

Important Please Read

- ✓ This schedule applies to services provided by DentalSave participating general dentists only.
- ✓ DentalSave participating specialists will provide a 25% discount on their usual fees.
- ✓ **If the participating provider's "Usual Fee" is equal to or lower than the listed "Member Pays" fee, The provider shall provide an additional 25% discount off their usual fee.**

- ✓ Dental procedure codes not listed on this schedule will be discounted at 25% off the participating general dentist's usual fee at the time of service.
- ✓ Each participating dentist is assigned to a specific fee schedule.
- ✓ Dental plans are not dental insurance.

Diagnostic Procedures

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|---|-----------|-------------|
| D0120 | periodic oral evaluation - established patient | 75.00 | 40.00 |
| D0140 | limited oral evaluation - problem focused | 110.00 | 60.00 |
| D0150 | comprehensive oral evaluation - new or established patient | 131.00 | 70.00 |
| D0160 | detailed and extensive oral evaluation - problem focused, by report | 209.00 | 115.00 |
| D0170 | re-evaluation - limited, problem focused (established patient; not post-operative visit) | 101.00 | 55.00 |
| D0180 | comprehensive periodontal evaluation - new or established patient | 138.00 | 75.00 |
| D0210 | intraoral - comprehensive series of radiographic images | 190.00 | 105.00 |
| D0220 | intraoral - periapical first radiographic image | 44.00 | 25.00 |
| D0230 | intraoral - periapical each additional radiographic image | 37.00 | 20.00 |
| D0240 | intraoral - occlusal radiographic image | 55.00 | 30.00 |
| D0250 | extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | 86.00 | 45.00 |
| D0270 | bitewing - single radiographic image | 41.00 | 25.00 |
| D0272 | bitewings - two radiographic images | 66.00 | 35.00 |
| D0273 | bitewings - three radiographic images | 78.00 | 45.00 |
| D0274 | bitewings - four radiographic images | 93.00 | 50.00 |
| D0277 | vertical bitewings - 7 to 8 radiographic images | 137.00 | 75.00 |
| D0330 | panoramic radiographic image | 163.00 | 90.00 |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | 167.00 | 90.00 |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | 95.00 | 50.00 |
| D0460 | pulp vitality tests | 81.00 | 45.00 |
| D0470 | diagnostic casts | 171.00 | 95.00 |

Preventive Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|---|-----------|-------------|
| D1110 | prophylaxis - adult | 131.00 | 70.00 |
| D1120 | prophylaxis - child | 98.00 | 55.00 |
| D1208 | topical application of fluoride - excluding varnish | 53.00 | 30.00 |
| D1330 | oral hygiene instructions | 76.00 | 40.00 |
| D1351 | sealant - per tooth | 79.00 | 45.00 |

| | | | |
|-------|--|--------|--------------|
| D1510 | space maintainer - fixed, unilateral - per quadrant | 443.00 | 245.00 |
| D1516 | space maintainer - fixed - bilateral, maxillary | 587.00 | 25% Discount |
| D1520 | space maintainer - removable, unilateral - per quadrant | 523.00 | 290.00 |
| D1526 | space maintainer - removable - bilateral, maxillary | 642.00 | 25% Discount |
| D1551 | re-cement or re-bond bilateral space maintainer - maxillary | 124.00 | 25% Discount |
| D1552 | re-cement or re-bond bilateral space maintainer - mandibular | 129.00 | 25% Discount |

Restorative Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|---|-----------|-------------|
| D2140 | amalgam - one surface, primary or permanent | 207.00 | 115.00 |
| D2150 | amalgam - two surfaces, primary or permanent | 261.00 | 145.00 |
| D2160 | amalgam - three surfaces, primary or permanent | 317.00 | 175.00 |
| D2161 | amalgam - four or more surfaces, primary or permanent | 374.00 | 205.00 |
| D2330 | resin-based composite - one surface, anterior | 244.00 | 135.00 |
| D2331 | resin-based composite - two surfaces, anterior | 294.00 | 160.00 |
| D2332 | resin-based composite - three surfaces, anterior | 361.00 | 200.00 |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | 457.00 | 250.00 |
| D2390 | resin-based composite crown, anterior | 629.00 | 345.00 |
| D2391 | resin-based composite - one surface, posterior | 265.00 | 145.00 |
| D2392 | resin-based composite - two surfaces, posterior | 337.00 | 185.00 |
| D2393 | resin-based composite - three surfaces, posterior | 416.00 | 230.00 |
| D2394 | resin-based composite - four or more surfaces, posterior | 489.00 | 270.00 |
| D2510 | inlay - metallic - one surface | 1,300.00 | 715.00 |
| D2520 | inlay - metallic - two surfaces | 1,352.00 | 745.00 |
| D2530 | inlay - metallic - three or more surfaces | 1,413.00 | 775.00 |
| D2542 | onlay - metallic - two surfaces | 1,440.00 | 790.00 |
| D2543 | onlay - metallic - three surfaces | 1,474.00 | 810.00 |
| D2544 | onlay - metallic - four or more surfaces | 1,548.00 | 850.00 |
| D2610 | inlay - porcelain/ceramic - one surface | 1,352.00 | 745.00 |
| D2620 | inlay - porcelain/ceramic - two surfaces | 1,380.00 | 760.00 |
| D2630 | inlay - porcelain/ceramic - three or more surfaces | 1,438.00 | 790.00 |
| D2642 | onlay - porcelain/ceramic - two surfaces | 1,441.00 | 795.00 |
| D2643 | onlay - porcelain/ceramic - three surfaces | 1,490.00 | 820.00 |

| | | | |
|-------|---|----------|---------------|
| D2644 | onlay - porcelain/ceramic - four or more surfaces | 1,555.00 | 855.00 |
| D2650 | inlay - resin-based composite - one surface | 1,274.00 | 700.00 |
| D2651 | inlay - resin-based composite - two surfaces | 1,287.00 | 710.00 |
| D2652 | inlay - resin-based composite - three or more surfaces | 1,323.00 | 730.00 |
| D2662 | onlay - resin-based composite - two surfaces | 1,370.00 | 755.00 |
| D2663 | onlay - resin-based composite - three surfaces | 1,397.00 | 770.00 |
| D2664 | onlay - resin-based composite - four or more surfaces | 1,439.00 | 790.00 |
| D2710 | crown - resin-based composite (indirect) | 1,346.00 | 740.00 |
| D2720 | crown - resin with high noble metal | 1,495.00 | 820.00 |
| D2721 | crown - resin with predominantly base metal | 1,435.00 | 790.00 |
| D2722 | crown - resin with noble metal | 1,435.00 | 790.00 |
| D2740 | crown - porcelain/ceramic | 1,603.00 | 880.00 |
| D2750 | crown - porcelain fused to high noble metal | 1,582.00 | 870.00 |
| D2751 | crown - porcelain fused to predominantly base metal | 1,493.00 | 820.00 |
| D2752 | crown - porcelain fused to noble metal | 1,532.00 | 845.00 |
| D2780 | crown - 3/4 cast high noble metal | 1,594.00 | 875.00 |
| D2781 | crown - 3/4 cast predominantly base metal | 1,502.00 | 825.00 |
| D2782 | crown - 3/4 cast noble metal | 1,533.00 | 845.00 |
| D2783 | crown - 3/4 porcelain/ceramic | 1,569.00 | 865.00 |
| D2790 | crown - full cast high noble metal | 1,656.00 | 910.00 |
| D2791 | crown - full cast predominantly base metal | 1,470.00 | 810.00 |
| D2792 | crown - full cast noble metal | 1,549.00 | 850.00 |
| D2910 | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 168.00 | 90.00 |
| D2920 | re-cement or re-bond crown | 167.00 | 90.00 |
| D2930 | prefabricated stainless steel crown - primary tooth | 379.00 | 210.00 |
| D2931 | prefabricated stainless steel crown - permanent tooth | 454.00 | 250.00 |
| D2932 | prefabricated resin crown | 500.00 | 275.00 |
| D2933 | prefabricated stainless steel crown with resin window | 494.00 | 270.00 |
| D2940 | protective restoration | 184.00 | 100.00 |
| D2950 | core buildup, including any pins when required | 385.00 | 210.00 |
| D2951 | pin retention - per tooth, in addition to restoration | 108.00 | 60.00 |
| D2952 | post and core in addition to crown, indirectly fabricated | 580.00 | 320.00 |
| D2953 | each additional indirectly fabricated post - same tooth | 430.00 | 235.00 |
| D2954 | prefabricated post and core in addition to crown | 474.00 | 260.00 |
| D2955 | post removal | 411.00 | 225.00 |
| D2957 | each additional prefabricated post - same tooth | 288.00 | 160.00 |
| D2960 | labial veneer (resin laminate) - direct | 964.00 | 530.00 |

Endodontic Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|--|-----------|---------------|
| D3110 | pulp cap - direct (excluding final restoration) | 123.00 | 70.00 |
| D3120 | pulp cap - indirect (excluding final restoration) | 121.00 | 65.00 |
| D3220 | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 302.00 | 165.00 |
| D3221 | pulpal debridement, primary and permanent teeth | 330.00 | 180.00 |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 388.00 | 215.00 |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 423.00 | 235.00 |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | 1,087.00 | 600.00 |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | 1,235.00 | 680.00 |
| D3330 | endodontic therapy, molar tooth (excluding final restoration) | 1,495.00 | 820.00 |
| D3331 | treatment of root canal obstruction; non-surgical access | 820.00 | 450.00 |
| D3332 | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 633.00 | 350.00 |
| D3333 | internal root repair of perforation defects | 492.00 | 270.00 |
| D3346 | retreatment of previous root canal therapy - anterior | 1,257.00 | 690.00 |
| D3347 | retreatment of previous root canal therapy - premolar | 1,419.00 | 780.00 |
| D3348 | retreatment of previous root canal therapy - molar | 1,671.00 | 920.00 |
| D3351 | apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 513.00 | 280.00 |
| D3352 | apexification/recalcification - interim medication replacement | 365.00 | 200.00 |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) | 744.00 | 410.00 |
| D3410 | apicoectomy - anterior | 1,029.00 | 565.00 |
| D3421 | apicoectomy - premolar (first root) | 1,168.00 | 640.00 |
| D3425 | apicoectomy - molar (first root) | 1,300.00 | 715.00 |
| D3426 | apicoectomy (each additional root) | 603.00 | 330.00 |
| D3430 | retrograde filling - per root | 414.00 | 230.00 |
| D3450 | root amputation - per root | 722.00 | 395.00 |
| D3470 | intentional reimplantation (including necessary splinting) | 1,099.00 | 605.00 |
| D3910 | surgical procedure for isolation of tooth with rubber dam | 324.00 | 180.00 |
| D3920 | hemisection (including any root removal), not including root canal therapy | 652.00 | 360.00 |
| D3950 | canal preparation and fitting of preformed dowel or post | 358.00 | 195.00 |

Periodontic Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|---|-----------|---------------------|
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 891.00 | 490.00 |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 466.00 | 255.00 |
| D4230 | anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant | 1,263.00 | 25% Discount |
| D4231 | anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant | 867.00 | 25% Discount |
| D4240 | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 1,083.00 | 595.00 |
| D4241 | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 882.00 | 485.00 |
| D4245 | apically positioned flap | 1,140.00 | 625.00 |
| D4249 | clinical crown lengthening - hard tissue | 1,116.00 | 615.00 |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 1,597.00 | 880.00 |
| D4261 | osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | 1,279.00 | 705.00 |
| D4263 | bone replacement graft - retained natural tooth - first site in quadrant | 922.00 | 505.00 |
| D4264 | bone replacement graft - retained natural tooth - each additional site in quadrant | 752.00 | 415.00 |
| D4266 | guided tissue regeneration, natural teeth - resorbable barrier, per site | 977.00 | 535.00 |
| D4267 | guided tissue regeneration, natural teeth - non-resorbable barrier, per site | 1,205.00 | 665.00 |
| D4268 | surgical revision procedure, per tooth | 1,084.00 | 595.00 |
| D4270 | pedicle soft tissue graft procedure | 1,256.00 | 690.00 |
| D4322 | splint - intra-coronal; natural teeth or prosthetic crowns | 674.00 | 25% Discount |
| D4323 | splint - extra-coronal; natural teeth or prosthetic crowns | 633.00 | 25% Discount |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 371.00 | 205.00 |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 276.00 | 150.00 |
| D4355 | full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | 262.00 | 145.00 |
| D4910 | periodontal maintenance | 197.00 | 110.00 |
| D4920 | unscheduled dressing change (by someone other than treating dentist or their staff) | 140.00 | 75.00 |

Prosthodontic Services (removable)

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|--|-----------|---------------------|
| D5110 | complete denture - maxillary | 2,525.00 | 1,390.00 |
| D5120 | complete denture - mandibular | 2,529.00 | 1,390.00 |
| D5130 | immediate denture - maxillary | 2,638.00 | 1,450.00 |
| D5140 | immediate denture - mandibular | 2,645.00 | 1,455.00 |
| D5211 | maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth) | 1,996.00 | 1,100.00 |
| D5212 | mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth) | 1,994.00 | 1,095.00 |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 2,579.00 | 1,420.00 |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 2,583.00 | 1,420.00 |
| D5282 | removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | 1,478.00 | 25% Discount |
| D5410 | adjust complete denture - maxillary | 131.00 | 70.00 |
| D5411 | adjust complete denture - mandibular | 130.00 | 70.00 |
| D5421 | adjust partial denture - maxillary | 129.00 | 70.00 |
| D5422 | adjust partial denture - mandibular | 130.00 | 70.00 |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | 285.00 | 155.00 |
| D5611 | repair resin partial denture base, mandibular | 311.00 | 25% Discount |
| D5612 | repair resin partial denture base, maxillary | 314.00 | 25% Discount |
| D5621 | repair cast partial framework, mandibular | 407.00 | 25% Discount |
| D5630 | repair or replace broken retentive clasping materials - per tooth | 376.00 | 205.00 |
| D5640 | replace broken teeth - per tooth | 279.00 | 155.00 |
| D5650 | add tooth to existing partial denture | 327.00 | 180.00 |
| D5660 | add clasp to existing partial denture - per tooth | 383.00 | 210.00 |
| D5710 | rebase complete maxillary denture | 851.00 | 470.00 |
| D5711 | rebase complete mandibular denture | 839.00 | 460.00 |
| D5720 | rebase maxillary partial denture | 803.00 | 440.00 |
| D5721 | rebase mandibular partial denture | 805.00 | 445.00 |
| D5730 | reline complete maxillary denture (direct) | 535.00 | 295.00 |
| D5731 | reline complete mandibular denture (direct) | 535.00 | 295.00 |
| D5740 | reline maxillary partial denture (direct) | 513.00 | 280.00 |
| D5741 | reline mandibular partial denture (direct) | 518.00 | 285.00 |
| D5750 | reline complete maxillary denture (indirect) | 670.00 | 370.00 |
| D5751 | reline complete mandibular denture (indirect) | 673.00 | 370.00 |
| D5760 | reline maxillary partial denture (indirect) | 653.00 | 360.00 |
| D5761 | reline mandibular partial denture (indirect) | 659.00 | 360.00 |
| D5810 | interim complete denture (maxillary) | 1,259.00 | 690.00 |
| D5811 | interim complete denture (mandibular) | 1,265.00 | 695.00 |

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|-------|--|--------|---------------------|
| D5820 | interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary | 966.00 | 530.00 |
| D5821 | interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular | 964.00 | 25% Discount |
| D5850 | tissue conditioning, maxillary | 299.00 | 165.00 |
| D5851 | tissue conditioning, mandibular | 299.00 | 165.00 |

Implant Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|---------------|---|-----------|---------------------|
| D6000 - D6199 | All procedures in the implant services section D6000 to D6199 | IR | 25% Discount |

Prosthodontic Services (fixed)

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|--|-----------|---------------|
| D6210 | pontic - cast high noble metal | 1,582.00 | 870.00 |
| D6211 | pontic - cast predominantly base metal | 1,481.00 | 815.00 |
| D6212 | pontic - cast noble metal | 1,498.00 | 825.00 |
| D6240 | pontic - porcelain fused to high noble metal | 1,587.00 | 875.00 |
| D6241 | pontic - porcelain fused to predominantly base metal | 1,489.00 | 820.00 |
| D6242 | pontic - porcelain fused to noble metal | 1,525.00 | 840.00 |
| D6245 | pontic - porcelain/ceramic | 1,593.00 | 875.00 |
| D6250 | pontic - resin with high noble metal | 1,539.00 | 845.00 |
| D6251 | pontic - resin with predominantly base metal | 1,489.00 | 820.00 |
| D6252 | pontic - resin with noble metal | 1,483.00 | 815.00 |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | 1,212.00 | 665.00 |
| D6548 | retainer - porcelain/ceramic for resin bonded fixed prosthesis | 1,346.00 | 740.00 |
| D6720 | retainer crown - resin with high noble metal | 1,521.00 | 835.00 |
| D6721 | retainer crown - resin with predominantly base metal | 1,481.00 | 815.00 |
| D6722 | retainer crown - resin with noble metal | 1,486.00 | 815.00 |
| D6740 | retainer crown - porcelain/ceramic | 1,610.00 | 885.00 |
| D6750 | retainer crown - porcelain fused to high noble metal | 1,603.00 | 880.00 |
| D6751 | retainer crown - porcelain fused to predominantly base metal | 1,495.00 | 820.00 |
| D6752 | retainer crown - porcelain fused to noble metal | 1,525.00 | 840.00 |
| D6780 | retainer crown - 3/4 cast high noble metal | 1,536.00 | 845.00 |
| D6781 | retainer crown - 3/4 cast predominantly base metal | 1,510.00 | 830.00 |
| D6782 | retainer crown - 3/4 cast noble metal | 1,528.00 | 840.00 |
| D6783 | retainer crown - 3/4 porcelain/ceramic | 1,548.00 | 850.00 |
| D6790 | retainer crown - full cast high noble metal | 1,600.00 | 880.00 |
| D6791 | retainer crown - full cast predominantly base metal | 1,461.00 | 805.00 |
| D6792 | retainer crown - full cast noble metal | 1,513.00 | 830.00 |
| D6930 | re-cement or re-bond fixed partial denture | 250.00 | 140.00 |

Oral Surgery Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|---|-----------|---------------------|
| D7111 | extraction, coronal remnants - primary tooth | 194.00 | 105.00 |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 276.00 | 150.00 |
| D7210 | extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 409.00 | 225.00 |
| D7220 | removal of impacted tooth - soft tissue | 459.00 | 250.00 |
| D7230 | removal of impacted tooth - partially bony | 572.00 | 315.00 |
| D7240 | removal of impacted tooth - completely bony | 703.00 | 385.00 |
| D7241 | removal of impacted tooth - completely bony, with unusual surgical complications | 806.00 | 445.00 |
| D7250 | removal of residual tooth roots (cutting procedure) | 443.00 | 245.00 |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 787.00 | 435.00 |
| D7272 | tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | 1,040.00 | 570.00 |
| D7280 | exposure of an unerupted tooth | 706.00 | 390.00 |
| D7285 | incisional biopsy of oral tissue-hard (bone, tooth) | 742.00 | 410.00 |
| D7286 | incisional biopsy of oral tissue-soft | 496.00 | 275.00 |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 442.00 | 245.00 |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 633.00 | 350.00 |
| D7450 | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | 867.00 | 475.00 |
| D7451 | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | 1,288.00 | 710.00 |
| D7460 | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | 849.00 | 465.00 |
| D7461 | removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm | 1,343.00 | 740.00 |
| D7510 | incision and drainage of abscess - intraoral soft tissue | 347.00 | 190.00 |
| D7910 | suture of recent small wounds up to 5 cm | 414.00 | 230.00 |
| D7911 | complicated suture - up to 5 cm | 777.00 | 425.00 |
| D7912 | complicated suture - greater than 5 cm | 1,375.00 | 755.00 |
| D7951 | sinus augmentation with bone or bone substitutes via a lateral open approach | 3,813.00 | 25% Discount |
| D7970 | excision of hyperplastic tissue - per arch | 702.00 | 385.00 |
| D7971 | excision of pericoronal gingiva | 379.00 | 210.00 |

Orthodontic Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|---------------|---|-----------|---------------------|
| D8010 - D8999 | All procedures in the orthodontic services section D8010 to D8999 | IR | 25% Discount |

Adjunctive Services

| CDT Code | Procedure | Usual Fee | Member Pays |
|----------|---|-----------|--------------|
| D9110 | palliative treatment of dental pain - per visit | 186.00 | 100.00 |
| D9120 | fixed partial denture sectioning | 316.00 | 25% Discount |
| D9211 | regional block anesthesia | 122.00 | 65.00 |
| D9215 | local anesthesia in conjunction with operative or surgical procedures | 86.00 | 45.00 |
| D9230 | inhalation of nitrous oxide/analgesia, anxiolysis | 113.00 | 60.00 |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 183.00 | 100.00 |

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|-------|---|--------|--------|
| D9410 | house/extended care facility call | 330.00 | 180.00 |
| D9420 | hospital or ambulatory surgical center call | 435.00 | 240.00 |
| D9430 | office visit for observation (during regularly scheduled hours) - no other services performed | 114.00 | 65.00 |
| D9440 | office visit - after regularly scheduled hours | 251.00 | 140.00 |
| D9910 | application of desensitizing medicament | 81.00 | 45.00 |
| D9911 | application of desensitizing resin for cervical and/or root surface, per tooth | 103.00 | 55.00 |
| D9950 | occlusion analysis - mounted case | 493.00 | 270.00 |
| D9951 | occlusal adjustment - limited | 251.00 | 140.00 |
| D9952 | occlusal adjustment - complete | 899.00 | 495.00 |
| D9970 | enamel microabrasion | 281.00 | 155.00 |

Disclaimer

- DentalSave is NOT AN INSURANCE. We do not pay claims. All charges for dental services are to be paid by the member directly to the dentist.
- **Usual Fee**, represents the average fee providers charge non-DentalSave patients based on a survey of providers in the plan's geographical area.
- **Member Pays**, represents the discounted fee the Member pays directly to the participating dentist.
- **Member Pays**, apply only to fees charged by participating general dentists, NOT SPECIALISTS.
- Participating specialists will provide their services to plan members at a 25% discount off their usual fees.
- **IR**, the letters "IR" represent Inconclusive Results due to weak survey data or statistically ambiguous results. Procedures that have "IR" are provided at a 25% discount off the provider's usual fee.
- If the participating provider's usual fee for any procedure is less than the fee listed on this schedule, the dentist will provide a 25% discount off their usual fee.
- Dental procedure codes not listed on this schedule will be discounted at 25% off the provider's usual fee at the time of service.
- Any procedure involving lab and OSHA fees can incur additional costs. All applicable lab and OSHA fees are the member's full responsibility and are subject to no discount.
- The member must verify that the provider is a participating DentalSave provider before seeking treatment.
- Any dental procedures performed by a non-participating provider are not discounted and are charged to the member at the provider's usual fees.
- Work in progress before enrollment on the dental plan may not be subject to a discount.
- DentalSave cannot guarantee the continued participation of any provider. If the provider leaves the plan, you must select another participating DentalSave provider. Not all types of dental specialties may be available in your area.
- Some providers may charge for missed or broken appointments.
- Member is responsible for full payment for all charges at the time of service.
- Dentists will decide whether fees for services are due in full or in installments.
- Whether to coordinate benefits with another dental plan or insurance is at the provider's office's discretion.
- Fee schedules are subject to change without prior notification to members.
- While all participating DentalSave providers are professionally licensed in the state where they practice, DentalSave does not guarantee the providers' quality of service. Any quality-of-care concerns involving any participating DentalSave provider should be directed in writing to DentalSave Attn: Provider Relations, PO Box 8309 Long Island City, NY 11101.