

## Member Fee Schedule

This fee schedule is exclusive to services provided by **Indiana dental offices participating in OneSmile Dental Plan** ("Plan"). "Member Pays" is defined as the dollar amount that Plan members in good standing pay for dental services rendered by a participating dental provider. 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.

Procedure Description	Member Pays
<b>Preventive &amp; Diagnostic</b>	
Periodic Oral Evaluation - 2 per year (D0120)	No Charge
Limited Oral Evaluation - Problem Focused (unlimited) (D0140)	No Charge
Comprehensive Oral Evaluation - 2 per year (D0150)	No Charge
Full Mouth X-Rays (D0210)	No Charge
X-Ray - First Image (D0220)	No Charge
X-Ray - Each Add'l Image (D0230)	No Charge
X-Ray - Bitewing - Single Image (D0270)	No Charge
X-Ray - Bitewing - Two Images (D0272)	No Charge
X-Ray - Bitewing - Four Images (D0274)	No Charge
Panoramic X-Rays (if available) (D0330)	No Charge
Oral/Facial Photographic Images (D0350)	No Charge
Oral Hygiene Instructions (D1330)	No Charge
Adjunctive Oral Cancer Exam (D0431)	\$35.00
Adult Cleaning (D1110)	\$92.00
Child Cleaning (D1120)	\$74.00
Fluoride - Including Varnish (D1206)	\$41.00
Topical Application of Fluoride (D1208)	\$32.00
Sealant - Per Tooth (D1351)	\$44.00
<b>Restorative</b>	
Composite Filling - One Surface, Anterior (D2330)	\$160.00
Composite Filling - Two Surfaces, Anterior (D2331)	\$190.00
Composite Filling - Three Surfaces, Anterior (D2332)	\$235.00
Composite Filling - Four Surfaces, Anterior (D2335)	\$275.00

Composite Filling - One Surface, Posterior (D2391)	\$175.00
Composite Filling - Two Surfaces, Posterior (D2392)	\$220.00
Composite Filling - Three Surfaces, Posterior (D2393)	\$270.00
Composite Filling - Four Surfaces, Posterior (D2394)	\$305.00
Crown - Porcelain/Ceramic (D2740 & D6740)	\$1,180.00
Crown - Porcelain Fused to High Noble Metal (D2750 & D6750)	\$1,130.00
Crown - Porcelain Fused Predominantly Base Metal (D2751 & D6751)	\$955.00
Crown - Porcelain Fused to Noble Metal (D2752)	\$1,015.00
Crown - Recementation (D2920)	\$125.00
Core Buildup - including pins (D2950)	\$210.00
Prefabricated post & core in addition to crown (D2954)	\$265.00
Veneer – Standard - per tooth (D2962)	\$1,100.00
<b>Endodontics &amp; Periodontics</b>	
Pulp Cap - Indirect (D3120)	\$86.00
Root Canal - Anterior (D3310)	\$750.00
Root Canal - Bicuspid (D3320)	\$860.00
Root Canal - Molar (D3330)	\$1,070.00
Perio Scaling / Root Planing - 4+ teeth per quad (D4341)	\$200.00
Perio scaling / root planing - 1-3 teeth per quad (D4342)	\$160.00
Gingival Scaling (D4346)	\$145.00
Arestin - Per Tooth (D4381)	\$80.00
Periodontal Maintenance (D4910)	\$160.00
Gingival Irrigation - Per Quad (D4921)	\$30.00
Gingival Irrigation - Full Mouth (D4999)	\$55.00
<b>Prosthodontics &amp; Oral Surgery</b>	
Complete Denture - upper or lower (D5110 & D5120)	\$1,300.00
Immediate Denture - upper or lower (D5130 & D5140)	\$1,425.00
Partial Denture w/ Metal Frame - upper or lower (D5213 & D5214)	\$1,425.00
Partial Denture w/ Flexible Base - upper or lower (D5225 & D5226)	\$1,560.00
Adjusted Complete Denture - upper or lower (D5410 & D5411)	\$86.00
Reline Denture - in laboratory upper or lower (D5750 & D5751)	\$400.00

Interim Partial Denture - upper or lower (D5820 & D5821)	\$525.00
Extraction - Erupted Tooth or Exposed Root (D7140)	\$170.00
Surgical Removal of Erupted Tooth (D7210)	\$285.00
Extraction - Impacted Tooth - Soft Tissue (D7220)	\$345.00
Extraction - Impacted Tooth - Partial Bony (D7230)	\$400.00
Extraction - Impacted Tooth - Full Bony (D7240)	\$460.00
Surgical Removal of Residual Roots (D7250)	\$365.00
Bone Replacement for Ridge Preservation (per site) (D7953)	\$275.00
<b>Orthodontics</b>	
Orthodontic Consult (D8660)	No Charge
Early Orthodontic Treatment - up to 12 months (D8060)	\$2,975.00
Comprehensive Orthodontic Treatment - up to 24 months (D8080)	\$5,550.00
Comprehensive Orthodontic Treatment - up to 24 months (D8090)	\$5,550.00
Clear Aligners - up to 24 months (D8080)	\$7,100.00
Replacement Retainers - Essex (D8692)	\$370.00
<b>General Services</b>	
Nitrous Oxide (D9230)	\$79.00
Application Of Desensitizing Medicament (D9910)	\$74.00
Occlusal Night Guard (D9940)	\$515.00
Teeth Whitening - In Office, per arch (D9972)	\$210.00
Take-Home Whitening Trays, 10 Pack (D9975)	\$155.00

**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](mailto:hello@membersy.com).