



SAVINGS SUMMARY

Procedure Description	You Pay	Savings
PREVENTIVE & DIAGNOSTIC		
• periodic oral exam (D0120)	\$0*	100%*
• problem focused exam (D0140)	\$0*	100%*
• comprehensive oral exam (D0150)	\$0*	100%*
• full series of x-rays (D0210)	\$0*	100%*
• bitewings- 4 radiographic images (D0274)	\$0*	100%*
• panoramic x-rays (D0330)	\$0*	100%*
• adult cleaning (Prophylaxis) (D1110)	\$64	50%
• child cleaning (Prophylaxis) (D1120)	\$50	50%
• fluoride including varnish (D1206)	\$33	50%
• fluoride excluding varnish (D1208)	\$30	50%
• sealant per tooth (D1351)	\$42	50%

*free twice per member/annual membership year

RESTORATIVE

FILLINGS

• 1 surface filling-resin based anterior (D2330)	\$179	25%
• 2 surface filling-resin based anterior (D2331)	\$216	25%
• 3 surface filling-resin based anterior (D2332)	\$266	25%
• 4 surface filling-resin based anterior (D2335)	\$332	25%
• 1 surface filling-resin based posterior (D2391)	\$191	25%
• 2 surface filling-resin based posterior (D2392)	\$245	25%
• 3 surface filling-resin based posterior (D2393)	\$301	25%
• 4 surface filling-resin based posterior (D2394)	\$30	25%

CROWNS

• crown - porcelain/ceramic (D2740)	\$1,285	20%
• crown - porcelain/high noble metal (D2750)	\$1,270	20%
• core buildup (D2950)	\$298	20%

Procedure Description	You Pay	Savings
ENDODONTICS		
• root canal - anterior (D3310)	\$854	20%
• root canal - bicuspid (D3320)	\$963	20%
• root canal - molar (D3330)	\$1,174	20%

PERIODONTICS

• scaling and root planing (4+ teeth) (D4341)	\$267*	20%*
• scaling and root planing (1-3 teeth) (D4342)	\$201*	20%*
• periodontal maintenance (D4910)	\$144	20%

*per quadrant

PROSTHODONTICS

• complete denture (D5110, D5120)	\$1,962-\$2,002	20%
• partial denture (D5211, D5212)	\$1,570-\$1,584	20%
• retainer crown - porcelain/ceramic (D6740)	\$1,271	20%

ORAL SURGERY

• simple extraction (D7140)	\$210	20%
• surgical extraction (D7210)	\$317	20%
• extraction-impacted tooth (partially bony) (D7230)	\$447	20%
• extraction-impacted tooth (completely bony) (D7240)	\$551	20%
• extraction of residual tooth roots (D7250)	\$347	20%

This fee schedule is exclusive to dental services provided by Sure Smile Dental Plan participating offices. Member savings is defined as the amount members pay for dental services less their participating office's normal retail fee(s) typically charged to self-pay patients for services rendered. This fee schedule illustrates member payment and savings for the most utilized dental procedures. Any current dental services not listed are 20% off participating office's retail fee(s).

Questions? Please speak with your participating office or call (888) 231-8099.

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membersy.