

member fee schedule

This member fee schedule is exclusive to dental services provided by VantageOne Dental Savings Plan participating locations. Member savings is defined as the amount members pay for dental services rendered less their participating location's normal retail fees typically charged to self-pay patients. Frequency limitations for free services may apply (Premium and Premium Plus). Any dental services not listed on this fee schedule will be discounted 20-50% from the participating location's retail fees.

Questions? Please contact your participating dental office directly or call (877) 545-4188 to speak with a dedicated member support specialist.

PROCEDURE DESCRIPTION	CLASSIC SAVINGS	PREMIUM SAVINGS	PREMIUM PLUS SAVINGS
D0120 - Periodic Oral Exam	50%	No Charge (2x)	No Charge (2x)
D0140 - Limited Exam	50%	50%	50%
D0150 - Comprehensive Exam	50%	50%	No Charge (2x)
D0210 - Full Mouth X-Rays	50%	No Charge (2x)	No Charge (2x)
D0220 - Intraoral X-Rays	50%	No Charge (2x)	No Charge (2x)
D0230 - Intraoral X-Rays (each additional)	50%	No Charge (2x)	No Charge (2x)
D0270 - Bitewings - 1 Image	50%	No Charge (2x)	No Charge (2x)
D0272 - Bitewings - 2 Images	50%	No Charge (2x)	No Charge (2x)
D0274 - Bitewings - 4 Images	50%	No Charge (2x)	No Charge (2x)
D0330 - Panoramic X-Rays	50%	No Charge (2x)	No Charge (2x)
D0431 - Oral Cancer Screening	20%	20%	No Charge (1x)
D1110 - Basic Cleaning - Adult	50%	No Charge (1x)	No Charge (2x)
D1120 - Basic Cleaning - Child	50%	No Charge (1x)	No Charge (2x)
D1206 - Fluoride - With Varnish	50%	50%	50%
D2330 - Filling - 1 Surface - Anterior	20%	20%	20%
D2331 - Filling - 2 Surfaces - Anterior	20%	20%	20%
D2332 - Filling - 3 Surfaces - Anterior	20%	20%	20%
D2335 - Filling - 4 Surfaces - Anterior	20%	20%	20%
D2391 - Filling - 1 Surface - Posterior	20%	20%	20%
D2392 - Filling - 2 Surfaces - Posterior	20%	20%	20%
D2393 - Filling - 3 Surfaces - Posterior	20%	20%	20%
D2394 - Filling - 4 Surfaces - Posterior	20%	20%	20%
D2740 - Crown - Porcelain/Ceramic	20%	20%	20%
D3320 - Root Canal - Bicuspid	20%	20%	20%
D3330 - Root Canal - Molar	20%	20%	20%
D4341 - Perio Scaling & Root Planing - 4+ Teeth (per quad)	20%	20%	20%
D4910 - Periodontal Maintenance	20%	20%	20%
D7140 - Simple Extraction	20%	20%	20%
D7210 - Surgical Extraction	20%	20%	20%
D8020 - Limited Orthodontics - Adult/Child	20%	20%	20%
D8080 - Comprehensive Orthodontics - Adult/Child	20%	20%	20%
D9972 - Whitening - Full Mouth	20%	20%	20%