

DENTAL PLAN DESCRIPTION OF SERVICES AND DISCLOSURE FORM PLAN CONTRACT

The following is a Description of the discount dental plan available to you and your family members through Dental HealthX, LLC DBA Smile Health Dental Plans (“Smile Health Dental Plans”). The Description completely describes the plan and your rights under the plan, and if you choose to enroll it is your contract with Smile Health Dental Plans. You should read this carefully. **PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS DENTAL CARE MAY BE OBTAINED.** If you have any questions about this Description, please call Smile Health Dental Plans at 1-855-935-5365.

1. Contact Information. The full name of the plan is Smile Health Dental Plans. Smile Health Dental Plans can be contacted at 27201 Puerta Real, Suite 310, Mission Viejo, CA 92691. The phone number is 1-855-935-5365.

2. Type of Plan. This is a discount dental plan. **THIS IS NOT INSURANCE.** The plan provides discounts for dental services at participating dentists and dental providers. By paying an annual enrollment fee to Smile Health Dental Plans (see Section 10 below) you (and, if applicable, your eligible family members) will be entitled to receive dental services at reduced rates from the participating dentists or dental providers. Smile Health Dental Plans does not make payments to any dentists or dental providers. Plan members are required to pay for all services received, at the reduced rates. The full name and address of Smile Health Dental Plans (the discount medical plan organization) is listed in section 1 above. Information about your right to cancel services is set forth in Section 9 below. A complete description of the reduced rates for dental services is set forth in Section 11 below.

3. Definitions. As used in this Description, “Eligibility” means you or your eligible family’s right to receive dental services at reduced rates. “Eligible family members” means your spouse and your dependent children who are under the age of 18 (or up to age 26 if attending school full-time) or are incapable of self-sustaining employment by reason of a physical or mental disability, injury, illness or condition and are dependent on you for support and maintenance.

“Network Dentist” means a dentist who has agreed with Smile Health Dental Plans to provide services at the reduced rates set forth in this Description. “Specialist services” are periodontics, endodontics, orthodontics, and oral surgery. “Specialist” is a dentist who performs only a specialist service.

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4. Choice of Dentists. To be entitled to the reduced rates you and your eligible family members must visit a Network Dentist. If you receive services from a dentist who is not a Network Dentist you will not be entitled to the discount fees provided by the plan.

You can visit any Network Dentist. If you want the name and location of other nearby Network Dentists, or if you have a question about Smile Health Dental Plans' Network Dentists, just call Smile Health Dental Plans at 1-855-935-5365 or visit the plan website at SmileHealth.com.

5. Scope of Eligibility. You can select eligibility for you alone or for you and all of your eligible family members.

6. Commencement of Services. Once you have read through this Description, if you wish to enroll you should complete the purchase of the plan on the plan website using a credit card or debit card. You will then receive an email confirming your enrollment in the plan. Eligibility begins when you receive your email confirmation.

Once your plan is active, Smile Health Dental Plans will send you a membership card. If you elect services for your eligible family members, they will receive membership cards as well.

7. Term and Termination of Services. You and your eligible family members' right to receive services will continue for one year from the time Smile Health Dental Plans receives your initial annual enrollment fee. The termination date will appear in your member account at: members.wellfit.com and will end at 11:59 p.m. Mountain Time on that date.

However, eligibility for your spouse may terminate upon your divorce from him or her, and eligibility for any child will terminate once the child exceeds the age limit described in Section 3 above.

Notwithstanding the above, if upon reaching the age limit in Section 3 your child is incapable of self-sustaining employment because of a mental or physical disability, injury, illness, or condition, and is chiefly dependent on you for support and maintenance, then eligibility for that child will continue through the term of your enrollment and any reenrollment.

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However, you may be asked to furnish proof to Smile Health Dental Plans of such incapacity and dependency within sixty (60) days after you receive notice that your child's eligibility will terminate. Such notice will be given at least ninety (90) days before your child reaches the limiting age.

Smile Health Dental Plans will make a determination of your child's incapacity and dependency status, and will so notify you, before your child's eligibility ends. If Smile Health Dental Plans fails to notify you of its determination by such time, your child's eligibility will continue until you receive such notice.

Your right to receive services at the discounted fees described in this plan will end at the expiration of your one-year term unless you reenroll as described in Section 8 below. Upon termination your Network Dentist will complete all procedures started prior to termination at the rates set forth in Section 11.

8. Renewal of Eligibility. You can renew your right to receive discounted fee services for an additional year by paying an annual reenrollment fee to Smile Health Dental Plans before your initial eligibility terminates. Smile Health Dental Plans will send you a written notice about this at least thirty (30) days prior to the expiration of eligibility. You will be told what the applicable fee is in your renewal notice.

Upon reenrollment you (and if applicable your eligible family members) will receive new identification cards. The same procedure will be used to reenroll for succeeding years. Other than payment of the required reenrollment fee, there are no conditions or restrictions on your right to reenroll.

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9. Cancellation of Services. You will have forty-five (45) days after you purchase your plan to cancel your eligibility and receive a refund of your enrollment fee. However, no cancellation will be permitted if you received services from a Network Dentist during this 45-day period.

To receive your refund, you must provide a written request for the refund to the address in Section 1 above.

Other than as stated above, you cannot cancel any enrollment or reenrollment and receive any refund of your enrollment or reenrollment fee. However, you can terminate your eligibility after any one-year period by simply choosing not to reenroll.

Smile Health Dental Plans cannot cancel your enrollment or refuse to permit you to reenroll after any one-year period of eligibility ends, unless you have engaged in fraud in using this plan.

10. Enrollment Fees. Upon enrollment you will pay your initial enrollment fee. Applicable enrollment fees for the initial year of services are as follows:

1 Person:	\$299.00
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11. Dental Services and Fees. Following this Description is a complete list of covered dental services and the fees your Network Dentist will charge for these services. Please note that this is the fee schedule currently in effect for your area. Smile Health Dental Plans reserves the right to change the fee schedule at any time and any new fee schedule will apply to all dental services received by you or your eligible family members thirty (30) days after Smile Health Dental Plans mails you written notice of the new schedule.

12. Other Charges. There are no copayments, deductibles, or other charges of any kind under this plan. All that you have to do is pay your Network Dentist for the discounted services that you or your eligible family members receive.

13. Limitations and Exclusions. The following is a complete list of all limitations and exclusions under this Plan:

LIMITATIONS	
1	Stainless Steel Crowns: Limited to children under age fifteen (15) when a tooth cannot be restored with a filling.
2	Full mouth Reconstruction: Treatment plans involving ten (10) or more crowns or units of fixed bridgework. Such treatment is considered “full mouth reconstruction” and is not covered. However, the Plan will allow for complete or partial dentures. If the Covered Person chooses, he can apply the benefit of the partial and/or complete denture toward the crown and bridge Usual, Customary & Reasonable fees.
3	Replacement of Prosthetics: Replacement of fixed or removable prosthetics is covered if the prosthetics is at least five (5) years old, no longer serviceable, and cannot be repaired. Fixed or removable prosthetics include, but are not limited to: inlay, onlay, crown, bridge, implants, and/or dentures.

EXCLUSIONS	
1	Services provided by a non-Network Dentist/ out-of-network provider
2	Replacement of a prosthetic or any other type of Appliance which has been broken, lost, misplaced, or stolen.
3	Procedures deemed not reasonably necessary or not customarily performed, including, but not limited to: services that have a poor prognosis; duplicate prosthetic devices /appliances.
4	Dental services not listed on the fee schedule
5	Treatment of congenital or developmental malformations. Myofunctional Therapy: Muscle training therapy or training to correct or control harmful habits.
6	Any dental services and/or supplies to the extent to which coverage is provided under any medical or other coverages including, but not limited to, hospital expenses.
7	Procedures, appliances or restorations that are performed to alter, restore or maintain occlusion (i.e., the way the teeth mesh), including: altering the vertical dimension; replacing or stabilizing tooth structure lost by attrition ;realignment of teeth; gnathological recording or bite registration or bite analysis; and/or occlusal equilibration.
8	Courses of treatment which were begun prior to the Covered Person’s coverage effective date and Expenses incurred after termination of coverage.
9	Any dental disease, defect or injury that arises out of or in the course of any occupational incident or exposure, for which the person is entitled to benefits under applicable workers’ compensation law.

10	Services or supplies for which a Covered Person is entitled (or could have been entitled if proper application had been made) to have reimbursed by or furnished by any plan, authority or law of any government, governmental agency (Federal or State, Dominion or Province or any political subdivision thereof).
11	Expenses incurred due to the patient's failure to keep a scheduled appointment.
12	Conditions resulting from insurrection, war (declared or undeclared) or any act of war and any complications therefrom, or service (past or present) in the armed forces of any country, to the extent not prohibited by law.
13	Procedures, restorations or appliances for the treatment or for the prevention of temporomandibular joint dysfunction syndrome.
14	Minimum discount statements do not apply to electric toothbrushes, toothbrush heads, water or air flossers, water picks, prescription products, mouth rinses, additional tubes of bleaching solution, MI paste/take-home fluoride laboratory or supply costs related to medical diagnostic testing, and dental codes defined as unspecified adjunctive procedures.

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14. Your Responsibility for Payment of Fees. Once you or your eligible family members receive services from a Network Dentist, your Network Dentist will bill you directly for those services at the rates set forth in the Fee Schedule. You will pay the billed amount to your Network Dentist. If Smile Health Dental Plans should ever become liable to your Network Dentist for any reason, your Network Dentist will not hold you responsible for such liability. This is a discount dental plan. No amounts are payable by Smile Health Dental Plans either to you or to your Network Dentist.

15. Disputes. Smile Health Dental Plans maintains a grievance system to handle any dispute or grievance you may have with your Network Dentist or with Smile Health Dental Plans itself. You can obtain a grievance form from your Network Dentist or you can complete a grievance form on-line at SmileHealth.com.

You can submit a grievance in writing or by telephone. Smile Health Dental Plans' address is 27201 Puerta Real, Suite 310, Mission Viejo, CA 92691, and its telephone number is 1-855-935-5365.

You have one hundred and eighty (180) days to file a grievance after any incident or action. Smile Health Dental Plans will acknowledge receipt of your grievance within five (5) calendar days after Smile Health Dental Plans receives it. Smile Health Dental Plans will notify you of the resolution of your grievance within thirty (30) calendar days after receipt. For a more complete description of Smile Health Dental Plans' grievance system please visit Smile Health Dental Plans' website at SmileHealth.com.

16. Specialist Services. Not all Network Dentists provide specialist services, and some specialist services may need to be performed by a specialist. You will receive the discounted fees for specialist services under this Plan only if those services are received from a Network Dentist. If your Network Dentist does not provide specialist services, you can call Smile Health Dental Plans to see if there is a nearby Network Dentist who can perform specialist services. You do not need a referral from Smile Health Dental Plans to see a Network Dentist who provides such services.

17. Office Hours and Emergency Services. Your Network Dentist will be open during normal work hours, Monday through Friday. Your Network Dentist will arrange for emergency dental care, which will be available 24 hours a day, 7 days a week. If you need after-hours care, call your Network Dentist and you will be told

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what to do. You can also call Smile Health Dental Plans at 1-855-935-5365 for assistance with after-hours care questions.

18. Termination of Network Dentist. If your Network Dentist terminates, Smile Health Dental Plans will promptly notify you if it knows who your Network Dentist is so that you can make arrangements to see another Network Dentist.

Also, Smile Health Dental Plans will post a notice at SmileHealth.com listing all Network Dentists who have given notice of termination, who are being terminated, or who otherwise are unable to provide services.

The notice will state the effective date of termination. Also, you can always call Smile Health Dental Plans at the number in Section 1 above to see whether your dentist is still a Network Dentist. Smile Health Dental Plans' contract with each Network Dentist specifies that upon termination of the contract the Network Dentist must complete all procedures commenced prior to termination at the discounted rates set forth in Section 11.

If Smile Health Dental Plans should ever cease operations your Network Dentist will continue to render discount services to you and your eligible family members for the duration of your enrollment.

19. If You Have Dental Insurance. Since Smile Health Dental Plans does not provide insurance it does not coordinate benefits with any dental insurance you or your eligible family members may have. If you have dental insurance, you should contact your dental insurer to see what benefits will be paid.

20. Confidentiality. Each Network Dentist and Smile Health Dental Plans itself is required by law to keep your personal healthcare information confidential. No such information can be released except with your consent or as expressly authorized by law.

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A statement describing our policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

**IF YOU COMPLETE AND SUBMIT ENROLLMENT ONLINE,
YOU AGREE TO BE BOUND BY ALL OF THE TERMS AND
CONDITIONS IN THIS DESCRIPTION. PLEASE PRINT A
COPY OF THIS DESCRIPTION FOR YOUR RECORDS.**

**For your personal records, please fill out your name and your effective date
of
enrollment below:**

Member Name: [Member Name]

Effective Date (the date of your enrollment): [Effective Date]

Termination Date (one year after your Effective Date): [Termination Date]

SELECTED SMILE HEALTH ALL-IN WELLNESS PLAN GP FEES

Arizona and Colorado

Code	Description	Schedule
D0120	periodic oral evaluation - established patient	\$ 0
D0140	limited oral evaluation - problem focused	\$ 0
D0145	exam under 3 years	\$ 0
D0150	comprehensive oral evaluation - new or established patient	\$ 0
D0160	detailed and extensive oral evaluation - problem focused, by report	\$ 0
D0170	post ortho tx visit	At least 20% off*
D0171	re-evaluation – post-operative office visit	At least 20% off*
D0180	comprehensive periodontal evaluation - new or established patient	\$ 0
D0210	intraoral - complete series of radiographic images	\$ 0
D0220	intraoral - periapical first radiographic image	\$ 0
D0230	intraoral - periapical each additional radiographic image	\$ 0
D0240	intraoral - occlusal radiographic image	\$ 0
D0250	extraoral 1st film	At least 20% off*
D0270	bitewing - single radiographic image	\$ 0
D0272	bitewings - two radiographic images	\$ 0
D0273	bitewings - three radiographic images	\$ 0
D0274	bitewings - four radiographic images	\$ 0
D0330	panoramic radiographic image	At least 20% off*
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$ 0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$ 0
D0351	3D photo image	At least 20% off*
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	At least 20% off*
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	At least 20% off*
D0393	treatment simulation using 3D image volume	At least 20% off*
D0411	HbA1c in-office point of service testing	At least 20% off*
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	At least 20% off*
D0418	analysis of saliva sample	At least 20% off*
D0425	caries susceptibility tests	At least 20% off*
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$ 0
D0460	pulp vitality tests	At least 20% off*
D0470	diagnostic casts	At least 20% off*
D0472	accession of tissue, gross examination, preparation and transmission of written report	At least 20% off*
D0475	decalcification procedure	At least 20% off*
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written	At least 20% off*
D0999	unspecified diagnostic procedure, by report	At least 20% off*
D1110	prophylaxis - adult	\$ 0**
D1120	prophylaxis - child	\$ 0**
D1206	topical application of fluoride varnish	At least 20% off*
D1208	topical application of fluoride - excluding varnish	\$ 0 [§]

*Network Dentists must provide a discount for a service of at least 20% off the Usual and Customary Rate ('UCR') for that service. Usual and Customary Rate is the amount paid for a service in a geographic area based on what providers in that area usually charge for the same or a similar service. **Member receives a 100% discount for two of any of the following codes within a 12-mo period while membership is valid: D1110, D4341, D1120, D4342, D4346, D4355, D4910. §Member receives a 100% discount for two fluoride treatment (D1208) within a 12-mo period while membership is valid.

D1310	nutritional counseling for control of dental disease	At least 20% off*
D1320	tobacco counseling for the control and prevention of oral disease	At least 20% off*
D1330	oral hygiene instructions	At least 20% off*
D1351	sealant - per tooth	At least 20% off*
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	At least 20% off*
D1353	sealant repair – per tooth	At least 20% off*
D1354	interim caries arresting medicament application – per tooth	At least 20% off*
D1510	space maintainer - fixed - unilateral	At least 20% off*
D1515	space maintainer - fixed - bilateral	At least 20% off*
D1520	space maintainer - removable - unilateral	At least 20% off*
D1525	space maintainer - removable - bilateral	At least 20% off*
D1550	re-cement or re-bond space maintainer	At least 20% off*
D1555	removal of fixed space maintainer	At least 20% off*
D1575	distal shoe space maintainer – fixed – unilateral	At least 20% off*
D1999	unspecified preventive procedure, by report	At least 20% off*
D2140	amalgam - one surface, primary or permanent	At least 20% off*
D2150	amalgam - two surfaces, primary or permanent	At least 20% off*
D2160	amalgam - three surfaces, primary or permanent	At least 20% off*
D2161	amalgam - four or more surfaces, primary or permanent	At least 20% off*
D2330	resin-based composite - one surface, anterior	At least 20% off*
D2331	resin-based composite - two surfaces, anterior	At least 20% off*
D2332	resin-based composite - three surfaces, anterior	At least 20% off*
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	At least 20% off*
D2390	resin-based composite crown, anterior	At least 20% off*
D2391	resin-based composite - one surface, posterior	At least 20% off*
D2392	resin-based composite - two surfaces, posterior	At least 20% off*
D2393	resin-based composite - three surfaces, posterior	At least 20% off*
D2394	resin-based composite - four or more surfaces, posterior	At least 20% off*
D2420	gold foil - two surfaces	At least 20% off*
D2430	gold foil - three surfaces	At least 20% off*
D2510	inlay - metallic - one surface	At least 20% off*
D2520	inlay - metallic - two surfaces	At least 20% off*
D2530	inlay - metallic - three or more surfaces	At least 20% off*
D2542	onlay - metallic - two surfaces	At least 20% off*
D2543	onlay - metallic - three surfaces	At least 20% off*
D2544	onlay - metallic - four or more surfaces	At least 20% off*
D2610	inlay - porcelain/ceramic - one surface	At least 20% off*
D2620	inlay - porcelain/ceramic - two surfaces	At least 20% off*
D2630	inlay - porcelain/ceramic - three or more surfaces	At least 20% off*
D2642	onlay - porcelain/ceramic - two surfaces	At least 20% off*
D2643	onlay - porcelain/ceramic - three surfaces	At least 20% off*
D2644	onlay - porcelain/ceramic - four or more surfaces	At least 20% off*
D2650	inlay - resin-based composite - one surface	At least 20% off*
D2651	inlay - resin-based composite - two surfaces	At least 20% off*
D2652	inlay - resin-based composite - three or more surfaces	At least 20% off*

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D2662	onlay - resin-based composite - two surfaces	At least 20% off*
D2663	onlay - resin-based composite - three surfaces	At least 20% off*
D2664	onlay - resin-based composite - four or more surfaces	At least 20% off*
D2710	crown - resin-based composite (indirect)	At least 20% off*
D2721	crown - resin with predominantly base metal	At least 20% off*
D2740	crown - porcelain/ceramic substrate	At least 20% off*
D2750	crown - porcelain fused to high noble metal	At least 20% off*
D2751	crown - porcelain fused to predominantly base metal	At least 20% off*
D2752	crown - porcelain fused to noble metal	At least 20% off*
D2780	crown - 3/4 cast high noble metal	At least 20% off*
D2783	crown - 3/4 porcelain/ceramic	At least 20% off*
D2790	crown - full cast high noble metal	At least 20% off*
D2791	crown - full cast predominantly base metal	At least 20% off*
D2792	crown - full cast noble metal	At least 20% off*
D2799	provisional crown- further treatment or completion of diagnosis necessary prior to final impression	At least 20% off*
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	At least 20% off*
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	At least 20% off*
D2920	re-cement or re-bond crown	At least 20% off*
D2921	reattachment of tooth fragment, incisal edge or cusp	At least 20% off*
D2929	prefabricated porcelain/ceramic crown – primary tooth	At least 20% off*
D2930	prefabricated stainless steel crown - primary tooth	At least 20% off*
D2931	prefabricated stainless steel crown - permanent tooth	At least 20% off*
D2932	prefabricated resin crown	At least 20% off*
D2933	prefabricated stainless steel crown with resin window	At least 20% off*
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	At least 20% off*
D2940	protective restoration	At least 20% off*
D2949	restorative foundation for an indirect restoration	At least 20% off*
D2950	core buildup, including any pins when required	At least 20% off*
D2952	post and core in addition to crown, indirectly fabricated	At least 20% off*
D2954	prefabricated post and core in addition to crown	At least 20% off*
D2955	post removal	At least 20% off*
D2957	each additional prefabricated post - same tooth	At least 20% off*
D2960	labial veneer (resin laminate) - chairside	At least 20% off*
D2961	labial veneer (resin laminate) - laboratory	At least 20% off*
D2962	labial veneer (porcelain laminate) - laboratory	At least 20% off*
D2971	additional procedures to construct new crown under existing partial denture framework	At least 20% off*
D2975	coping	At least 20% off*
D2980	crown repair necessitated by restorative material failure	At least 20% off*
D2981	inlay repair necessitated by restorative material failure	At least 20% off*
D2982	onlay repair necessitated by restorative material failure	At least 20% off*
D2983	veneer repair necessitated by restorative material failure	At least 20% off*
D2999	unspecified restorative procedure, by report	At least 20% off*
D3110	pulp cap - direct (excluding final restoration)	At least 20% off*
D3120	pulp cap - indirect (excluding final restoration)	At least 20% off*

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D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application	At least 20% off*
D3221	pulpal debridement, primary and permanent teeth	At least 20% off*
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	At least 20% off*
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	At least 20% off*
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	At least 20% off*
D3310	endodontic therapy, anterior tooth (excluding final restoration)	At least 20% off*
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	At least 20% off*
D3330	endodontic therapy, molar (excluding final restoration)	At least 20% off*
D3331	treatment of root canal obstruction; non-surgical access	At least 20% off*
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	At least 20% off*
D3333	internal root repair of perforation defects	At least 20% off*
D3346	retreatment of previous root canal therapy - anterior	At least 20% off*
D3347	retreatment of previous root canal therapy - bicuspid	At least 20% off*
D3348	retreatment of previous root canal therapy - molar	At least 20% off*
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	At least 20% off*
D3352	apexification/recalcification – interim medication replacement	At least 20% off*
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	At least 20% off*
D3410	apicoectomy - anterior	At least 20% off*
D3421	apicoectomy - premolar (first root)	At least 20% off*
D3425	apicoectomy - molar (first root)	At least 20% off*
D3426	apicoectomy (each additional root)	At least 20% off*
D3430	retrograde filling - per root	At least 20% off*
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	At least 20% off*
D3450	root amputation - per root	At least 20% off*
D3910	surgical procedure for isolation of tooth with rubber dam	At least 20% off*
D3920	hemisection (including any root removal), not including root canal therapy	At least 20% off*
D3950	canal preparation and fitting of preformed dowel or post	At least 20% off*
D3999	unspecified endodontic procedure, by report	At least 20% off*
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	At least 20% off*
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	At least 20% off*
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	At least 20% off*
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	At least 20% off*
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	At least 20% off*
D4249	clinical crown lengthening - hard tissue	At least 20% off*
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	At least 20% off*
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	At least 20% off*
D4263	bone replacement graft - retained natural tooth - first site in quadrant	At least 20% off*
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	At least 20% off*

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D4265	biologic materials to aid in soft and osseous tissue regeneration	At least 20% off*
D4266	guided tissue regeneration - resorbable barrier, per site	At least 20% off*
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	At least 20% off*
D4270	pedicle soft tissue graft procedure	At least 20% off*
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	At least 20% off*
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	At least 20% off*
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	At least 20% off*
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	At least 20% off*
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	At least 20% off*
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	At least 20% off*
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	At least 20% off*
D4320	provisional splinting - intracoronal	At least 20% off*
D4321	provisional splinting - extracoronal	At least 20% off*
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$ 0**
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$ 0**
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$ 0**
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 0**
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	At least 20% off*
D4910	periodontal maintenance	\$ 0**
D4921	gingival irrigation - per quadrant	At least 20% off*
D4999	unspecified periodontal procedure, by report	At least 20% off*
D5110	complete denture - maxillary	At least 20% off*
D5120	complete denture - mandibular	At least 20% off*
D5130	immediate denture - maxillary	At least 20% off*
D5140	immediate denture - mandibular	At least 20% off*
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	At least 20% off*
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	At least 20% off*
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	At least 20% off*
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	At least 20% off*
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	At least 20% off*
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	At least 20% off*
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	At least 20% off*
D5410	adjust complete denture - maxillary	At least 20% off*

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D5411	adjust complete denture - mandibular	At least 20% off*
D5421	adjust partial denture - maxillary	At least 20% off*
D5422	adjust partial denture - mandibular	At least 20% off*
D5511	repair broken complete denture base, mandibular	At least 20% off*
D5512	repair broken complete denture base, maxillary	At least 20% off*
D5520	replace missing or broken teeth - complete denture (each tooth)	At least 20% off*
D5611	repair resin partial denture base, mandibular	At least 20% off*
D5612	repair resin partial denture base, maxillary	At least 20% off*
D5621	repair cast partial framework, mandibular	At least 20% off*
D5622	repair cast partial framework, maxillary	At least 20% off*
D5630	repair or replace broken clasp - per tooth	At least 20% off*
D5640	replace broken teeth - per tooth	At least 20% off*
D5650	add tooth to existing partial denture	At least 20% off*
D5660	add clasp to existing partial denture - per tooth	At least 20% off*
D5710	rebase complete maxillary denture	At least 20% off*
D5711	rebase complete mandibular denture	At least 20% off*
D5720	rebase maxillary partial denture	At least 20% off*
D5721	rebase mandibular partial denture	At least 20% off*
D5730	reline complete maxillary denture (chairside)	At least 20% off*
D5731	reline complete mandibular denture (chairside)	At least 20% off*
D5740	reline maxillary partial denture (chairside)	At least 20% off*
D5741	reline mandibular partial denture (chairside)	At least 20% off*
D5750	reline complete maxillary denture (laboratory)	At least 20% off*
D5751	reline complete mandibular denture (laboratory)	At least 20% off*
D5760	reline maxillary partial denture (laboratory)	At least 20% off*
D5761	reline mandibular partial denture (laboratory)	At least 20% off*
D5810	interim complete denture (maxillary)	At least 20% off*
D5811	interim complete denture (mandibular)	At least 20% off*
D5820	interim partial denture (maxillary)	At least 20% off*
D5821	interim partial denture (mandibular)	At least 20% off*
D5850	tissue conditioning, maxillary	At least 20% off*
D5851	tissue conditioning, mandibular	At least 20% off*
D5862	precision attachment, by report	At least 20% off*
D5863	overdenture – complete maxillary	At least 20% off*
D5864	overdenture – partial maxillary	At least 20% off*
D5865	overdenture – complete mandibular	At least 20% off*
D5866	overdenture – partial mandibular	At least 20% off*
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	At least 20% off*
D5875	modification of removable prosthesis following implant surgery	At least 20% off*
D5982	surgical stent	At least 20% off*
D5988	surgical splint	At least 20% off*
D5992	adjust maxillofacial prosthetic appliance, by report	At least 20% off*
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	At least 20% off*
D5999	unspecified maxillofacial prosthesis, by report	At least 20% off*

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D6010	surgical placement of implant body: endosteal implant	At least 20% off*
D6011	second stage implant surgery	At least 20% off*
D6013	surgical placement of mini implant	At least 20% off*
D6051	interim abutment	At least 20% off*
D6055	connecting bar – implant supported or abutment supported	At least 20% off*
D6056	prefabricated abutment - includes modification and placement	At least 20% off*
D6057	custom fabricated abutment - includes placement	At least 20% off*
D6058	abutment supported porcelain/ceramic crown	At least 20% off*
D6059	abutment supported porcelain fused to metal crown (high noble metal)	At least 20% off*
D6061	abutment supported porcelain fused to metal crown (noble metal)	At least 20% off*
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	At least 20% off*
D6074	abutment supported retainer for cast metal FPD (noble metal)	At least 20% off*
D6075	implant supported retainer for ceramic FPD	At least 20% off*
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	At least 20% off*
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	At least 20% off*
D6090	repair implant supported prosthesis, by report	At least 20% off*
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	At least 20% off*
D6092	re-cement or re-bond implant/abutment supported crown	At least 20% off*
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	At least 20% off*
D6095	repair implant abutment, by report	At least 20% off*
D6100	implant removal, by report	At least 20% off*
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	At least 20% off*
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	At least 20% off*
D6103	bone graft for repair of peri-implant defect – does not include flap entry and closure	At least 20% off*
D6104	bone graft at time of implant placement	At least 20% off*
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	At least 20% off*
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	At least 20% off*
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	At least 20% off*
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	At least 20% off*
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	At least 20% off*
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	At least 20% off*
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	At least 20% off*
D6190	radiographic/surgical implant index, by report	At least 20% off*
D6210	pontic - cast high noble metal	At least 20% off*
D6211	pontic - cast predominantly base metal	At least 20% off*
D6240	pontic - porcelain fused to high noble metal	At least 20% off*
D6241	pontic - porcelain fused to predominantly base metal	At least 20% off*
D6245	pontic - porcelain/ceramic	At least 20% off*
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	At least 20% off*

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D6254	Interim pontic	At least 20% off*
D6545	retainer - cast metal for resin bonded fixed prosthesis	At least 20% off*
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	At least 20% off*
D6710	retainer crown - indirect resin based composite	At least 20% off*
D6740	retainer crown - porcelain/ceramic	At least 20% off*
D6750	retainer crown - porcelain fused to high noble metal	At least 20% off*
D6751	retainer crown - porcelain fused to predominantly base metal	At least 20% off*
D6783	retainer crown - 3/4 porcelain/ceramic	At least 20% off*
D6790	retainer crown - full cast high noble metal	At least 20% off*
D6791	retainer crown - full cast predominantly base metal	At least 20% off*
D6795	interim retainer crown	At least 20% off*
D6930	re-cement or re-bond fixed partial denture	At least 20% off*
D6940	stress breaker	At least 20% off*
D6950	precision attachment	At least 20% off*
D6980	fixed partial denture repair necessitated by restorative material failure	At least 20% off*
D6985	pediatric partial denture, fixed	At least 20% off*
D6999	unspecified fixed prosthodontic procedure, by report	At least 20% off*
D7111	extraction, coronal remnants - deciduous tooth	At least 20% off*
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	At least 20% off*
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal	At least 20% off*
D7220	removal of impacted tooth - soft tissue	At least 20% off*
D7230	removal of impacted tooth - partially bony	At least 20% off*
D7240	removal of impacted tooth - completely bony	At least 20% off*
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	At least 20% off*
D7250	removal of residual tooth roots (cutting procedure)	At least 20% off*
D7251	coronectomy – intentional partial tooth removal	At least 20% off*
D7260	oroantral fistula closure	At least 20% off*
D7261	primary closure of a sinus perforation	At least 20% off*
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	At least 20% off*
D7280	exposure of an unerupted tooth	At least 20% off*
D7282	mobilization of erupted or malpositioned tooth to aid eruption	At least 20% off*
D7283	placement of device to facilitate eruption of impacted tooth	At least 20% off*
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	At least 20% off*
D7286	incisional biopsy of oral tissue-soft	At least 20% off*
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	At least 20% off*
D7293	placement of temporary anchorage device requiring flap; includes device removal	At least 20% off*
D7294	placement of temporary anchorage device without flap; includes device removal	At least 20% off*
D7295	harvest of bone for use in autogenous grafting procedure	At least 20% off*
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	At least 20% off*
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	At least 20% off*
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	At least 20% off*

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D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	At least 20% off*
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and	At least 20% off*
D7410	excision of benign lesion up to 1.25 cm	At least 20% off*
D7411	excision of benign lesion greater than 1.25 cm	At least 20% off*
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	At least 20% off*
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	At least 20% off*
D7471	removal of lateral exostosis (maxilla or mandible)	At least 20% off*
D7472	removal of torus palatinus	At least 20% off*
D7473	removal of torus mandibularis	At least 20% off*
D7485	reduction of osseous tuberosity	At least 20% off*
D7510	incision and drainage of abscess - intraoral soft tissue	At least 20% off*
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	At least 20% off*
D7520	incision and drainage of abscess - extraoral soft tissue	At least 20% off*
D7880	occlusal orthotic device, by report	At least 20% off*
D7910	suture of recent small wounds up to 5 cm	At least 20% off*
D7940	osteoplasty - for orthognathic deformities	At least 20% off*
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	At least 20% off*
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	At least 20% off*
D7952	sinus augmentation via a vertical approach	At least 20% off*
D7953	bone replacement graft for ridge preservation - per site	At least 20% off*
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	At least 20% off*
D7970	excision of hyperplastic tissue - per arch	At least 20% off*
D7971	excision of pericoronal gingiva	At least 20% off*
D7972	surgical reduction of fibrous tuberosity	At least 20% off*
D7999	unspecified oral surgery procedure, by report	At least 20% off*
D8010	limited orthodontic treatment of the primary dentition	At least 20% off*
D8013	Orthodontic Case/Child - 3rd Payment at Debanding	At least 20% off*
D8020	limited orthodontic treatment of the transitional dentition	At least 20% off*
D8030	limited orthodontic treatment of the adolescent dentition	At least 20% off*
D8040	limited orthodontic treatment of the adult dentition	At least 20% off*
D8060	interceptive orthodontic treatment of the transitional dentition	At least 20% off*
D8070	comprehensive orthodontic treatment of the transitional dentition	At least 20% off*
D8080	comprehensive orthodontic treatment of the adolescent dentition	At least 20% off*
D8090	comprehensive orthodontic treatment of the adult dentition	At least 20% off*
D8210	removable appliance therapy	At least 20% off*
D8220	fixed appliance therapy	At least 20% off*
D8660	pre-orthodontic treatment examination to monitor growth and development	At least 20% off*
D8670	periodic orthodontic treatment visit	At least 20% off*
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	At least 20% off*
D8681	removable orthodontic retainer adjustment	At least 20% off*
D8690	orthodontic treatment (alternative billing to a contract fee)	At least 20% off*

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D8692	replacement of lost or broken retainer	At least 20% off*
D8693	re-cement or re-bond fixed retainer	At least 20% off*
D8999	unspecified orthodontic procedure, by report	At least 20% off*
D9110	palliative (emergency) treatment of dental pain - minor procedure	At least 20% off*
D9120	fixed partial denture sectioning	At least 20% off*
D9210	local anesthesia not in conjunction with operative or surgical procedures	At least 20% off*
D9212	trigeminal division block anesthesia	At least 20% off*
D9215	local anesthesia in conjunction with operative or surgical procedures	At least 20% off*
D9219	evaluation for deep sedation or general anesthesia	At least 20% off*
D9222	deep sedation/general anesthesia – first 15 minutes	At least 20% off*
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	At least 20% off*
D9230	inhalation of nitrous oxide/analgesia, anxiety	At least 20% off*
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	At least 20% off*
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	At least 20% off*
D9248	non-intravenous conscious sedation	At least 20% off*
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	At least 20% off*
D9420	hospital or ambulatory surgical center call	At least 20% off*
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	At least 20% off*
D9440	office visit - after regularly scheduled hours	At least 20% off*
D9450	case presentation, detailed and extensive treatment planning	At least 20% off*
D9610	therapeutic parenteral drug, single administration	At least 20% off*
D9612	therapeutic parenteral drugs, two or more administrations, different medications	At least 20% off*
D9630	drugs or medicaments dispensed in the office for home use	At least 20% off*
D9910	application of desensitizing medicament	At least 20% off*
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	At least 20% off*
D9920	behavior management, by report	At least 20% off*
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	At least 20% off*
D9940	occlusal guard, by report	At least 20% off*
D9941	fabrication of athletic mouthguard	At least 20% off*
D9942	repair and/or relines of occlusal guard	At least 20% off*
D9950	occlusion analysis - mounted case	At least 20% off*
D9951	occlusal adjustment - limited	At least 20% off*
D9952	occlusal adjustment - complete	At least 20% off*
D9970	enamel microabrasion	At least 20% off*
D9972	external bleaching - per arch - performed in office	At least 20% off*
D9973	external bleaching - per tooth	At least 20% off*
D9974	internal bleaching - per tooth	At least 20% off*

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