



This fee schedule is exclusive to dental services provided by DentalWorks Advantage 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 procedures are 30% off retail fee(s). If a board-certified specialist renders the dental services then exact member savings will be at the discretion of the office and may vary from normal member savings.

Questions about the DentalWorks Advantage Plan? Please speak with your participating office or call (888) 715-7970, anytime Monday-Friday, from 8am-6pm to dedicated member support specialist.

ADA Code	Procedure Description	Retail Fee	Member Pays*	Savings*
D0120	Periodic Oral Exam	\$56.00	\$0.00	100%
D0140	Problem Focused Exam	\$80.00	\$0.00	100%
D0150	Comprehensive Oral Exam	\$90.00	\$0.00	100%
D0210	Full Series of X-Rays	\$139.00	\$0.00	100%
D0274	Bitewings - four radiographic images	\$69.00	\$0.00	100%
D0330	Panoramic X-Rays	\$135.00	\$0.00	100%
D0431	Oral Cancer Screening	\$49.00	\$34.00	30%
D1110	Adult Cleaning (Prophylaxis)	\$101.00	\$51.00	50%
D1120	Child Cleaning (Prophylaxis)	\$75.00	\$38.00	50%
D1206	Fluoride with Varnish	\$46.00	\$32.00	30%
D1208	Fluoride Excluding Varnish	\$41.00	\$29.00	30%
D1351	Sealant Per Tooth	\$63.00	\$44.00	30%
D2330	One Surface Filling (Resin Based Anterior)	\$170.00	\$119.00	30%
D2331	Two Surface Filling (Resin Based Anterior)	\$210.00	\$147.00	30%
D2332	Three Surface Filling (Resin Based Anterior)	\$255.00	\$179.00	30%
D2335	Four Surface Filling (Resin Based Anterior)	\$314.00	\$220.00	30%
D2391	One Surface Filling (Resin Based Posterior)	\$188.00	\$132.00	30%
D2392	Two Surface Filling (Resin Based Posterior)	\$245.00	\$172.00	30%
D2393	Three Surface Filling (Resin Based Posterior)	\$295.00	\$207.00	30%
D2394	Four Surface Filling (Resin Based Posterior)	\$370.00	\$259.00	30%
D2740	Crown - Porcelain/Ceramic	\$1,275.00	\$893.00	30%
D2750	Crown - Porcelain Fused to High Noble Metal	\$1,200.00	\$840.00	30%
D2920	Re-Cement Crown	\$108.00	\$76.00	30%
D2950	Core buildup	\$285.00	\$200.00	30%
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$84.00	\$59.00	30%
D3320	Root Canal - Bicuspid	\$915.00	\$641.00	30%
D3330	Root Canal - Molar	\$1,200.00	\$840.00	30%
D4341	Scaling and Root Planing (four or more teeth per quadrant)	\$283.00	\$212.00	25%
D4342	Scaling and Root Planing (one to three teeth per quadrant)	\$185.00	\$139.00	25%
D6740	Retainer Crown - Porcelain/Ceramic	\$1,300.00	\$910.00	30%
D7140	Simple Extraction	\$180.00	\$126.00	30%
D7210	Surgical Extraction	\$303.00	\$212.00	30%
D7230	Extraction of Impacted Tooth (Partially Bony)	\$490.00	\$343.00	30%
D7240	Extraction of Impacted Tooth (Completely Bony)	\$595.00	\$417.00	30%
D7250	Extraction of Residual Tooth Roots	\$343.00	\$240.00	30%
D8680	Orthodontic Retention	\$524.00	\$367.00	30%
D9230	Nitrous Oxide	\$85.00	\$59.00	30%
D9940	Occlusal Mouth Guard	\$607.00	\$425.00	30%

\*Terms and conditions apply. Free exams limited to 2x per member/per membership term. Free x-rays limited to 1x per member/per membership term. Free whitening or oral cancer screening limited to 1x per member/per membership term (cannot be combined). Please speak with your DentalWorks Advantage Plan participating office prior to treatment.