



SAVINGS SUMMARY

Procedure Description	You Pay	Savings
PREVENTIVE & DIAGNOSTIC		
• periodic oral exam (D0120)	\$0*	100%*
• problem focused exam (D0140)	\$0*	100%*
• comprehensive oral exam (D0150)	\$0*	100%*
• full series of x-rays (D0210)	\$0*	100%*
• bitewings- 4 radiographic images (D0274)	\$0*	100%*
• panoramic x-rays (D0330)	\$0*	100%*
• adult cleaning (Prophylaxis) (D1110)	\$71	50%
• child cleaning (Prophylaxis) (D1120)	\$41	50%
• fluoride including varnish (D1206)	\$26	50%
• sealant per tooth (D1351)	\$43	50%

*free twice per member/annual membership year

RESTORATIVE

FILLINGS

• 1 surface filling-resin based anterior (D2330)	\$89	50%
• 2 surface filling-resin based anterior (D2331)	\$111	50%
• 3 surface filling-resin based anterior (D2332)	\$135	50%
• 4 surface filling-resin based anterior (D2335)	\$231	50%
• 1 surface filling-resin based posterior (D2391)	\$95	50%
• 2 surface filling-resin based posterior (D2392)	\$129	50%
• 3 surface filling-resin based posterior (D2393)	\$158	50%
• 4 surface filling-resin based posterior (D2394)	\$218	50%

CROWNS

• crown - porcelain/ceramic (D2740)	\$786	50%
• crown - porcelain/high noble metal (D2750)	\$822	50%
• stainless steel crown (D2930)	\$211	50%
• core buildup (D2950)	\$143	50%

Procedure Description	You Pay	Savings
ENDODONTICS		
• therapeutic pulpotomy (D3220)	\$120	50%
• root canal - anterior (D3310)	\$575	50%
• root canal - bicuspid (D3320)	\$625	50%
• root canal - molar (D3330)	\$819	50%
PERIODONTICS		
• scaling and root planing (4+ teeth) (D4341)	\$174*	50%*
• scaling and root planing (1-3 teeth) (D4342)	\$150*	50%*
• periodontal maintenance (D4910)	\$92	50%

*per quadrant

PROSTHODONTICS

• complete denture (D5110, D5120)	\$1,157	50%
• partial denture (D5211, D5212)	\$525	50%
• retainer crown - porcelain/ceramic (D6740)	\$700	50%

ORAL SURGERY

• simple extraction (D7140)	\$92	50%
• surgical extraction (D7210)	\$238	50%
• extraction-impacted tooth (partially bony) (D7230)	\$375	50%
• extraction-impacted tooth (completely bony) (D7240)	\$425	50%
• nitrous oxide (D9230)	\$49	50%

This fee schedule is exclusive to dental services provided by Oral Care Dental Plan participating offices. Member savings is defined as the amount members pay for dental services less their participating office's normal retail fee(s) typically charged to self-pay patients for services rendered. This fee schedule illustrates member payment and savings for the most utilized dental procedures. Any current dental services not listed are 30-50% off participating office's retail fee(s).

Questions? Please speak with your participating office or call (888) 574-8520.

POWERED BY

membersy.