



SAVINGS SUMMARY

Procedure Description	You Pay
-----------------------	---------

PREVENTIVE & DIAGNOSTIC

• full series of x-rays (D0210)	\$0*
• bitewings- 4 radiographic images (D0274)	\$0*
• panoramic x-rays (D0330)	\$0*
• periodic oral exam (D0120)	\$0*
• problem focused exam (D0140)	\$0*
• comprehensive oral exam (D0150)	\$0*
• adult cleaning (Prophylaxis) (D1110)	\$0*
• child cleaning (Prophylaxis) (D1120)	\$0*
• flouride including varnish (D1206)	25%
• flouride excluding varnish (D1208)	25%
• sealant per tooth (D1351)	25%

*free twice per member/annual membership year

RESTORATIVE

FILLINGS

• 1 surface filling (resin based anterior) (D2330)	\$131
• 2 surface filling (resin based anterior) (D2331)	25%
• 3 surface filling (resin based anterior) (D2332)	25%
• 4 surface filling (resin based anterior) (D2335)	25%
• 1 surface filling (resin based posterior) (D2391)	25%
• 2 surface filling (resin based posterior) (D2392)	25%
• 3 surface filling (resin based posterior) (D2393)	25%
• 4 surface filling (resin based posterior) (D2394)	25%

CROWNS

• crown - porcelain/ceramic (D2740)	25%
• crown - porcelain/high noble metal (D2750)	25%
• re-cement crown (D2920)	25%
• core buildup (D2950)	25%

Procedure Description	You Pay
-----------------------	---------

ENDODONTICS

• pulp cap- indirect (D3120)	25%
• root canal - anterior (D3310)	25%
• root canal - bicuspid (D3320)	25%
• root canal - molar (D3330)	25%

PERIODONTICS

• scaling and root planing (D4341)	\$175*
• periodontal maintenance (D4910)	25%

*per quadrant

PROSTHODONTICS

• retainer crown - porcelain/ceramic (D6740)	25%
• complete denture (D5110, D5120)	25%
• partial denture (D5211, D5212)	25%

ORAL SURGERY

• simple extraction (D7140)	\$200
• surgical extraction (D7210)	25%
• extraction- impacted tooth (partially bony) (D7230)	25%
• extraction-impacted tooth (completely bony) (D7240)	25%
• extraction of residual tooth roots (D7250)	25%

INVISALIGN

• signature plus (2 in-office visits)	\$3,449
• deluxe (unlimited visits)	\$3,999

OTHER SERVICES

• nitrous oxide (D9230)	25%
• occlusal mouth guard (D9940)	25%
• oral cancer screening (D0431)	25%
• whitening	\$0*

*free whitening limited to 2x per member/per membership term

This fee schedule is exclusive to dental services provided by **Swish Smile Membership** 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 procedures not listed are 25% off retail fee(s). If a board-certified specialist renders dental services then exact member savings are at discretion of the office and may vary from normal member savings.

Questions about Swish Smile Membership? Please speak with your participating office or call (888) 597-8447, anytime Monday-Friday, from 8am-6pm CST to speak with a dedicated member support specialist.

POWERED BY

