

## Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in **Dental Alliance 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. *Free exams and x-rays limited to 2 per member per annual membership term.*

Procedure Description	Member Pays
<b>Preventive &amp; Diagnostic</b>	
Periodic Oral Exam (D0120)	No Charge
Limited oral evaluation – problem focused (D0140)	No Charge
Comprehensive Exam (D0150)	No Charge
Comprehensive periodontal evaluation – new or established patient (D0180)	No Charge
X-Ray - Full Mouth Series (D0210)	No Charge
X-Ray - Periapical First Image (D0220)	No Charge
X-Ray - Periapical Each Additional Image (D0230)	No Charge
Panoramic radiographic image (D0330)	No Charge
Adult Cleaning (D1110)	\$99.00
Child Cleaning (D1120)	\$89.00
topical application of fluoride varnish (D1206)	\$70.00
Oral hygiene instructions (D1330)	No Charge
Sealant – per tooth (D1351)	\$70.00
<b>Restorative</b>	
Composite Filling - One Surface, Anterior (D2330)	\$190.00
Composite Filling - Four Surface, Anterior (D2335)	\$340.00
Composite Filling - One Surface, Posterior (D2391)	\$225.00
Composite Filling - Four Surface, Posterior (D2394)	\$370.00
Crown - Ceramic (D2740)	\$1,100.00
Crown - Porcelain/High Noble Metal (D2750)	\$995.00
Crown - Recementation (D2920)	\$175.00
Onlay - Porcelain (D2642)	\$795.00
Veneer - Standard Per Tooth (D2962)	\$1,100.00

<b>Endodontics &amp; Periodontics</b>	
Root Canal - Anterior (D3310)	\$850.00
Root Canal - Bicuspid (D3320)	\$950.00
Root Canal - Molar (D3330)	\$1075.00
Perio Scaling/Root Planing - 4+ teeth (D4341)	\$200.00
Periodontal Maintenance (D4910)	\$180.00
Gingival irrigation- per quadrant (4921)	\$70.00
<b>Prosthodontics &amp; Oral Surgery</b>	
Complete Denture - Maxillary (Upper) (D5110)	\$1,300.00
Complete Denture - Mandibular (Lower) (D5120)	\$1,300.00
Reline Complete Denture - Laboratory Processed (D5750)	\$430.00
Reline Partial Denture - Laboratory Processed (D5761)	\$430.00
Simple Extraction (D7140)	\$195.00
Surgical Extraction (D7210)	\$260.00
<b>Orthodontic</b>	
Appliance + 6 months	\$2,195.00
Phase 1 child - 6-12 months (D8020)	\$2,995.00
Phase 1 child - 12-24 months (D8020)	\$3,395.00
Invisalign (Clear Aligner) Phase 1 18 months (D8020)	\$3,345.00
Limited one arch orthodontic treatment 3 - 6 months (D8020/D8030/D8040)	\$2,195.00
Limited one arch orthodontic treatment 6 - 12 months ((D8020/D8030/D8040)	\$2,695.00
Limited one arch orthodontic treatment 12 - 18 months (D8020/D8030/D8040)	\$3,195.00
Limited one arch orthodontic treatment 18 - 24 months (D8020/D8030/D8040)	\$3,695.00
comprehensive orthodontic treatment 6 - 12 months (D8080/D8090)	\$3,495.00
comprehensive orthodontic treatment 12 - 18 months (D8080/D8090)	\$4,195.00
comprehensive orthodontic treatment 18 - 24 months (D8080/D8090)	\$4,495.00
comprehensive orthodontic treatment 24 - 30 months (D8080/D8090)	\$5,195.00
comprehensive orthodontic treatment 30 - 36 months (D8080/D8090)	\$5,595.00
Invisalign (Clear Aligner) Express 5 3 - 6 months (D8080/D8090)	\$999.00
Invisalign (Clear Aligner) Express 10 5 - 8 months (D8080/D8090)	\$1,695.00
iGo (D8080/D8090)	\$3,395.00

Invisalign (Clear Aligner) 6-12 months (D0038)	\$4,095.00
Invisalign (Clear Aligner) 12-24 months (D0038)	\$4,695.00
3M Clarity (Clear Aligner) 6-12 months (D8080/D8090)	\$3,695.00
3M Clarity (Clear Aligner) 12-24 months (D8080/D8090)	\$3,995.00
Phase 1-2 Combo 48 months (D8060/D8070)	\$7,195.00
Bracket Upgrades	\$375.00
Orthodontic retention (removal of appliances, construction & placement of retainer(s)) (D0038)	\$350.00
Replacement of lost or broken retainer (D8692)	\$350.00
Removable appliance therapy (D8210)	\$350.00
Fixed appliance therapy (D8220)	\$450.00
<b>20-60% 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).