



SAVINGS SUMMARY

Procedure Description	Savings	Procedure Description	Savings
PREVENTIVE & DIAGNOSTIC		ENDODONTICS	
• periodic oral exam (D0120)	100%*	• therapeutic pulpotomy (D3220)	30%
• problem focused exam (D0140)	100%*	• root canal - anterior (D3310)	30%
• comprehensive oral exam (D0150)	100%*	• root canal - bicuspid (D3320)	30%
• full series of x-rays (D0210)	100%*	• root canal - molar (D3330)	30%
• bitewings - 4 radiographic images (D0274)	100%*		
• panoramic x-rays (D0330)	100%*	PERIODONTICS	
• adult cleaning (Prophylaxis) (D1110)	30%	• scaling and root planing (4+ teeth) (D4341)	30%*
• child cleaning (Prophylaxis) (D1120)	30%	• scaling and root planing (1-3 teeth) (D4342)	30%*
• fluoride including varnish (D1206)	30%	• periodontal maintenance (D4910)	30%
• fluoride excluding varnish (D1208)	30%	<small>*per quadrant</small>	
• sealant per tooth (D1351)	30%		
		PROSTHODONTICS	
RESTORATIVE		• complete denture (D5110, D5120)	30%
FILLINGS		• retainer crown - porcelain/ceramic (D6740)	30%
• 1 surface filling-resin based anterior (D2330)	30%		
• 2 surface filling-resin based anterior (D2331)	30%	ORAL SURGERY	
• 3 surface filling-resin based anterior (D2332)	30%	• simple extraction (D7140)	30%
• 4 surface filling-resin based anterior (D2335)	30%	• surgical extraction (D7210)	30%
• 1 surface filling-resin based posterior (D2391)	30%	• extraction-impacted tooth (partially bony) (D7230)	30%
• 2 surface filling-resin based posterior (D2392)	30%	• extraction-impacted tooth (completely bony) (D7240)	30%
• 3 surface filling-resin based posterior (D2393)	30%	• nitrous oxide (D9230)	30%
• 4 surface filling-resin based posterior (D2394)	30%		
CROWNS			
• crown - porcelain/ceramic (D2740)	30%		
• crown - porcelain/high noble metal (D2750)	30%		
• core buildup (D2950)	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) if rendered by general dentist. Please contact your participating dental office for exact fees for each procedure. If a board-certified specialist renders the services then exact member savings are at the discretion of the participating office and may vary from the normal member savings.

*Free exams and x-rays limited to 2x per member/per annual membership term. Please speak with our office prior to treatment.

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

