

**Important Please Read**

- ✓ This fee schedule is only a sample list of the most common procedures. For the complete list please visit [dentalsave.com/fees](http://dentalsave.com/fees) or call us at (800) 581-9937
- ✓ This fee schedule applies to participating general dentists only.
- ✓ Participating specialists will provide 25% off their regular 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.**
- ✓ Each participating dentist is assigned to a specific fee schedule.
- ✓ Dental plans are not dental insurance

**Diagnostic Procedures**

CDT Code	Procedure	Without DentalSave	With DentalSave
D0120	periodic oral evaluation - established patient	\$64.00	<b>\$35.00</b>
D0150	comprehensive oral evaluation - new or established patient	\$113.00	<b>\$62.00</b>
D0210	intraoral - complete series of radiographic images	\$170.00	<b>\$94.00</b>
D0274	bitewings - four radiographic images	\$83.00	<b>\$46.00</b>
D0330	panoramic radiographic image	\$144.00	<b>\$79.00</b>

**Preventive Procedures**

CDT Code	Procedure	Without DentalSave	With DentalSave
D1110	prophylaxis - adult	\$115.00	<b>\$63.00</b>
D1120	prophylaxis - child	\$86.00	<b>\$47.00</b>
D1351	sealant - per tooth	\$71.00	<b>\$39.00</b>

**Restorative Procedures**

CDT Code	Procedure	Without DentalSave	With DentalSave
D2140	amalgam - one surface, primary or permanent	\$183.00	<b>\$101.00</b>
D2330	resin-based composite - one surface, anterior	\$212.00	<b>\$117.00</b>
D2750	crown - porcelain fused to high noble metal	\$1,438.00	<b>\$791.00</b>
D2752	crown - porcelain fused to noble metal	\$1,352.00	<b>\$744.00</b>
D2950	core buildup, including any pins when required	\$340.00	<b>\$187.00</b>
D2960	labial veneer (resin laminate) - chairside	\$848.00	<b>\$466.00</b>
D2962	labial veneer (porcelain laminate) - laboratory	\$1,466.00	<b>\$806.00</b>

**Endodontics**

CDT Code	Procedure	Without DentalSave	With DentalSave
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$953.00	<b>\$524.00</b>
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$1,087.00	<b>\$598.00</b>
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$1,313.00	<b>\$722.00</b>

**Periodontics**

CDT Code	Procedure	Without DentalSave	With DentalSave
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$798.00	<b>\$439.00</b>
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$328.00	<b>\$180.00</b>
D4910	periodontal maintenance	\$173.00	<b>\$95.00</b>

**Prosthodontics - Removable**

CDT Code	Procedure	Without DentalSave	With DentalSave
D5110	complete denture - maxillary	\$2,165.00	<b>\$1,191.00</b>
D5660	add clasp to existing partial denture - per tooth	\$343.00	<b>\$189.00</b>

**Implant Services**

CDT Code	Procedure	Without DentalSave	With DentalSave
D6010	surgical placement of implant body: endosteal implant	\$2,358.00	<b>25% off</b>
D6063	abutment supported cast metal crown (predominantly base metal)	\$1,610.00	<b>25% off</b>
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,898.00	<b>25% off</b>

**Prosthodontics - Fixed**

CDT Code	Procedure	Without DentalSave	With DentalSave
D6210	pontic - cast high noble metal	\$1,432.00	<b>\$754.00</b>

**Oral and Maxillofacial Surgery**

CDT Code	Procedure	Without DentalSave	With DentalSave
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$230.00	<b>\$127.00</b>
D7220	removal of impacted tooth - soft tissue	\$403.00	<b>\$222.00</b>
D7230	removal of impacted tooth - partially bony	\$501.00	<b>\$276.00</b>

**Orthodontic Treatment**

CDT Code	Procedure	Without DentalSave	With DentalSave
D8070	comprehensive orthodontic treatment of the transitional dentition	\$6,325.00	<b>25% off</b>
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$6,339.00	<b>25% off</b>
D8090	comprehensive orthodontic treatment of the adult dentition	\$6,325.00	<b>25% off</b>

**Adjunctive Services**

CDT Code	Procedure	Without DentalSave	With DentalSave
D9972	external bleaching - per arch - performed in office	\$366.00	<b>25% off</b>
D9973	external bleaching - per tooth	\$288.00	<b>25% off</b>
D9974	internal bleaching - per tooth	\$357.00	<b>25% off</b>

## Disclaimer

- This is a sample fee schedule taken from the complete DentalSave fee schedule. Your dentist will have the complete list. You can request one by visiting [dental-save.com/fees](https://dental-save.com/fees) or by calling (800) 581-9937
- 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.
- **Without DentalSave** represents the average fee dentists charge Non-DentalSave patients based on a survey of dentists in the geographical area of the plan.
- **With DentalSave** represents the discounted fee the Member pays directly to the plan dentist.
- **With DentalSave** 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.
- 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 can 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.
- 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
- Member is responsible for full payment for all charges at the time of service.
- 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.
- Fee schedules are subject to change without prior notification to members
- 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, PO Box 1625 New York, NY 10150.
- Please call (800) 581-9937 if you have any further questions.