastern Dental® of Howell
7. Eastern Dental® of Lacey
8. Eastern Dental® of Laurel Springs
9. Eastern Dental® of Lawrenceville
10. Eastern Dental® of Manahawkin
11. Eastern Dental® of Marlton
12. Eastern Dental® of Northfield
13. Eastern Dental® of Ocean/Monmouth
14. Eastern Dental® of Old Bridge
15. Eastern Dental® of Parsippany
16. Eastern Dental® of Passaic/Essex
17. Eastern Dental® of Toms River
18. Eastern Dental® of Union
19. Eastern Dental® of Vineland
20. Eastern Dental® of Woodbridge
21. Eastern Dental® of Woodbury Heights



*Offering
managed care
dental plans
throughout New Jersey
for almost 30 years.*



PROVIDER OFFICES

**Eastern Dental®
of Burlington**
(856) 303-0600

Pep Boys Plaza
202 Route 130 North
Cinnaminson, NJ 08077-3304

**Eastern Dental®
of Eatontown**
(732) 660-0500

1802 Route 35 South
Oakhurst, NJ 07755-2912

**Eastern Dental®
of Ewing**
(609) 883-0801

1330 Parkway Avenue
Ewing, NJ 08628-3091

**Eastern Dental®
of Flemington**
(908) 237-2100

433 US Highway 202
Flemington, NJ 08822-6041

**Eastern Dental®
of Hamilton**
(609) 587-0600

2103 Whitehorse-Mercerville Road
Hamilton, NJ 08619-2694

**Eastern Dental®
of Howell**
(732) 683-1130

2346 Route 9 South
Howell, NJ 07731-4017

**Eastern Dental®
of Lacey**
(609) 693-6066

131 South Main Street (Route 9)
Forked River, NJ 08731-3635

**Eastern Dental®
of Laurel Springs**
(856) 784-5100

3 Kelly Drivers Road
Laurel Springs, NJ 08021-4823

**Eastern Dental®
of Lawrenceville**
(609) 587-6300

520 Lawrence Square Boulevard South
Lawrenceville, NJ 08648-2674

**Eastern Dental®
of Manahawkin**
(609) 489-0030

733 Route 72 East
Manahawkin, NJ 08050-2864

Eastern Dental® of Marlton
(856) 983-5400

951 Route 73 North, Suite A
Marlton, NJ 08053-3211

Eastern Dental® of Northfield
(609) 677-1589

1634 New Road (Route 9)
Northfield, NJ 08225-1108

**Eastern Dental®
of Ocean/Monmouth**
(732) 477-9200

Kennedy Plaza
2770 Hooper Avenue, Unit 4
Brick, NJ 08723-4108

Eastern Dental® of Old Bridge
(732) 727-3399

Sayrebrook Towne Center
2909 Washington Road, Suite 135
Parlin, NJ 08859-1513

**Eastern Dental®
of Parsippany**
(973) 292-2550

Powder Mill Plaza West
2936 Route 10 West
Morris Plains, NJ 07950-1244

**Eastern Dental®
of Passaic/Essex**
(973) 478-9300

600 Getty Avenue
Clifton, NJ 07011-1915

Eastern Dental® of Toms River
(732) 286-7020

1228 Route 37 West
Toms River, NJ 08755-4922

Eastern Dental® of Union
(908) 964-5406

2115 Route 22 West
Union, NJ 07083-8403

Eastern Dental® of Vineland
(856) 692-5400

1145 East Chestnut Avenue
Vineland, NJ 08360-5001

**Eastern Dental®
of Woodbridge**
(732) 750-3600

1030 St. Georges Avenue
Avenel, NJ 07001-1327

**Eastern Dental®
of Woodbury Heights**
(856) 845-7775

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