

member fee schedule

This is a medical discount plan. THIS IS NOT INSURANCE. The plan provides discounts for dental services at participating dentists and dental providers. By paying an annual enrollment fee, a plan member will be entitled to receive dental services at reduced rates from the participating dentists or dental providers. The plan does not make payments to any dentists or dental providers. Plan members are required to pay for all services received, at the reduced rates. The full name of the medical discount plan organization is Membersy, LLC, located at 811 Barton Springs Rd, Suite #750, Austin, TX 78704. If you have any questions about the medical discount plan, please call membersy at (877) 545-4188.

	PROCEDURE DESCRIPTION	YOU PAY	MEMBER SAVINGS
preventive & diagnostic	• periodic oral exam (D0120)	\$25	68%
	• limited - problem focused (D0140)	no charge	100%
	• comprehensive oral exam (D0150)	no charge	100%
	• full series of x-rays (D0210)	\$25	87%
	• panoramic x-ray (D0330)	\$50	73%
	• oral cancer screening (D0431)	no charge	100%
	• adult cleaning (prophylaxis) (D1110)	\$65	50%
	• child cleaning (prophylaxis) (D1120)	\$55	42%
	• sealant per tooth (D1351)	\$50	30%
restorative	• 1 surface filling-resin based anterior (D2330)	\$161	30%
	• 2 surface filling-resin based anterior (D2331)	\$206	30%
	• 3 surface filling-resin based anterior (D2332)	\$252	30%
	• 4 surface filling-resin based anterior (D2335)	\$298	30%
	• 1 surface filling-resin based posterior (D2391)	\$189	30%
	• 2 surface filling-resin based posterior (D2392)	\$247	30%
	• 3 surface filling-resin based posterior (D2393)	\$331	30%
	• crown - porcelain/ceramic (D2740)	\$1,335	30%
	• crown - porcelain/high noble metal (D2750)	\$999	44%
	• core buildup (D2950)	\$252	30%
endodontics & periodontics	• root canal - anterior (D3310)	\$934	30%
	• root canal - bicuspid (D3320)	\$1,023	30%
	• root canal - molar (D3330)	\$1,178	30%
	• scaling and root planing (4+ teeth) (D4341)	\$171	30%
	• periodontal maintenance (D4910)	\$155	30%
	• complete denture (upper or lower) (D5110,D5120)	\$1,637	30%
	• porcelain retainer crown (D6750)	\$1,247	30%
oral surgery	• simple extraction (D7140)	\$170	30%
	• surgical extraction (D7210)	\$269	30%
	• extraction - impacted tooth (soft tissue) (D7220)	\$304	30%
	• extraction - impacted tooth (partially bony) (D7230)	\$404	30%

This fee schedule is exclusive to services provided by Smile Saver Dental Plan participating offices. Member savings defined as the amount members pay for services less their participating office's normal retail fees typically charged to self-pay patients. Frequency limitations of any free services may apply. Any current services not listed below are discounted at 30% off retail fees.

Questions? Please contact your participating office directly or call (877) 545-4188.