

- This fee schedule is only a sample list of fees taken from the complete DentalSave network fee schedule DS 0.80
- Each participating dentist is assigned to a specific fee schedule. To obtain your copy visit dentalsave.com/fees

- If the dentist's regular fee is equal or lower than the listed member fee, the member will get 25% off the dentist's regular fee. Participating specialists will give 25% off their regular fees.
- Dental plans are not dental insurance.

Diagnostic Procedures

CDT Code	Procedure	Without DentalSave	With DentalSave
D0120	periodic oral evaluation - established patient	\$45.00	\$25.00
D0150	comprehensive oral evaluation - new or established patient	\$78.00	\$43.00
D0210	intraoral - complete series of radiographic images	\$118.00	\$65.00
D0274	bitewings - four radiographic images	\$58.00	\$32.00
D0330	panoramic radiographic image	\$100.00	\$55.00

Preventive Procedures

CDT Code	Procedure	Without DentalSave	With DentalSave
D1110	prophylaxis - adult	\$80.00	\$44.00
D1120	prophylaxis - child	\$60.00	\$33.00
D1351	sealant - per tooth	\$50.00	\$28.00

Restorative Procedures

CDT Code	Procedure	Without DentalSave	With DentalSave
D2140	amalgam - one surface, primary or permanent	\$127.00	\$70.00
D2330	resin-based composite - one surface, anterior	\$147.00	\$81.00
D2750	crown - porcelain fused to high noble metal	\$1,000.00	\$550.00
D2752	crown - porcelain fused to noble metal	\$941.00	\$518.00
D2950	core buildup, including any pins when required	\$237.00	\$130.00
D2960	labial veneer (resin laminate) - chairside	\$590.00	\$325.00
D2962	labial veneer (porcelain laminate) - laboratory	\$1,020.00	\$561.00

Endodontics

CDT Code	Procedure	Without DentalSave	With DentalSave
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$663.00	\$365.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$756.00	\$416.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$914.00	\$503.00

Periodontics

CDT Code	Procedure	Without DentalSave	With DentalSave
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$555.00	\$305.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$228.00	\$125.00
D4910	periodontal maintenance	\$120.00	\$66.00

Prosthodontics - Removable

CDT Code	Procedure	Without DentalSave	With DentalSave
D5110	complete denture - maxillary	\$1,506.00	\$828.00
D5660	add clasp to existing partial denture - per tooth	\$238.00	\$131.00

Implant Services

CDT Code	Procedure	Without DentalSave	With DentalSave
D6010	surgical placement of implant body: endosteal implant	\$1,640.00	25% off
D6063	abutment supported cast metal crown (predominantly base metal)	\$1,120.00	25% off
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,320.00	25% off

Prosthodontics - Fixed

CDT Code	Procedure	Without DentalSave	With DentalSave
D6210	pontic - cast high noble metal	\$996.00	\$548.00

Oral and Maxillofacial Surgery

CDT Code	Procedure	Without DentalSave	With DentalSave
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$160.00	\$88.00
D7220	removal of impacted tooth - soft tissue	\$280.00	\$154.00
D7230	removal of impacted tooth - partially bony	\$349.00	\$192.00

Orthodontic Treatment

CDT Code	Procedure	Without DentalSave	With DentalSave
D8070	comprehensive orthodontic treatment of the transitional dentition	\$4,400.00	25% off
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$4,410.00	25% off
D8090	comprehensive orthodontic treatment of the adult dentition	\$4,400.00	25% off

Adjunctive Services

CDT Code	Procedure	Without DentalSave	With DentalSave
D9972	external bleaching - per arch - performed in office	\$254.00	25% off
D9973	external bleaching - per tooth	\$200.00	25% off
D9974	internal bleaching - per tooth	\$248.00	25% off

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.
- Regular fee represents average current rate dentists charge NON PLAN patients based on a survey of dentists in the geographical area of the plan.
- Member fee represents the discounted fee the PATIENT pays directly to the plan dentist.
- Member Fee applies only to fees charged by plan General Dentists NOT SPECIALISTS.
- Participating Specialist will provide their services to plan members at a 25% discount off their regular fees.
- This is a sample fee schedule taken from the complete DentalSave fee schedule DS 1.00. Your dentist will have a complete list. You can request one by visiting dentalsave.com or calling 800.585.1025
- If the participating Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will give 25% off his regular fee.
- Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
- 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 regular fees.
- Work in progress prior to enrollment on the dental plan may not be 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
- 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 coordinate 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.