



# SAVINGS SUMMARY

Procedure Description	You Pay	Savings
<b>PREVENTIVE &amp; DIAGNOSTIC</b>		
• 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)	\$70	30%
• adult cleaning (Prophylaxis) (D1110)	\$69	30%
• child cleaning (Prophylaxis) (D1120)	\$45	30%
• flouride including varnish (D1206)	\$22	30%
• flouride excluding varnish (D1208)	\$25	30%
• sealant per tooth (D1351)	\$35	30%

\*free twice per member/annual membership year

## RESTORATIVE

### FILLINGS

• 1 surface filling-resin based anterior (D2330)	\$105	30%
• 2 surface filling-resin based anterior (D2331)	\$125	30%
• 3 surface filling-resin based anterior (D2332)	\$148	30%
• 4 surface filling-resin based anterior (D2335)	\$208	30%
• 1 surface filling-resin based posterior (D2391)	\$129	30%
• 2 surface filling-resin based posterior (D2392)	\$169	30%
• 3 surface filling-resin based posterior (D2393)	\$185	30%
• 4 surface filling-resin based posterior (D2394)	\$218	30%

### CROWNS

• crown - porcelain/ceramic (D2740)	\$999	30%
• crown - porcelain/high noble metal (D2750)	\$850	30%
• core buildup (D2950)	\$190	30%

Procedure Description	You Pay	Savings
<b>ENDODONTICS</b>		
• therapeutic pulpotomy (D3220)	\$150	30%
• root canal - anterior (D3310)	\$440	30%
• root canal - bicuspid (D3320)	\$600	30%
• root canal - molar (D3330)	\$850	30%
<b>PERIODONTICS</b>		
• scaling and root planing (4+ teeth) (D4341)	\$155*	30%*
• scaling and root planing (1-3 teeth) (D4342)	\$128*	30%*
• periodontal maintenance (D4910)	\$98	30%

\*per quadrant

## PROSTHODONTICS

• complete denture (D5110, D5120)	\$1,190	30%
• partial denture (D5211, D5212)	\$1,250-\$1,252	30%
• retainer crown - porcelain/ceramic (D6740)	\$850	30%

## ORAL SURGERY

• simple extraction (D7140)	\$120	30%
• surgical extraction (D7210)	\$210	30%
• extraction-impacted tooth (partially bony) (D7230)	\$270	30%
• extraction-impacted tooth (completely bony) (D7240)	\$320	30%
• nitrous oxide (D9230)	\$60	30%

This fee schedule is exclusive to dental services provided by Thrive 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 30% off participating office's retail fee(s).

Questions? Please speak with your participating office or call (888) 575-2423.

