

Member Fee Schedule

This fee schedule is **exclusive** to services provided by Appalachian Dental Associates, Asheville dental office participating in **Bright Smile Club** ("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. Unless otherwise specified in this fee schedule, plan discounts do not apply to services performed by a dental specialist (i.e., periodontics, endodontics, orthodontics, and oral surgery) or dental hygiene products (e.g., chlorhexidine, toothbrushes, etc.). Member savings and plan incentives are exclusive to participating dental offices. Exact member savings and availability of certain procedures may vary by location.

Procedure Description	Member Pays
Preventive & Diagnostic	
Any Two (2) Exams per year	No Charge
X-Rays (bitewings & PAs)	No Charge
Adult Cleanings (D1110)	\$83
Child Cleanings (D1120)	\$56
Limited Exam - Problem Focused (D0140)	\$65
Fluoride (D1208)	\$29
Sealant - Per Tooth (D1351)	\$52
Basic Restorative	
Composite Filling - One Surface, Anterior (D2330)	\$134
Composite Filling - Three Surface, Anterior (D2332)	\$215
Composite Filling - Four + Surface, Anterior (D2335)	\$238
Composite Filling - One Surface, Posterior (D2391)	\$164
Composite Filling - Two Surface, Posterior (D2392)	\$196
Composite Filling - Three Surface, Posterior (D2393)	\$239
Crown - Porcelain/Ceramic (D2740)	\$1,034
Crown - Recementation (D2920)	\$83
Core Buildup (D2950)	\$223
Periodontics	
Perio Scaling/Root Planing per quad (D4341)	\$215
Periodontal Maintenance (D4910)	\$122

Specialty	
Root Canal - Molar (D3330)	\$869
Abutment Supported Crown Porc/Ceramic (D6058)	\$1,073
Simple Extraction (D7140)	\$164
Surgical Extraction (D7210)	\$307
Orthodontic Retainers (D8680)	\$228
25% OFF OTHER SELECT SERVICES, SEE YOUR DENTAL OFFICE FOR COMPLETE LIST OF SAVINGS	

Dental membership plan(s) described herein are NOT INSURANCE. Plan members pay periodic membership fees in exchange for access to discounts on certain identified dental services rendered by participating providers in accordance with the plan fee schedule. Plan members are obligated to pay dental providers directly for services rendered. Plan details, retail fees and member savings may vary by plan, provider and/or dental office location, please see specific plan terms and conditions for details. Dental membership plans are not qualified health plans under the Affordable Care Act, and do not meet the minimum creditable coverage requirements under M.G.L.c. 111M and 956 CMR 5.00. Dental membership plan administered by Membersy LLC, a discount medical plan operator; with the exception of dental membership plans offered to consumers in the State of California, which are administered by The CDI Group, Inc., a licensed discount specialized health care plan. Mailing Address: P.O. Box 163990, Austin, TX 78716-3990. Membersy and The CDI Group do not make payments to dental providers for services rendered to plan members. Dental membership plan(s) described herein are not affiliated with or endorsed by any state insurance department. To obtain additional information about dental membership plans, please call (877) 545-4188 or email questions to hello@membersy.com.