

# SAVINGS SUMMARY

Procedure Description	You Pay	Procedure Description	You Pay
<b>PREVENTIVE &amp; DIAGNOSTIC</b>		<b>ENDODONTICS</b>	
• periodic oral exam (D0120)	\$0*	• therapeutic pulpotomy (D3220)	\$100
• problem focused exam (D0140)	\$0*	• root canal - anterior (D3310)	\$450
• comprehensive oral exam (D0150)	\$0*	• root canal - bicuspid (D3320)	\$600
• full series of x-rays (D0210)	\$0*	• root canal - molar (D3330)	\$805
• bitewings- 4 radiographic images (D0274)	\$0*	• retreatment of root canal therapy	\$905
• panoramic x-rays (D0330)	\$0*	<b>PERIODONTICS</b>	
• adult cleaning (Prophylaxis) (D1110)	\$0*	• scaling and root planing (4+ teeth) (D4341)	\$100*
• child cleaning (Prophylaxis) (D1120)	\$0*	• scaling and root planing (1-3 teeth) (D4342)	\$50*
• fluoride including varnish (D1206)	\$18	• periodontal maintenance (D4910)	\$85
• fluoride excluding varnish (D1208)	\$18	<small>*per quadrant</small>	
• sealant per tooth (D1351)	\$20	<b>PROSTHODONTICS</b>	
<small>*free twice per member/annual membership year</small>		• complete denture (D5110, D5120)	\$1200
<b>RESTORATIVE</b>		• partial denture (D5211, D5212)	\$750
<b>FILLINGS</b>		• retainer crown - porcelain/ceramic (D6740)	\$800
• 1 surface filling-resin based anterior (D2330)	\$94	<b>ORAL SURGERY</b>	
• 2 surface filling-resin based anterior (D2331)	\$115	• simple extraction (D7140)	\$80
• 3 surface filling-resin based anterior (D2332)	\$129	• surgical extraction (D7210)	\$199
• 4 surface filling-resin based anterior (D2335)	\$145	• extraction-impacted tooth (partially bony) (D7230)	\$229
• 1 surface filling-resin based posterior (D2391)	\$94	• extraction-impacted tooth (completely bony) (D7240)	\$299
• 2 surface filling-resin based posterior (D2392)	\$112	• extraction of residual tooth roots (D7250)	\$140
• 3 surface filling-resin based posterior (D2393)	\$140	• IV sedation first 15 min	\$100
• 4 surface filling-resin based posterior (D2394)	\$148	• IV sedation per additional 15 min	\$75
<b>CROWNS</b>		• nitrous oxide (D9230)	\$30
• crown - porcelain/ceramic (D2740)	\$800	<b>ORTHODONTICS</b>	
• crown - porcelain/high noble metal (D2750)	\$750	• all orthodontic treatment	20%
• re-cement crown (D2920)	\$40	<b>PEDIATRICS</b>	
• stainless steel crown (D2930)	\$150	• porcelain (white) crown	\$235
• core buildup (D2950)	\$120	• stainless steel (silver crown)	\$150
		• therapeutic pulpotomy	\$100
		• conscious sedation	\$150

This fee schedule is exclusive to dental services provided by Smile Workshop 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 not listed are 25% off retail fee(s).

Questions about the Reasons to Smile Club? Please speak with your participating office or call (888) 747-8120, anytime Monday-Friday, from 8am-6pm CST to speak with a dedicated member support specialist.