

Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in **Smile Easy 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. *Comprehensive and Periodic Exams are limited to a combination of 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
Comprehensive Perio Evaluation (D0180)	No Charge
Complete Series - Including Bitewings (D0210)	No Charge
Periapical - First Film (D0220)	No Charge
Periapical - Each Additional Film (D0230)	No Charge
Bitewings - Single Film (D0270)	No Charge
Bitewings - Two Films (D0272)	No Charge
Bitewings - Four Films (D0274)	No Charge
Vertical Bitewings – 7-8 Films (D0277)	No Charge
Panoramic Film (D0330)	No Charge
Preventive	
Adult Cleaning (D1110)	30%
Child Cleaning (D1120)	30%
Fluoride – Including Varnish (D1206)	30%
Topical Application of Fluoride (D1208)	30%
Sealant - Per Tooth (D1351)	30%
Restorative	
Composite Filling - One Surface, Anterior (D2330)	30%
Composite Filling - Two Surfaces, Anterior (D2331)	30%
Composite Filling - Three Surfaces, Anterior (D2332)	30%

Composite Filling - Four Surfaces, Anterior (D2335)	30%
Composite Filling - One Surface, Posterior (D2391)	30%
Composite Filling - Two Surfaces, Posterior (D2392)	30%
Composite Filling - Three Surfaces, Posterior (D2393)	30%
Composite Filling - Four Surfaces, Posterior (D2394)	30%
Crown - Porcelain/Ceramic (D2740)	30%
Recement Crown (D2920)	30%
Core Buildup - Including Pins (D2950)	30%
Prefabricated Post & Core in Addition to Crown (D2954)	30%
Endodontics	
Indirect Pulp Cap, Excluding Final Restoration (D3120)	30%
Root Canal - Anterior (D3310)	30%
Root Canal - Bicuspid (D3320)	30%
Root Canal - Molar (D3330)	30%
Periodontics	
Gingivectomy or Gingivoplasty to Allow Access for Restoration, Per Tooth (D4212)	30%
Perio Scaling/Root Planing - 4+ Teeth Per Quad (D4341)	30%
Perio Scaling/Root Planing - 1-3 Teeth Per Quad (D4342)	30%
Full Mouth Debridement (D4355)	30%
Periodontal Maintenance (D4910)	30%
Removable and Fixed Prosthodontics	
Complete Denture – Upper (D5110)	30%
Complete Denture – Lower (D5120)	30%
Partial Denture w/Metal Frame - Upper (D5213)	30%
Partial Denture w/Metal Frame - Lower (D5214)	30%
Partial Denture w/Flexible Base – Upper (D5225)	30%
Partial Denture w/Flexible Base – Lower (D5226)	30%
Bridge Pontic – Porcelain Fused to High Noble Metal (D6240)	30%
Bridge Pontic – Porcelain Fused to Base Metal (D6241)	30%

Bridge Pontic – Porcelain/Ceramic (D6245)	30%
Bridge Crown – Porcelain/Ceramic (D6740)	30%
Bridge Crown – Porcelain Fused to High Noble Metal (D6750)	30%
Implants	
Surgical Placement of Implant (D6010)	30%
Custom Fabricated Abutment – Includes Placement (D6057)	30%
Abutment Supported Crown - Implant (D6058)	30%
Oral Surgery	
Extraction - Erupted Tooth or Exposed Root (D7140)	30%
Surgical Removal of Erupted Tooth (D7210)	30%
Extraction - Impacted Tooth - Soft Tissue (D7220)	30%
Extraction - Impacted Tooth - Partial Bony (D7230)	30%
Extraction - Impacted Tooth - Full Bony (D7240)	30%
Orthodontics	
Limited Orthodontic Treatment of the Transitional Dentition (D8020)	15%
Comprehensive Orthodontic Treatment of the Adolescent Dentition (D8080)	15%
Comprehensive Orthodontic Treatment of the Adult Dentition (D8090)	15%
General Services	
Palliative (Emergency) Treatment (D9110)	30%
Nitrous Oxide (D9230)	30%
Occlusal Night Guard (D9940)	30%

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.