

Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in **Gentle 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 2x per member/per annual membership term.*

| Procedure Description | Member Pays |
|--|-------------------|
| Preventive & Diagnostic | |
| Any first 2 Exams needed <i>per member/per annual membership term</i> | No Charge |
| Any first 2 X-Rays needed <i>per member/per annual membership term</i> | No Charge |
| Periodic Exam (D0120) | \$25.00 |
| Periodic Exam - Problem Focused (D0140) | \$25.00 |
| X-Ray - Intraoral – periapical first film (D0220) | \$26.00 |
| X-Ray - Intraoral – periapical each additional film (D0230) | \$21.00 |
| Adult Cleaning (D1110) | \$82.00 |
| Child Cleaning (D1120) | \$72.00 |
| Fluoride - Including Varnish (D1206) | \$39.00 |
| Sealant – per tooth (D1351) | \$44.00 |
| Space maintainer - fixed – unilateral (D1510) | \$259.00 |
| Restorative | |
| Composite Filling - One Surface, Anterior (D2330) | \$155.00 |
| Composite Filling - Two Surface, Anterior (D2331) | \$186.00 |
| Composite Filling - One Surface, Posterior (D2391) | \$165.00 |
| Composite Filling - Two Surface, Posterior (D2392) | \$206.00 |
| Crown - Porcelain/Ceramic (D2740) | \$1,129.00 |
| Crown – Porcelain fused to High Noble Metal (D2750) | \$1,129.00 |
| Crown – Porcelain fused to predominantly base metal (D2751) | \$826.00 |
| Crown - Recementation (D2920) | \$103.00 |
| Core build-up, including any pins (D2950) | \$258.00 |
| Endodontics & Periodontics | |

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|---|------------|
| Root Canal - Anterior (D3310) | \$725.00 |
| Root Canal - Bicuspids (D3320) | \$828.00 |
| Root Canal - Molar (D3330) | \$1,030.00 |
| Perio Scaling/Root Planing - 4+ teeth (D4341) | \$196.00 |
| Perio Scaling/Root Planing - 1-3 teeth (D4342) | \$145.00 |
| Periodontal Maintenance (D4910) | \$134.00 |
| Prosthodontics & Oral Surgery | |
| Complete Denture - upper or lower (D5110 & D5120) | \$1,294.00 |
| Partial Denture w/ Resin base - upper or lower (D5211 & D5212) | \$1,095.00 |
| Partial Denture w/ Metal Frame - upper or lower (D5213 & D5214) | \$1,335.00 |
| Simple Extraction (D7140) | \$150.00 |
| Surgical Removal of Erupted Tooth (D7210) | \$258.00 |
| Extraction - Impacted Tooth - Soft Tissue (D7220) | \$269.00 |
| Bone replacement graft for ridge preservation - per site (D7953) | \$400.00 |
| ADDITIONAL DISCOUNTS MAY BE AVAILABLE, 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.