

Member Fee Schedule

This fee schedule is exclusive to services provided by certain dental offices participating in **Decision One Dental Plan** ("Plan"). "Member Pays" is either (i) the dollar amount that Plan members in good standing pay for dental services rendered by a participating dental provider, or (ii) 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.

Procedure Description	Member Pays
Preventive & Diagnostic	
Periodic Exam (D0120)	\$39.00
Periodic Exam - Problem Focused (D0140)	No Charge
Comprehensive Exam (D0150)	\$61..00
Full Mouth X-Rays (D0210)	No Charge
X-Ray - Intraoral - First Image <i>(as needed)</i> (D0220)	No Charge
X-Ray - Bitewing – Single <i>(as needed)</i> (D0270)	No Charge
X-Ray - Bitewing – Single <i>(as needed)</i> (D0272)	No Charge
Bitewings - 4 Images <i>(as needed)</i> (D0274)	No Charge
Adjunctive Oral Cancer Exam (D0431)	No Charge
Adult Cleaning (D1110)	\$88.00
Child Cleaning (D1120)	\$63.00
Fluoride - Including Varnish (D1206)	\$27.00
Fluoride - Including Fluoride (D1208)	\$27.00
Oral Hygiene Instructions (D1330)	No charge
Sealant - Per Tooth (D1351)	20% off UCR
Restorative	
Composite Filling - One Surface, Anterior (D2330)	\$195.00
Composite Filling - One Surface, Posterior (D2391)	\$195.00
Composite Filling - Two Surface, Posterior (D2392)	\$255.00
Crown - Porcelain/Ceramic (D2740)	\$1,325.00
Crown - Recementation (D2920)	20% off UCR

Endodontics & Periodontics	
Root Canal - Anterior (D3310)	20% off UCR
Root Canal - Bicuspid (D3320)	20% off UCR
Root Canal - Molar (D3330)	20% off UCR
Perio Scaling / Root Planing - 4+ teeth per quad (D4341)	\$265.00
Perio scaling / root planing - 1-3 teeth per quad (D4342)	\$200.00
Full mouth debridement (D4355)	\$205.00
Localized delivery of antimicrobial agents (D4381)	20% off UCR
Periodontal Maintenance (D4910)	\$155.00
Prosthodontics & Oral Surgery	
Simple Extraction (D7140)	\$225.00
20% OFF OTHER SELECT SERVICES, SEE YOUR DENTAL OFFICE FOR COMPLETE LIST OF SAVINGS	

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.