

## Member Fee Schedule

This fee schedule is exclusive to services provided by **Choice One Dental Care offices participating in Alliance Dental Plan** ("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. *Member savings cannot be combined with any other discounts/promotions.*

Procedure Description	Member Savings
<b>Diagnostic</b>	
Panoramic Film (D0330)	<b>No Charge</b>
Complete Series - Including Bitewings (D0210)	<b>No Charge</b>
Periodic Oral Evaluation (D0120)	<b>25%</b>
Limited Oral Evaluation - Problem Focused (D0140)	<b>25%</b>
Comprehensive Oral Evaluation (D0150)	<b>25%</b>
Bitewings - Two Films (D0272)	<b>25%</b>
Bitewings - Four Films (D0274)	<b>25%</b>
Periapical - First Film (D0220)	<b>25%</b>
Periapical - Each Additional Film (D0230)	<b>25%</b>
<b>Preventive</b>	
Adult Cleaning (D1110)	<b>25%</b>
Child Cleaning (D1120)	<b>25%</b>
Fluoride – Including Varnish (D1206)	<b>25%</b>
Topical Application of Fluoride (D1208)	<b>25%</b>
Sealant - Per Tooth (D1351)	<b>25%</b>
<b>Restorative</b>	
Composite Filling - One Surface, Anterior (D2330)	<b>25%</b>
Composite Filling - Two Surfaces, Anterior (D2331)	<b>25%</b>
Composite Filling - Three Surfaces, Anterior (D2332)	<b>25%</b>
Composite Filling - Four Surfaces, Anterior (D2335)	<b>25%</b>
Composite Filling - One Surface, Posterior (D2391)	<b>25%</b>
Composite Filling - Two Surfaces, Posterior (D2392)	<b>25%</b>

Composite Filling - Three Surfaces, Posterior (D2393)	25%
Composite Filling - Four Surfaces, Posterior (D2394)	25%
Crown - Porcelain/Ceramic (D2740)	25%
Crown - Porcelain Fused to High Noble Metal (D2750)	25%
Core Buildup - Including Pins (D2950)	25%
Prefabricated Post & Core in Addition to Crown (D2954)	25%
<b>Endodontics and Periodontics</b>	
Pulpal Therapy – Anterior, Primary Tooth (D3230)	25%
Root Canal - Anterior (D3310)	25%
Root Canal - Bicuspid (D3320)	25%
Root Canal - Molar (D3330)	25%
Perio Scaling/Root Planing - 4+ Teeth Per Quad (D4341)	25%
Perio Scaling Root Planing - 1-3 Teeth Per Quad (D4342)	25%
Full Mouth Debridement (D4355)	25%
Periodontal Maintenance (D4910)	25%
<b>Removable and Fixed Prosthodontics</b>	
Complete Denture – Upper (D5110) or Lower (D5120)	25%
Immediate Denture – Upper (D5130) or Lower (D5140)	25%
Partial Denture w/Metal Frame - Upper (D5213) or Lower (D5214)	25%
Partial Denture w/Flexible Base – Upper (D5225) or lower (D5226)	25%
Adjusted Complete Denture - Upper (D5410) or Lower (D5411)	25%
Reline Complete Denture (Chairside) - Upper (D5730) or Lower (D5731)	25%
Reline Complete Denture (Lab) - Upper (D5750) or Lower (D5751)	25%
Bridge Pontic – Porcelain/Ceramic (D6245)	25%
Bridge Pontic – Porcelain Fused to High Noble Metal (D6240)	25%
Bridge Crown – Porcelain/Ceramic (D6740)	25%
Bridge Crown – Porcelain Fused to High Noble Metal (D6750)	25%
<b>Implants</b>	
Surgical Placement of Implant (D6010)	25%
Removable Denture – Implant Supported (D6053)	25%

Abutment Supported Crown - Implant (D6059)	25%
<b>Oral Surgery</b>	
Extraction - Erupted Tooth or Exposed Root (D7140)	25%
Surgical Removal of Erupted Tooth (D7210)	25%
Extraction - Impacted Tooth - Soft Tissue (D7220)	25%
Extraction - Impacted Tooth - Partial Bony (D7230)	25%
Extraction - Impacted Tooth - Full Bony (D7240)	25%
Bone Replacement for Ridge Preservation - Per Site (D7953)	25%
<b>Orthodontics</b>	
Comprehensive Orthodontic Treatment of the Transitional Dentition (D8070)	10%
Comprehensive Orthodontic Treatment of the Adolescent Dentition (D8080)	10%
Comprehensive Orthodontic Treatment of the Adult Dentition (D8090)	10%
<b>General Services</b>	
Palliative (Emergency) Treatment (D9110)	25%
Nitrous Oxide (D9230)	25%
Occlusal Night Guard (D9940)	25%
<b>UP TO 25% OFF OTHER SELECT SERVICES, SEE YOUR DENTAL OFFICE FOR COMPLETE LIST OF SAVINGS</b>	

**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).