



Member Fee Schedule

This fee schedule is exclusive to services provided by dental offices participating in **Smart Choice 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. 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)	No Charge
Limited Exam - Problem Focused (D0140)	No Charge
Comprehensive Exam (D0150)	No Charge
Full Mouth X-Rays (D0210)	\$110.00
Panoramic X-Rays (D0330)	\$75.00
Adult Cleaning (D1110)	\$100.00
Child Cleaning (D1120)	\$75.00
Fluoride - Varnish (D1206)	\$35.00
Restorative	
Composite Filling - One Surface, Anterior (D2330)	\$145.00
Composite Filling - One Surface, Posterior (D2391)	\$180.00
Crown - Porcelain/Ceramic (D2740)	\$1,150.00
Periodontics	
Perio Scaling/Root Planing - 4+ teeth (D4341)	\$250.00
Perio Scaling/Root Planing – 1-3 teeth (D4342)	\$170.00
Periodontal Maintenance (D4910)	\$150.00
Other Services	
Complete Denture - Upper (D5110)	\$1,750.00
Partial Denture – Upper (D5213)	\$1,750.00
Simple Extraction (D7140)	\$150.00
Mandibular Advancement Device (D9947)	\$1,575.00
15-50% 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 Clerri 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. Clerri 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@clerri.com.

Effective July 1, 2026