

Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in **Virginia Dental Club** (“Plan”). “Member Savings” is defined as the percentage discount on a participating office’s usual and customary fees normally charged to uninsured, self-pay patients. Unless otherwise specified in this fee schedule, plan discounts do not apply to services performed by a dental specialist (i.e., periodontics, endodontics, orthodontics, and oral surgery) or dental hygiene products (e.g., chlorhexidine, toothbrushes, etc.). Member savings and plan incentives are exclusive to participating dental offices. Exact member savings and availability of certain procedures may vary by location. *No charge evaluations are limited to a combination of (i) 2 comprehensive or periodic evaluations and (ii) 1 limited evaluation per member per annual membership term. No Charge cleanings are limited to 2 per member per annual membership term.*

Procedure Description	Member Savings
Diagnostic	
Periodic Oral Evaluation (D0120)	No Charge
Limited Oral Evaluation - Problem Focused (D0140)	No Charge
Comprehensive Oral Evaluation (D0150)	No Charge
Complete Series - Including Bitewings (D0210)	No Charge
Periapical - First Film (D0220)	No Charge
Periapical - Each Additional Film (D0230)	No Charge
Bitewings - Two Films (D0272)	No Charge
Bitewings - Four Films (D0274)	No Charge
Panoramic Film (D0330)	No Charge
Preventive	
Adult Cleaning (D1110)	No Charge
Child Cleaning (D1120)	No Charge
Fluoride – Including Varnish (D1206)	20%
Topical Application of Fluoride (D1208)	20%
Sealant - Per Tooth (D1351)	20%
Restorative	
Composite Filling - One Surface, Anterior (D2330)	20%
Composite Filling - Two Surfaces, Anterior (D2331)	20%
Composite Filling - Three Surfaces, Anterior (D2332)	20%
Composite Filling - Four Surfaces, Anterior (D2335)	20%
Composite Filling - One Surface, Posterior (D2391)	20%

Composite Filling - Two Surfaces, Posterior (D2392)	20%
Composite Filling - Three Surfaces, Posterior (D2393)	20%
Composite Filling - Four Surfaces, Posterior (D2394)	20%
Crown - Porcelain/Ceramic (D2740)	20%
Crown - Porcelain Fused to High Noble Metal (D2750)	20%
Core Buildup - Including Pins (D2950)	20%
Prefabricated Post & Core in Addition to Crown (D2954)	20%
Endodontics and Periodontics	
Pulpal Therapy – Anterior, Primary Tooth (D3230)	20%
Root Canal - Anterior (D3310)	20%
Root Canal - Bicuspid (D3320)	20%
Root Canal - Molar (D3330)	20%
Perio Scaling/Root Planing - 4+ Teeth Per Quad (D4341)	20%
Perio Scaling Root Planing - 1-3 Teeth Per Quad (D4342)	20%
Full Mouth Debridement (D4355)	20%
Periodontal Maintenance (D4910)	20%
Removable and Fixed Prosthodontics	
Complete Denture – Upper (D5110) or Lower (D5120)	20%
Immediate Denture – Upper (D5130) or Lower (D5140)	20%
Partial Denture w/Metal Frame - Upper (D5213) or Lower (D5214)	20%
Partial Denture w/Flexible Base – Upper (D5225) or lower (D5226)	20%
Adjusted Complete Denture - Upper (D5410) or Lower (D5411)	20%
Reline Complete Denture (Chairside) - Upper (D5730) or Lower (D5731)	20%
Reline Complete Denture (Lab) - Upper (D5750) or Lower (D5751)	20%
Bridge Pontic – Porcelain/Ceramic (D6245)	20%
Bridge Pontic – Porcelain Fused to High Noble Metal (D6240)	20%
Bridge Crown – Porcelain/Ceramic (D6740)	20%
Bridge Crown – Porcelain Fused to High Noble Metal (D6750)	20%
Implants	
Surgical Placement of Implant (D6010)	20%

Removable Denture – Implant Supported (D6053)	20%
Abutment Supported Crown - Implant (D6059)	20%
Oral Surgery	
Extraction - Erupted Tooth or Exposed Root (D7140)	20%
Surgical Removal of Erupted Tooth (D7210)	20%
Extraction - Impacted Tooth - Soft Tissue (D7220)	20%
Extraction - Impacted Tooth - Partial Bony (D7230)	20%
Extraction - Impacted Tooth - Full Bony (D7240)	20%
Bone Replacement for Ridge Preservation - Per Site (D7953)	20%
General Services	
Palliative (Emergency) Treatment (D9110)	20%
Nitrous Oxide (D9230)	20%
Occlusal Night Guard (D9940)	20%

Dental membership plan(s) described herein are NOT INSURANCE. Plan members pay periodic membership fees in exchange for access to discounts on certain identified dental services rendered by participating providers in accordance with the plan fee schedule. Plan members are obligated to pay dental providers directly for services rendered. Plan details, retail fees and member savings may vary by plan, provider and/or dental office location, please see specific plan terms and conditions for details. Dental membership plans are not qualified health plans under the Affordable Care Act, and do not meet the minimum creditable coverage requirements under M.G.L.c. 111M and 956 CMR 5.00. Dental membership plan administered by Membersy LLC, a discount medical plan operator; with the exception of dental membership plans offered to consumers in the State of California, which are administered by The CDI Group, Inc., a licensed discount specialized health care plan. Mailing Address: P.O. Box 163990, Austin, TX 78716-3990. Membersy and The CDI Group do not make payments to dental providers for services rendered to plan members. Dental membership plan(s) described herein are not affiliated with or endorsed by any state insurance department. To obtain additional information about dental membership plans, please call (877) 545-4188 or email questions to hello@membersy.com.