

## member fee schedule

This member fee schedule is exclusive to dental services provided by Smile Protection Dental Plan participating locations. Member savings is defined as the amount members pay for dental services rendered less their participating location's normal retail fees typically charged to self-pay patients. Frequency limitations for free services may apply. Any dental services not listed on this fee schedule will be discounted 20-60% from the participating location's retail fees.

Questions? Contact your participating dental office directly or call (877) 545-4188 to speak with a dedicated member support specialist.

	PROCEDURE DESCRIPTION	YOU PAY
preventive & diagnostic	• periodic oral evaluation - established patient (D0120)	no charge
	• limited oral evaluation - problem focused (D0140)	no charge
	• comprehensive oral evaluation - new or established patient (D0150)	no charge
	• full mouth x-rays (D0210)	no charge
	• first film (D0220)	no charge
	• bitewings - two films (D0272)	no charge
	• bitewings - four films (D0274)	no charge
	• panoramic image (D0330)	no charge
	• prophylaxis (cleaning) - adult (D1110)	\$75
	• prophylaxis (cleaning) - child (D1120)	\$55
	• topical application of fluoride (D1208)	\$30
• sealant - per tooth (D1351)	\$25	
restorative	• composite - one surface, anterior (D2330)	\$105
	• composite - two surfaces, anterior (D2331)	\$140
	• composite - three surfaces, anterior (D2392)	\$165
	• composite - one surface, posterior (D2391)	\$125
	• composite - two surfaces, posterior (D2392)	\$135
	• composite - three surfaces, posterior (D2393)	\$155
	• crown - porcelain/ceramic substrate (D2740)	\$875
	• crown - porcelain fused to high noble metal (D2750)	\$930
	• crown - porcelain fused to base metal (D2751)	\$825
	• recementation - crown (D2920)	\$80
	• core buildup (D2950)	\$165
• prefabricated post and core (D2954)	\$260	
endodontics & periodontics	• root canal - anterior (D3310)	\$690
	• root canal - bicuspid (D3320)	\$791
	• root canal - molar (D3330)	\$975
	• perio scaling & root planing (4+ teeth per quad) (D4341)	\$160
	• full mouth debridement (D4355)	\$130
	• localized delivery of antimicrobial agents (per tooth) (D4381)	\$39
	• periodontal maintenance (D4910)	\$112

prosthodontics  
& oral surgery

• complete denture (upper or lower) (D5110, D5120)	\$995
• partial denture (upper or lower) (D5213, D5214)	\$1,100
• partial denture - flexible base (upper or lower) (D5225, D5226)	\$1,250
• pontic - porcelain fused to high noble metal (D6240)	\$975
• pontic - porcelain fused to base metal (D6241)	\$895
• pontic - porcelain/ceramic (D6245)	\$905
• crown - porcelain/ceramic (D6740)	\$905
• crown - porcelain fused to high noble metal (D6750)	\$975
• extraction - deciduous tooth (D7111)	\$120
• extraction - erupted tooth (D7140)	\$100
• surgical removal of erupted tooth (D7210)	\$200

orthodontics

• traditional braces - adolescent (FL, GA, & TX) (D8080) - starting at	\$3,720
• traditional braces - adolescent (CT, MA, MI, NJ, NY, & OH) (D8080) - starting at	\$4,420
• traditional braces - adult (FL, GA, & TX) (D8090) - starting at	\$4,220
• traditional braces - adult (CT, MA, MI, NJ, NY, & OH) (D8090) - starting at	\$4,820

Smile Protection Dental Plan is NOT INSURANCE, but rather a licensed dental savings plan offered through your local dental office. Members in good standing with their annual membership fee are eligible to receive transparent, member-only discounts from the normal retail fees that participating offices typically charge self-pay patients for dental services rendered. Plan details and member savings are exclusive to participating offices and may vary by location. The plan is not a qualified health plan under the Affordable Health Act. The plan does not meet the minimum creditable coverage requirements under MGLC.111M and 956 CMR 5.00. Discount Medical Plan Organization "DMPO" and plan administrator: Membersy LLC, 811 Barton Springs Rd. Suite 750, Austin, TX 78704.