

# SAMPLE SAVINGS CHART

<b>PREVENTIVE CARE</b>	<b>Usual fee**</b>	<b>NDC fee</b>	<b>Savings \$\$\$</b>
Adult Cleaning	\$96	\$64	\$32
Full Mouth X-rays	\$147	\$66	\$81
Comprehensive Exam	\$90	\$35	\$55
Sealants	\$57	\$25	\$32
<b>OTHER COMMON DENTAL PROCEDURES:</b>			
White Filling (1 surface)	\$154	\$88	\$66
Crown (Porcelain/ Noble Metal)	\$1059	\$655	\$404
Periodontal Scaling and Root Planning (Quadrant)	\$238	\$126	\$112
Partial Denture (Removable)	\$1276	\$637	\$639
Root Canal (Front Tooth)	\$703	\$433	\$270
Extraction (Impacted Wisdom)	\$448	\$247	\$201
Dental Implant (Not including Crown)	\$2524	\$1500	\$1024
<b>ORTHODONTICS:</b>			
Full Orthodontic Case (Braces)	\$5000***	\$3784	\$1216
<b>TEETH WHITENING:</b>			
Professional Teeth Whitening (At home trays)	\$752	\$286	\$466

For a complete list of all discounted fees included in this plan, members may visit the New Dental Choice website: [www.newdentalchoice.com](http://www.newdentalchoice.com) or call 1.888.632.3676.

\*\* Usual fee is an average based on the 80<sup>th</sup> percentile of the 2007 "Medicode" fee schedule, a national fee profiling service. Member may review pertinent fee information by contacting New Dental Choice. New Dental Choice fees may vary slightly by geographic region.

Region 2 includes: Imperial, Riverside, San Bernardino, and San Diego counties.

\*\*\* Fee determined by First Dental Health claims review data. Actual savings may vary by dental office.