

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)	89.00
Child Cleaning (D1120)	67.00
Fluoride - Including Varnish (D1206)	37.00
Topical Application of Fluoride (D1208)	37.00
Sealant - Per Tooth (D1351)	33.00
Restorative	
Composite Filling - One Surface, Anterior (D2330)	145.00
Composite Filling - Two Surfaces, Anterior (D2331)	186.00
Composite Filling - Three Surfaces, Anterior (D2332)	219.00
Composite Filling - Four Surfaces, Anterior (D2335)	362.00
Composite Filling - One Surface, Posterior (D2391)	154.00
Composite Filling - Two Surfaces, Posterior (D2392)	175.00

Composite Filling - Three Surfaces, Posterior (D2393)	209.00
Composite Filling - Four Surfaces, Posterior (D2394)	363.00
Crown - Porcelain/Ceramic (D2740)	1151.00
Crown - Porcelain Fused to High Noble Metal (D2750)	1151.00
Crown - Porcelain Fused Predominantly Base Metal (D2751)	1151.00
Crown - Recementation (D2920)	99.00
Core Buildup - including pins (D2950)	249.00

Prefabricated post & core in addition to crown (D2954)	285.00
Porcelain Labial Veneer (D2962)	1,198.00

Endodontics

Pulp Cap - Indirect (Excluding Final Restoration) (D3120)	91.00
Root Canal - Anterior (Excluding Final Restoration) (D3310)	799.00
Root Canal - Bicuspid (Excluding Final Restoration) (D3320)	899.00
Root Canal - Molar (Excluding Final Restoration) (D3330)	1,199.00

Periodontics

Perio Scaling / Root Planing - 4+ teeth per quad (D4341)	199.00
Perio scaling / root planing - 1-3 teeth per quad (D4342)	173.00
Gingival Scaling (D4346)	109.00
Arestin - Per Tooth (D4381)	49.00
Periodontal Maintenance (D4910)	133.00
Gingival Irrigation - Per Quad (D4921)	36.00

Prosthodontics

Complete Denture - upper or lower (D5110 & D5120)	1,333.00
Partial Denture w/ Metal Frame - upper or lower (D5213 & D5214)	1,493.00

Reline Complete Denture (Indirect) upper or lower (D5750 & D5751)	545.00
Interim Partial Denture - upper or lower (D5820 & D5821)	545.00
Implant Services	
Surgical Placement Of Implant Body: Endosteal Implant (D6010)	2,299.00
Prefabricated Abutment (D6056)	962.00
Abutment Supported Porcelain/Ceramic Crown (D6058)	1,452.00
Implant Maintenance Procedures, Including Cleansing of Prostheses and Abutments (D6080)	365.00
Bone Graft at Implant Placement (D6104)	600.00
Oral Surgery	
Extraction - Erupted Tooth or Exposed Root (D7140)	155.00
Surgical Removal of Erupted Tooth (D7210)	255.00
Extraction - Impacted Tooth - Soft Tissue (D7220)	303.00
Extraction - Impacted Tooth - Partial Bony (D7230)	363.00
Extraction - Impacted Tooth - Full Bony (D7240)	469.00

Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in **Smile Protection Dental Plan** ("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. *Free exams and x-rays provided on an as-needed basis at the discretion of the dental provider.*

Surgical Removal of Residual Roots (D7250)	303.00
Bone Replacement for Ridge Preservation (per site) (D7953)	400.00
Orthodontics	
Comprehensive Ortho Treatment - Adolescent (GA, FL, TX) (D8080)	4,020.00
Comprehensive Ortho Treatment - Adolescent (CT, MA, MI, NJ, NY, OH) (D8080)	4,720.00
Comprehensive Ortho Treatment - Adult (GA, FL, TX) (D8090)	4,520.00
Comprehensive Ortho Treatment - Adult (CT, MA, MI, NJ, NY, OH) (D8090)	5,120.00
General Services	
Nitrous Oxide (D9230)	99.00
Application Of Desensitizing Medicament (D9910)	79.00
Occlusal Guard - Hard Appliance, Full Arch (D9944)	495.00
Occlusal Guard - Soft Appliance, Full Arch (D9945)	545.00
External Bleaching - Per Arch - Performed in Office (D9972)	425.00
External Bleaching for Home Application (D9975)	155.00
Missed Appointment (D9986)	43.00
Canceled Appointment (D9987)	44.00

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.