

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 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 | \$73.00 | \$29.00 |
| D0150 | comprehensive oral evaluation - new or established patient | \$127.00 | \$51.00 |
| D0210 | intraoral - complete series of radiographic images | \$192.00 | \$77.00 |
| D0274 | bitewings - four radiographic images | \$94.00 | \$38.00 |
| D0330 | panoramic radiographic image | \$163.00 | \$65.00 |

Preventive Procedures

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|---------------------|--------------------|-----------------|
| D1110 | prophylaxis - adult | \$130.00 | \$52.00 |
| D1120 | prophylaxis - child | \$98.00 | \$39.00 |
| D1351 | sealant - per tooth | \$81.00 | \$32.00 |

Restorative Procedures

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|---|--------------------|-----------------|
| D2140 | amalgam - one surface, primary or permanent | \$207.00 | \$83.00 |
| D2330 | resin-based composite - one surface, anterior | \$239.00 | \$96.00 |
| D2750 | crown - porcelain fused to high noble metal | \$1,625.00 | \$650.00 |
| D2752 | crown - porcelain fused to noble metal | \$1,529.00 | \$612.00 |
| D2950 | core buildup, including any pins when required | \$385.00 | \$154.00 |
| D2960 | labial veneer (resin laminate) - chairside | \$958.00 | \$383.00 |
| D2962 | labial veneer (porcelain laminate) - laboratory | \$1,658.00 | \$663.00 |

Endodontics

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|--|--------------------|-----------------|
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | \$1,078.00 | \$431.00 |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | \$1,229.00 | \$492.00 |
| D3330 | endodontic therapy, molar tooth (excluding final restoration) | \$1,485.00 | \$594.00 |

Periodontics

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|--|--------------------|-----------------|
| D4263 | bone replacement graft - retained natural tooth - first site in quadrant | \$902.00 | \$361.00 |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | \$371.00 | \$148.00 |
| D4910 | periodontal maintenance | \$195.00 | \$78.00 |

Prosthodontics - Removable

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|---|--------------------|-----------------|
| D5110 | complete denture - maxillary | \$2,448.00 | \$979.00 |
| D5660 | add clasp to existing partial denture - per tooth | \$387.00 | \$155.00 |

Implant Services

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|--|--------------------|-----------------|
| D6010 | surgical placement of implant body: endosteal implant | \$2,665.00 | 25% off |
| D6063 | abutment supported cast metal crown (predominantly base metal) | \$1,820.00 | 25% off |
| D6067 | implant supported metal crown (titanium, titanium alloy, high noble metal) | \$2,145.00 | 25% off |

Prosthodontics - Fixed

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|--------------------------------|--------------------|-----------------|
| D6210 | pontic - cast high noble metal | \$1,619.00 | \$648.00 |

Oral and Maxillofacial Surgery

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|--|--------------------|-----------------|
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$260.00 | \$104.00 |
| D7220 | removal of impacted tooth - soft tissue | \$455.00 | \$182.00 |
| D7230 | removal of impacted tooth - partially bony | \$567.00 | \$227.00 |

Orthodontic Treatment

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|---|--------------------|-----------------|
| D8070 | comprehensive orthodontic treatment of the transitional dentition | \$7,150.00 | 25% off |
| D8080 | comprehensive orthodontic treatment of the adolescent dentition | \$7,166.00 | 25% off |
| D8090 | comprehensive orthodontic treatment of the adult dentition | \$7,150.00 | 25% off |

Adjunctive Services

| CDT Code | Procedure | Without DentalSave | With DentalSave |
|----------|---|--------------------|-----------------|
| D9972 | external bleaching - per arch - performed in office | \$413.00 | 25% off |
| D9973 | external bleaching - per tooth | \$325.00 | 25% off |
| D9974 | internal bleaching - per tooth | \$403.00 | 25% off |

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 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.