INSURANCE PLANS & IN-NETWORK FEES

	Adult	Phase I	1 Arch
ADA CODES	8090	8020	8040
AETNA - ALL OFFICES (eff 11/1/2023)	$ 6,500.00	$ 4,085.00	$ 2,000.00
AMERITAS - Rich/Frisco(Dentemax)	$ 4,663.10	$ 2,379.02	$ 1,539.62
AMERITAS - Sachse/Dallas (Ameritas)	$ 5,279.00	$ 3,440.00	$ 3,600.00
AMERITAS - Allen (Connection)	$ 4,550.00	$ 1,550.00	$ 1,550.00
ASSURANT (Same as Sunlife & Lincoln Financial)			
~~BCBS FEP Federal - ALL OFFICES (updated 3'25)~~	~~$ 5,025.45~~	~~$ 2,631.92~~	~~$ 1,657.74~~
BCBS of TX/IL - Rich, Frisco (DNoA/BCBSTX)	$ 4,389.35	$ 2,331.54	$ 1,350.55
BCBS: MUST SUBMIT ACTUAL TREATMENT TIME (12-18 = 18 MONTHS) - INS ONLY ALLOWS SET FEE PER MONTH so max won't pay out w/9mo.			
BCBS of TX/IL - Allen (DNoA/BCBSTX)	$ 5,025.45	$ 2,346.00	$ 1,404.99
BCBS of TX/IL-Dallas/Sachse (DNoA/BCBSTX)	$ 4,663.10	$ 2,379.02	$ 1,539.62
BCBS of MI - Rich (Dentemax Spec)			
CIGNA - Sachse (Out-of-network - UCR)	$ 6,899.00	$ 4,300.00	$ 4,500.00
CIGNA - <12 MONTHS	$ 3,363.00	$ 3,020.00	$ 2,833.00
CIGNA - 12-18 MONTHS	$ 4,257.00	$ 3,776.00	$ 3,589.00
CIGNA - 18-24 MONTHS and beyond	$ 5,151.00	$ 4,532.00	$ 4,345.00
CIGNA: MUST SUBMIT ACTUAL TREATMENT TIME (12-18 = 18 MONTHS) - INS ONLY ALLOWS SET FEE PER MONTH so max won't pay out w/9mo.			
CONNECTION FEE SCHEDULE	$ 4,600.00	$ 1,643.00	
DELTA DENTAL (ALL)	$ 4,490.00	$ 3,649.00	$ 3,796.00
Guardian - Allen/Frisco/Sachse (DTX750), Dallas (DTX752)	$ 4,309.00	$ 1,702.00	$ 1,702.00
Guardian - RICH (Ncoughltx)	$ 4,392.00	$ 1,261.00	$ 1,734.00
Lincoln Financial/Assurant/Sunlife			
Metlife (ALL) - increased 7/1/2025!	$ 5,000.00	$ 4,300.00	$ 4,300.00
Mutual of Omaha			
Principal	$ 5,279.00	$ 3,440.00	$ 3,440.00
UMR (Guardian - Sachse)	$ 4,309.00	$ 1,702.00	$ 1,702.00
United Concordia - ALL OFFICES	$ 5,800.00	$ 2,200.00	$ 2,200.00
UHC - Dallas (Sunlife/DHA)	$ 6,040.00	$ 3,480.00	$ 4,352.00
UHC - Allen (Connection/GEHA)	$ 4,550.00	$ 1,550.00	$ 1,550.00
UHC - Rich, Frisco (Dentemax Spec)	$ 4,663.10	$ 2,379.02	$ 1,539.62
UHC - Sachse (Out of network/UCR)	$ 6,899.00	$ 4,300.00	$ 4,500.00

Family/Friends/Staff Discounts

	8090	8020	8040
Immediate Family Braces (Mom/Dad/Brother/Sister/Daughter/Son)	$1000 Total	$1000 Total	$1000 Total
Immediate Family Aligners(Mom/Dad/Brother/Sister/Daughter/Son)	$2500 Total	$2500 Total	$2500 Total
Distant Family/Friends	$500 Off Patient Portion		
Staff (Braces)	$500	N/A	$500
Staff (Aligners)	$2000 Total	$2000 Total	$2000 Total

CASH PRICING/Lowest Fees

There is no difference between 1 vs 2 arches for Pricing

	Braces	DownPayment
<6 Months	$2,250	$399
6-12 Months	$2,955	$399
12-18 Months	$4,099	$399
18-24 Months	$4,799	$399
> 24 Months	$5,299	$399

RETAINERS

	Our Ortho Pt	Non Ortho Pt
Essix Retainer	$250/arch	$350/arch
Hawley Retainer	$350/arch	$350/arch
Permanent Retainer	$350/arch	$450/arch
Repair of Perm Ret	$50/tooth	$50/tooth
Retainer with Pontic	$350	$350

DEBOND-Non Ortho Patient

Debond ONLY	$500
Debond + Retainers	$750

Transfer Formula

Braces	Evaluate them as if they are a new patient. Do not charge for debonding current braces
Aligners	Charge them CASH FEES for BRACES

Relapse Patients

Time Since Debond	
<3 months	$499
3-6 Months	$776
6-12 Months	$999
>12 Months	20% Off Full Fee

Appliance Cost (add to braces fee)

Most Appliances	$449
Herbst	$795
Appliances for Staff	$350

CLEAR ALIGENRS

Candid	Invisalign	DownPayment
$4,899	$6,500	$1,199
$4,899	$6,500	$1,199
$4,899	$6,500	$1,199
$4,899	$6,500	$1,199
N/A	N/A	

If Aligner fee is LESS than the quoted braces price, make the Aligner fee match the HIGHER CLEAR braces fee

Our ortho patients get 1 FREE replacement if they bring the broken retainer within 12 months of finishing ortho treatment with us.