

member fee schedule

This fee schedule is exclusive to services provided by Essential Dental Plan participating offices. Member savings defined as the amount members pay for services less their participating office's normal retail fees typically charged to self-pay patients. Frequency limitations of any free services may apply. Any current services not listed below are discounted at 15% off retail fees.

Questions? Please contact your participating office directly or call (877) 545-4188.

	PROCEDURE DESCRIPTION	YOU PAY
preventive & diagnostic	• periodic oral exam (D0120)	no charge
	• problem focused exam (D0140)	no charge
	• comprehensive oral exam (D0150)	no charge
	• intraoral periapical x-rays (D0210)	no charge
	• bitewings - radiographic images (D0274)	no charge
	• panoramic x-rays (D0330)	no charge
	• oral cancer screening (D0431)	no charge
	• basic cleaning - adult (D1110)	\$85
	• basic cleaning - child (D1110)	\$75
	• topical fluoride - including varnish (D1206)	\$35
restorative	• 1 surface filling-resin based anterior (D2330)	15% off
	• 2 surface filling-resin based anterior (D2331)	15% off
	• 3 surface filling-resin based anterior (D2332)	15% off
	• 1 surface filling-resin based posterior (D2391)	15% off
	• 2 surface filling-resin based posterior (D2392)	15% off
	• 3 surface filling-resin based posterior (D2393)	15% off
	• crown - porcelain/ceramic (D2740)	15% off
	• crown - fused to high noble metal (D2750)	15% off
	• core buildup (D2950)	15% off
	endodontics & periodontics	• root canal - anterior (D3310)
• root canal - molar (D3330)		15% off
• perio scaling and root planing (4+ teeth) (D4341)		15% off
• complete denture (upper & lower) (D5110, D5120)		15% off
• partial denture (upper & lower) (D5213, D5214)		15% off
oral surgery		• simple extraction (D7140)
	• surgical extraction (D7210)	15% off