

DentalSave Network Rhode Island Fee Schedule

(PAGE 1 of 2)

EFFECTIVE April 1, 2013

Discount plans are not insurance This schedule applies to services provided by a participating General Dentist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Non listed procedures on this schedule will be discounted at 25% off the General Dentist normal fee. If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will give 25% off his normal fee. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 25% discount off their normal fees.

PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE

CODE	DESCRIPTION NETWO	RK DENTIST FEE	USUAL FEE	CODE	DESCRIPTION NETWOR	RK DENTIST FEE	USUAL FEE
CODE	DIAGNOSTIC PROCEDURES	1.55	166	D2954	Prefabricated post and core	\$225.00	\$400.00
D0120	Periodic oral evaluation - established patient	*\$0	\$70.00	D2960	Labial veneer (resin) - chairside	\$450.00	
D0140	Consultation	, -	,,,,,,,	D2962	Labial veneer (porcelain) - laboratory		\$1.150.00
	(limited oral evaluation - problem focused)	\$45.00	\$90.00	22002	" ,	+000.00	¥1,100.00
D0150	Comprehensive oral evaluation - new or establish	ed * \$0	\$90.00	D2110	ENDODONTICS Dulp on direct (aval. final rectoration)	ĆEO OO	¢0E 00
D0210	Intraoral - complete series (including bitewings)	\$65.00	\$140.00	D3110 D3220	Pulp cap - direct (excl. final restoration) Therepoutin pulp to my (excl. final restoration)	\$50.00 \$110.00	
D0220	Intraoral - periapical first film	\$15.00	\$30.00	D3220	Therapeutic pulpotomy - (excl. final restoration) Anterior Root Canal	\$415.00	\$205.00 \$825.00
D0230	Intraoral - periapical each additional film	\$12.00	\$25.00	D3310	Bicuspid Root Canal		\$1,005.00
D0270	Bitewing - single film	\$15.00	\$30.00	D3320	Molar Root Canal		\$1,005.00
D0272	Bitewing - two films	\$24.00	\$50.00	D3330		7023.00	Ψ1,230.00
D0274	Bitewing - four films	\$38.00	\$90.00		PERIODONTICS		
D0330	X-rays - Panoramic film	\$60.00	\$125.00	D4341	Periodontal scaling and root planing		****
	* in conjunction with cleaning and X-rays only	v		D 4055	(per quadrant)	\$140.00	\$260.00
		•		D4355	Full mouth debridement	\$85.00	\$175.00
D1110	PREVENTIVE PROCEDURES	¢64.00	¢10E 00	D4910	Periodontal maintenance	\$85.00	\$145.00
D1110 D1120	Adult cleaning, polishing and scaling	\$61.00 \$41.00	\$125.00 \$80.00		PROSTHODONTICS - REMOVABLE		
D1120 D1208	Child cleaning and polishing - excluding fluoride Topical application of fluoride	\$23.00	\$50.00		Complete Dentures		
D1208	Sealant - per tooth	\$25.00	\$60.00	D5110	Complete denture - maxillary	\$860.00	\$1,650.00
D1531	Space Maintainer - fixed - unilateral	\$185.00	\$350.00	D5120	Complete denture - mandibular	\$860.00	\$1,650.00
D1516	Space Maintainer - fixed - bilateral	\$265.00	\$525.00	D5130	Immediate denture -maxillary		\$1,750.00
D1313	•	Q203.00	Ψ323.00	D5140	Immediate denture - mandibular	\$985.00	\$1,750.00
	RESTORATIVE PROCEDURES				Partial Dentures		
D2140	Almagam Restorations	CCE OO	¢150.00	D5211	Maxillary partial denture - resin base	\$800.00	\$1,250.00
D2140	One surface, primary or permanent	\$65.00	\$150.00 \$175.00	D5212	Mandibular partial denture - resin base	\$800.0 0	\$1,350.00
D2150 D2160	Two surfaces, primary or permanent Three surfaces, primary or permanent	\$80.00 \$100.00	\$220.00	D5213	Maxillary partial denture - cast metal framework	\$930.00	\$1,695.00
D2160 D2161	Four or more surfaces, primary or permanent	\$100.00	\$250.00	D5214	Mandibular partial denture		
D2101		\$120.00	Ψ230.00		- cast metal framework	\$930.00	\$1,795.00
	Resin-based Composite Restorations - Direct				Adjustments to Dentures		
D0000	Anterior Composites:	¢00.00	¢17F.00	D5410	Adjust complete denture - maxillary	\$60.00	\$125.00
D2330	one surface	\$80.00	\$175.00 \$193.00	D5411	Adjust complete denture - mandibular	\$60.00	\$125.00
D2331 D2332	two surfaces three surfaces	\$105.00 \$135.00	\$230.00		Repairs to Dentures		
D2332 D2335	four or more surfaces	\$165.00	\$284.00	D5510	Repair broken complete denture base	\$105.00	\$300.00
D2333		9103.00	Ψ204.00	D5520	Replace missing or broken teeth		
50004	Posterior Composites:		****		- complete denture	\$100.00	\$250.00
D2391	one surface	\$95.00	\$220.00	D5650	Add tooth to existing partial denture	\$99.00	\$260.00
D2392	two surfaces	\$125.00	\$260.00	D5660	add clasp to existing partial denture	\$125.00	\$350.00
D2393	three surfaces	\$155.00	\$270.00		Denture Rebase Procedures		
D2394	four or more surfaces	\$175.00	\$320.00	D5730	Reline complete maxillary denture (chairside)	\$205.00	\$350.00
	Crown - Single Restoration Only			D5731	Reline complete mandibular denture (chairside)	\$205.00	\$350.00
D2750	Crown - Porcelain fused to high noble metal	\$715.00	\$1,300.00	D5740	Reline maxillary partial denture (chairside)	\$205.00	\$350.00
D2751	Crown - Porcelain fused to			D5741	Reline mandibular partial denture (chairside)	\$205.00	\$350.00
	predominantly base metal		\$1,105.00	D5750	Reline complete maxillary denture (laboratory)	\$265.00	\$450.00
D2752	Crown - Porcelain fused to noble metal		\$1,200.00	D5751	Reline complete mandibular denture (laboratory)	\$265.00	\$450.00
D2920	Recement crown	\$65.00		D5760	Reline maxillary partial denture (laboratory)	\$265.00	\$450.00
D2950	Core buildup - including any pins	\$165.00	\$275.00	D5761	Reline mandibular partial denture (laboratory)	\$265.00	\$450.00
D2951	Pin retention - per tooth	\$40.00	\$80.00				
D2952	Post and core - indirectly fabricated	\$260.00	\$425.00				



Dental Save Network Rhode Island Fee Schedule(PAGE 2 of 2)

EFFECTIVE April 1, 2013

CODE	DESCRIPTION NET	WORK DENTIST FEE	USUAL FEE	CODE	DESCRIPTION	ORK DENTIST FEE	USUAL FEE
	PROSTHODONTICS - FIXED				ORAL AND MAXILLOFACIAL SURGERY		
D6240	Pontic - Porcelain fused to high noble metal	\$700.00	\$1,300.00	D7111	Extraction, coronal remnants-deciduous tooth	\$71.00	\$120.00
D6241	Pontic - Porcelain fused to			D7140	Extraction, erupted tooth or exposed root	\$80.00	\$160.00
	predominantly base metal	\$595.00	\$1,150.00	D7210	Surgical Extraction	\$150.00	\$295.00
D6242	Pontic - Porcelain fused to noble metal	\$635.00	\$1,200.00	D7250	Surgical removal of residual tooth roots	\$135.00	\$285.00
D6750	Crown - Porcelain fused to high noble metal	\$700.00	\$1,400.00	D7510	Incision and drainage of abscess	\$130.00	\$250.00
D6751	Crown - Porcelain fused to						
	predominantly base metal	\$595.00	\$1,250.00				
D6752	Crown - Porcelain fused to noble metal	\$635.00	\$1,200.00				
D6930	Recement fixed partial denture	\$85.00	\$200.00				

PLEASE NOTE

- Oral Examination and Diagnosis at no charge is in conjunction with cleaning and x-rays only.
- USUAL FEE- represents average current rate dentists charge NONPLAN patients based on a survey of dentists in the geographical area of the plan.
- NETWORK DENTISTS FEES represents the discounted fee the PATIENT pays directly to the plan dentist and may not be the only cost incurred for a given treatment many treatments may require more than one dental procedure. Please consult your DentalSave provider for a detailed treatment plan prior to beginning any work.
- It is the Member's responsibility to verify that the dentist is a participating DentalSave provider before seeking any treatment. *Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member at the dentist's normal fees.
- Procedures not listed on this schedule will be discounted at 25% off the General Dentist's normal fee.
- Specialists will give a 25% discount off of their normal fees.
- If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will give 25% off his normal fee.
- · Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.
- DentalSave cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating DentalSave provider. Not all types
 of dentists may be available in your area.
- Some providers may charge for missed or broken appointments if no prior notice is given.
- Dentists will decide whether fees for services are due on the spot or in installments.
- It is at the dentist's discretion whether or not to co-ordinate benefits with another dental plan or insurance.
- · DentalSave may periodically adjust this fee schedule.
- While all participating DentalSave providers are professionally licensed in the state in which they practice, DentalSave does not guarantee the quality of service of the providers.
 Any quality of care concerns involving any participating DentalSave provider should be directed in writing to: DentalSave Attn. Provider Relations, 845 3rd Ave 20th FL New York, NY 10022. Please call 800-585-1025 if you have any further questions.



DentalSave Network Specialists Fee Schedule

EFFECTIVE April 1, 2013

Discount plans are not insurance

This schedule applies to services provided by participating Specialists (Board Certified or Advanced Degree). Participating General Dentists do not charge according to this fee schedule. For participating General Dentists fees please refer to your DentalSave network General Dentists Schedule.

PLEASE READ IMPORTANT PLAN INFORMATION AT THE END OF THIS SCHEDULE

SPECIALISTS FEE SCHEDULE

ORAL SURGEON

Participating Oral Surgeons will provide a 25% discount off their usual rates for all plan members

ORTHODONTIST

Participating Orthodontists will provide a 25% discount off their usual rates for all plan members

ENDODONTIST

Participating Endodontists will provide a 25% discount off their usual rates for all plan members

PERIODONTIST

Participating Periodontists will provide a 25% discount off their usual rates for all plan members

PROSTHODONTIST

Participating Prosthodontists will provide a 25% discount off their usual rates for all plan members

PEDODONTIST

Participating Pedodontists will provide a 25% discount off their usual rates for all plan members

IMPLANTOLOGY

Participating Dentists will provide a 25% discount off their usual rates for all plan members

TMJ SPECIALIST

(TEMPOROMANDIBULAR JOINT SYNDROME)

Providers who treat TMJ will provide a 25% discount off their usual rates for all plan members

PLEASE NOTE

- It is the Member's responsibility to verify that the dentist is a participating DentalSave provider before seeking any treatment. Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member at the dentist's normal fees.
- · Procedures performed by DentalSave Network participating specialists will be discounted at 25% off the Dentist's normal fee.
- · Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.
- DentalSave cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating DentalSave provider. Not all types of dentists may be available in your area.
- · Some providers may charge for missed or broken appointments if no prior notice is given.
- Dentists will decide whether fees for services are due on the spot or in installments.
- · It is at the dentist's discretion whether or not to co-ordinate benefits with another dental plan or insurance.
- · DentalSave may periodically adjust this fee schedule.
- While all participating DentalSave providers are professionally licensed in the state in which they practice, DentalSave does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating DentalSave provider should be directed in writing to: DentalSave Attn. Provider Relations, 845 3rd Ave 20th FL New York, NY 10022. Please call 800.585.1025 if you have any further questions.