



SAVINGS SUMMARY

Procedure Description	Savings
PREVENTIVE & DIAGNOSTIC	
• periodic oral exam (D0120)	100%*
• problem focused exam (D0140)	100%*
• comprehensive oral exam (D0150)	100%*
• full series of x-rays (D0210)	100%*
• bitewings- 4 radiographic images (D0274)	100%*
• panoramic x-rays (D0330)	100%*
• adult cleaning (Prophylaxis) (D1110)	50%
• child cleaning (Prophylaxis) (D1120)	50%
• fluoride excluding varnish (D1208)	50%
• sealant per tooth (D1351)	25%

*free twice per member/annual membership year

RESTORATIVE

FILLINGS

• 1 surface filling-resin based anterior (D2330)	25%
• 2 surface filling-resin based anterior (D2331)	25%
• 3 surface filling-resin based anterior (D2332)	25%
• 4 surface filling-resin based anterior (D2335)	25%
• 1 surface filling-resin based posterior (D2391)	25%
• 2 surface filling-resin based posterior (D2392)	25%
• 3 surface filling-resin based posterior (D2393)	25%
• 4 surface filling-resin based posterior (D2394)	25%

CROWNS

• crown - porcelain/ceramic (D2740)	25%
• crown - porcelain/high noble metal (D2750)	25%
• re-cement crown (D2920)	25%
• stainless steel crown (D2930)	25%
• core buildup (D2950)	25%

Procedure Description	Savings
ENDODONTICS	
• root canal - anterior (D3310)	25%
• root canal - bicuspid (D3320)	25%
• root canal - molar (D3330)	25%

PERIODONTICS

• scaling and root planing (4+ teeth) (D4341)	25%*
• periodontal maintenance (D4910)	25%

*per quadrant

PROSTHODONTICS

• complete denture (D5110, D5120)	20%
• partial denture (D5211, D5212)	20%

*Fees vary by location

ORAL SURGERY

• simple extraction (D7140)	25%
• surgical extraction (D7210)	25%
• extraction-impacted tooth (partially bony) (D7230)	20%
• extraction-impacted tooth (completely bony) (D7240)	20%
• extraction of residual tooth roots (D7250)	20%
• nitrous oxide (D9230)	20%

*Fees vary by location

This fee schedule is exclusive to dental services provided by Total Health 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) 231-5266.

