



SmartSmilesm Copayment Comparison Sheet

The following is a list of the most commonly utilized covered dental procedures and their copayments on the SmartSmilesm and Super SmartSmilesm plans. This comparison sheet is designed to help you decide which plan is right for you.

Visit us online at www.dentalhealthservices.com to view the more than 300 procedures covered by your SmartSmilesm plan. If you would like a printed version of your copayment schedule, contact our Member Services team by phone at 800-637-6453 or by email at membercare@dentalhealthservices.com. Our employee-owners will be happy to help you!

Dental Code	Procedure	Regular Fee *	SmartSmile sm	Super SmartSmile sm
			Your Copayment at Your Selected Dentist's Office	
DIAGNOSTIC				
D9543	Office Visit	NA	10	7
D0150	Comprehensive oral evaluation	112	7	5
D0120	Periodic oral evaluation (established patient)	75	5	2
D0210	Complete radiographic images (x-rays)	165	25	0
PREVENTIVE				
D1110	Adult prophylaxis (teeth cleaning)	138	25	12
D1120	Child prophylaxis (teeth cleaning)	87	18	12
D1208	Topical application of fluoride	50	8	5
D1351	Sealant (per tooth)	62	5	5
FILLINGS				
D2150	Amalgam restoration (filling), two surfaces	256	52	35
D2331	Anterior composite restoration (filling), 2 surfaces	270	75	57
D2392	Posterior composite restoration (filling), 2 surfaces	307	100	75
CROWNS				
D2740	Crown, porcelain/ceramic substrate	1,495	650	650
D2750	Crown, porcelain fused to high noble metal	1,400	625	625
D2751	Crown, porcelain fused to base metal	1,350	475	475
D2752	Crown, porcelain fused to noble metal	1,250	600	600
ROOT CANALS				
D3310	Endodontic (root canal) therapy, anterior tooth	1,040	300	325
D3320	Endodontic (root canal) therapy, bicuspid tooth	1,260	395	400
D3330	Endodontic (root canal) therapy, molar	1,610	675	575
PERIODONTAL				
D4341	Periodontal scaling and root planing, per quadrant	289	85	70
D4910	Periodontal maintenance	213	50	40
DENTURES				
D5120	Complete denture, mandibular (lower)	1,960	825	825
D5410	Adjust complete denture - maxillary	111	30	30
D5411	Adjust complete denture - mandibular	116	30	30
EXTRACTIONS				
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	366	134	135
D7220	Removal of impacted tooth, soft tissue	400	155	150
D7230	Removal of impacted tooth, partially bony	495	195	180
ORTHODONTICS				
D8080	Comprehensive orthodontic treatment of the adolescent dentition	6,170**	3,395	3,395
D8090	Comprehensive orthodontic treatment of the adult dentition	6,308**	3,495	3,495
EMERGENCY				
D9110	Palliative (emergency) treatment of dental pain		30	30

NA - Data Not Available

* Regular fees are based on the 90th percentile of the usual and customary fees for each service, per the February 2015 FAIRDATA fee information for the 98101 zip code.

**Orthodontia regular fees are based on the 90th percentile of the usual and customary fees for each service, per the 2015 NDAS fee information for the 98101 zip code.