

Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in Smile Protection (“Plan”). “Member Pays” is defined as the dollar amount that Plan members in good standing pay for dental services rendered by a participating dental provider. Member savings are exclusive to participating dental offices. Exact member savings may vary by location.

| Procedure Description | Member Pays* |
|---|--------------|
| Preventive & Diagnostic | |
| Periodic Oral Evaluation - (D0120) | No Charge |
| Limited Oral Evaluation - Problem Focused (D0140) | No Charge |
| Comprehensive Oral Evaluation - (D0150) | No Charge |
| Full Mouth X-Rays (D0210) | No Charge |
| X-Ray - First Image (D0220) | No Charge |
| X-Ray - Each Add'l Image (D0230) | No Charge |
| X-Ray - Bitewing - Single Image (D0270) | No Charge |
| X-Ray - Bitewing - Two Images (D0272) | No Charge |
| X-Ray - Bitewing - Four Images (D0274) | No Charge |
| Panoramic X-Rays (D0330) | No Charge |
| Adult Cleaning (D1110) | \$83.00 |
| Child Cleaning (D1120) | \$64.00 |
| Fluoride - Including Varnish (D1206) | \$36.00 |
| Topical Application of Fluoride (D1208) | \$36.00 |
| Sealant - Per Tooth (D1351) | \$28.00 |
| Restorative | |
| Composite Filling - One Surface, Anterior (D2330) | \$116.00 |
| Composite Filling - Two Surfaces, Anterior (D2331) | \$145.00 |
| Composite Filling - Three Surfaces, Anterior (D2332) | \$169.00 |
| Composite Filling - Four Surfaces, Anterior (D2335) | \$329.00 |
| Composite Filling - One Surface, Posterior (D2391) | \$138.00 |
| Composite Filling - Two Surfaces, Posterior (D2392) | \$155.00 |
| Composite Filling - Three Surfaces, Posterior (D2393) | \$178.00 |
| Composite Filling - Four Surfaces, Posterior (D2394) | \$330.00 |
| Crown - Porcelain/Ceramic (D2740) | \$999.00 |

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| | |
|---|------------|
| Crown - Porcelain Fused to High Noble Metal (D2750) | \$999.00 |
| Crown - Porcelain Fused Predominantly Base Metal (D2751) | \$908.00 |
| Crown - Recementation (D2920) | \$88.00 |
| Core Buildup - including pins (D2950) | \$199.00 |
| Prefabricated post & core in addition to crown (2954) | \$259.00 |
| Porcelain Labial Veneer (D2962) | \$1,035.00 |
| Endodontics | |
| Pulp Cap - Indirect (Excluding Final Restoration) (D3120) | \$83.00 |
| Root Canal - Anterior (Excluding Final Restoration) (D3310) | \$729.00 |
| Root Canal - Bicuspid (Excluding Final Restoration) (D3320) | \$849.00 |
| Root Canal - Molar (Excluding Final Restoration) (D3330) | \$1,079.00 |
| Periodontics | |
| Perio Scaling / Root Planing - 4+ teeth per quad (D4341) | \$189.00 |
| Perio scaling / root planing - 1-3 teeth per quad (D4342) | \$159.00 |
| Gingival Scaling (D4346) | \$99.00 |
| Arestin - Per Tooth (D4381) | \$43.00 |
| Periodontal Maintenance (D4910) | \$123.00 |
| Gingival Irrigation - Per Quad (D4921) | \$33.00 |
| Prosthodontics | |
| Complete Denture - upper or lower (D5110 & D5120) | \$1,095.00 |
| Partial Denture w/ Metal Frame - upper or lower (D5213 & D5214) | \$1,210.00 |
| Reline Complete Denture (Indirect) upper or lower (D5750 & 5751) | \$495.00 |
| Interim Partial Denture - upper or lower (D5820 & 5821) | \$495.00 |
| Implant Services | |
| Surgical Placement Of Implant Body: Endosteal Implant (D6010) | \$2,195.00 |
| Prefabricated Abutment (D6056) | \$875.00 |
| Abutment Supported Porcelain/Ceramic Crown (D6058) | \$1,320.00 |
| Implant Maintenance Procedures, Including Cleansing of Prostheses and Abutments (D6080) | \$292.00 |
| Bone Graft at Implant Placement (D6104) | \$534.00 |

| Oral Surgery | |
|---|------------|
| Extraction - Erupted Tooth or Exposed Root (D7140) | \$120.00 |
| Surgical Removal of Erupted Tooth (D7210) | \$249.00 |
| Extraction - Impacted Tooth - Soft Tissue (D7220) | \$275.00 |
| Extraction - Impacted Tooth - Partial Bony (D7230) | \$330.00 |
| Extraction - Impacted Tooth - Full Bony (D7240) | \$440.00 |
| Surgical Removal of Residual Roots (D7250) | \$275.00 |
| Bone Replacement for Ridge Preservation (per site) (D7953) | \$385.00 |
| Orthodontics | |
| Comprehensive Ortho Treatment - Adolescent (GA, FL, TX) (D8080) | \$3,720.00 |
| Comprehensive Ortho Treatment - Adolescent (CT, MA, MI, NJ, NY, OH) (D8080) | \$4,420.00 |
| Comprehensive Ortho Treatment - Adult (GA, FL, TX) (D8090) | \$4,220.00 |
| Comprehensive Ortho Treatment - Adult (CT, MA, MI, NJ, NY, OH) (D8090) | \$4,820.00 |
| General Services | |
| Nitrous Oxide (D9230) | \$99.00 |
| Application Of Desensitizing Medicament (D9910) | \$61.00 |
| Occlusal Guard - Hard Appliance, Full Arch (D9944) | \$495.00 |
| Occlusal Guard - Soft Appliance, Full Arch (9945) | \$495.00 |
| External Bleaching - Per Arch - Performed in Office (D9972) | \$356.00 |
| External Bleaching for Home Application (D9975) | \$105.00 |
| Missed Appointment (9989) | \$39.00 |
| Cancelled Appointment (9987) | \$39.00 |

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