

#### PLEASE NOTE

- **\*Oral Examination and Diagnosis at no charge is in conjunction with cleaning and x-rays only.**
- DentalSave/Northeast-Southeast Dental Plan is **NOT INSURANCE**. We do not pay claims. All charges for dental services are to be paid by the member directly to the dentist.
- **USUAL FEE**- represents average current rate dentists charge **NON-PLAN** patients based on a survey of dentists in the geographical area of the plan.
- **MEMBER FEE** - represents the discounted fee the **PATIENT** pays directly to the plan dentist.
- Member Fee A & B apply only to fees charged by plan General Dentists **NOT SPECIALISTS**.
- Please refer to your Directory of Dentists for your Dentist's Fees. **Member Fee A** is higher than **Member Fee B**. The difference between Member Fee A and B is based upon a fair discount off these dentists' usual fees.
- All listed procedures are offered at reduced rates, which must be performed by participating dentists.
- In the event the participating dentist's usual fee is equal to or lower than the Member Fee listed, the dentist shall give the member a 25% discount off the dentists' usual fee.
- Non-listed procedures, performed by general dentists and Specialists, are provided to all members at 25% off the dentists' usual and customary fee.
- Dentists may charge for broken appointments.
- Dentists may charge for sweet air (nitrous oxide).
- Dentists may charge for providing copies of x-rays to members.
- Dentists will decide whether fees for services are due on the spot or in installments.
- It is at the dentist's discretion whether or not to co-ordinate benefits with another dental plan or insurance.
- Members may change their dentist at any time, but they must call The Plan member services to make sure the dentist to whom they are switching is still on the plan.
- Frequently, dentists join, and occasionally, withdraw from the Plan. It is the members' responsibility to confirm when calling for an appointment that the dentist is currently participating with the Plan and let the dentist know that they are a member of DentalSave/ Northeast-Southeast Dental Plan. Failure to do so will result in the member paying the usual and customary fees.
- Any member accepted for orthodontic treatment must remain a member of the Dental Plan for the full duration of their treatment or risk additional charges from their participating Orthodontist.
- Memberships are yearly, and are effective for one full year from the day the enrollment is received.
- **CANCELLATION POLICY: Membership fees are fully refundable within 30 days upon receipt of your application.**

## General Dentists

ADA CODE	USUAL FEE	MEMBER FEES A B
<b>Diagnostic Procedures</b>		
D0120	Periodic oral evaluation – established patient	\$ 60
D0140	Consultation (ltd. oral evaluation - problem focused)	90
D0150	Comprehensive oral evaluation – new or established	80
D0210	Intraoral - complete series (including bitewings)	135
D0220	Intraoral - periapical first film	30
D0230	Intraoral - periapical each additional film	25
D0270	Bitewing - single film	28
D0272	Bitewing - two films	45
D0330	X-rays - Panoramic film	115

\* in conjunction with cleaning and X-rays only

### Preventive Procedures

D1110	Adult cleaning, polishing and scaling	120	60	60
D1120	Child cleaning and polishing - excluding fluoride	85	40	40
D1203	Topical fluoride treatment for children	42	22	22
D1351	Sealant - per tooth	55	30	30
D1510	Space Maintainer - fixed - unilateral	345	200	150
D1515	Space Maintainer - fixed - bilateral	525	300	225

### Restorative Procedures

#### Amalgam Restorations

D2140	One surface, primary or permanent	155	70	55
D2150	Two surfaces, primary or permanent	185	90	75
D2160	Three surfaces, primary or permanent	225	110	90
D2161	Four or more surfaces, primary or permanent	260	140	120

#### Resin-based Composite Restorations - Direct

##### Anterior Composites:

D2330	one surface	180	90	75
D2331	two surfaces	199	105	90
D2332	three surfaces	240	125	110
D2335	four or more surfaces	295	150	135

##### Posterior Composites

D2391	one surface	175	90	75
D2392	two surfaces	225	115	95
D2393	three surfaces	275	155	125
D2394	four or more surfaces	325	175	135

#### Crown - Single Restoration Only

D2750	Crown - Porcelain fused to high noble metal	1,250	750	600
D2751	Crown - Porcelain fused to predominantly base metal	1,095	600	515
D2752	Crown - Porcelain fused to noble metal	1,150	650	595
D2799	Provisional crown	750	425	350
D2920	Recement crown	110	60	45
D2940	Protective restoration	120	50	40
D2950	Core buildup - including any pins	295	165	135
D2951	Pin retention - per tooth	65	35	30
D2952	Post and core - indirectly fabricated	410	262	235
D2954	Prefabricated post and core	340	185	158
D2960	Labial veneer (resin) - chairside	715	355	295
D2962	Labial veneer (porcelain) - laboratory	950	600	480

### Endodontics

D3110	Pulp cap - direct (excl. final restoration)	75	45	35
D3220	Therapeutic pulpotomy - (excl. final restoration)	210	95	70
D3310	Anterior root canal	850	400	355
D3320	Bicuspid root canal	950	465	415
D3330	Molar root canal	1,100	625	555

### Periodontics

D4341	Periodontal scaling and root planing (per quadrant)	260	105	90
D4355	Full mouth debridement	175	85	70
D4910	Periodontal maintenance	135	75	65

### Prosthodontics - Removable

#### Complete Dentures

D5110	Complete denture - maxillary	1,625	825	750
D5120	Complete denture - mandibular	1,625	825	750
D5130	Immediate denture - maxillary	1,750	925	800
D5140	Immediate denture - mandibular	1,750	925	800

#### Partial Dentures

D5211	Maxillary partial denture - resin base	1,280	675	575
D5212	Mandibular partial denture - resin base	1,280	675	575
D5213	Maxillary partial denture - cast metal framework	1,685	875	695
D5214	Mandibular partial denture - cast metal framework	1,685	875	695

## General Dentists

ADA CODE	USUAL FEE	MEMBER FEES A B
<b>Adjustments to Dentures</b>		
D5410	Adjust complete denture - maxillary	75
D5411	Adjust complete denture - mandibular	75
<b>Repairs to Dentures</b>		
D5510	Repair broken complete denture base	210
D5520	Replace missing or broken teeth - complete denture	180
D5650	Add tooth to existing partial denture	215
D5660	Add clasp to existing partial denture	260
<b>Denture Rebase Procedures</b>		
D5730	Reline complete maxillary denture (chairside)	350
D5731	Reline complete mandibular denture (chairside)	350
D5740	Reline maxillary partial denture (chairside)	295
D5741	Reline mandibular partial denture (chairside)	295
D5750	Reline complete maxillary denture (laboratory)	455
D5751	Reline complete mandibular denture (laboratory)	455
D5760	Reline maxillary partial denture (laboratory)	385
D5761	Reline mandibular partial denture (laboratory)	385

### Prosthodontics - fixed

D6240	Pontic - Porcelain fused to high noble metal	1,195	725	590
D6241	Pontic - Porcelain fused to predominantly base metal	1,050	595	505
D6242	Pontic - Porcelain fused to noble metal	1,075	625	585
D6750	Crown - Porcelain fused to high noble metal	1,200	735	595
D6751	Crown - Porcelain fused to predominantly base metal	1,080	600	510
D6752	Crown - Porcelain fused to noble metal	1,085	630	590
D6930	Recement fixed partial denture	155	80	60
D6970	Post and core (non-gold) laboratory	410	260	240
D6972	Prefabricated post and core	340	175	160
D6973	Core build up for retainers, including any pins	285	170	140

### Oral and Maxillofacial Surgery

D7111	Extraction, coronal remnants-deciduous tooth	80	70	60
D7140	Extraction, erupted tooth or exposed root	170	90	65
D7210	Surgical Extraction	285	150	120
D7250	Surgical removal of residual tooth roots	295	160	130
D7510	Incision and drainage of abscess	250	125	100

## Specialists

ADA CODE	USUAL FEE	MEMBER FEE
<b>Endodontist</b>		
D0150	Comprehensive Oral Evaluation	150
D0272	Bitewings - two films	60
D0330	Panorex	120
D3110	Pulp Capping	240
D3220	Pulpotomy	340
D3310	Anterior Root Canal	1100
D3320	Bicuspid Root Canal	1200
D3330	Molar Root Canal	1400
D3346	Retreatment of previous root canal - anterior	25% Off
D3347	Retreatment of previous root canal - anterior	25% Off
D3348	Retreatment of previous root canal - anterior	25% Off
D3430	Retrograde filling-per root	340
D3920	Root Resection-per root (HEMISECTION)	495
D7510	Incision and Drainage	265
D9310	Specialist Consultation	150

### Periodontist

D0180	Comprehensive Periodontal Evaluation	125	80
D0210	Intraoral - Complete Series	175	95
D0330	Panorex	135	70
D4210	Gingivectomy or gingivoplasty-per quad.	740	495
D4211	Gingivectomy or gingivoplasty-per tooth	395	220
D4240	Gingival flap procedure, incl. root planing-per quad.	780	615
D4245	Apically repositioned flap procedure	785	625
D4249	Crown Lengthening	950	675
D4260	Osseous Surgery (incl. flap entry + closure) per quad.	1,125	815
D4263	Bone Replacement Graft - first site in quadrant	500	365
D4264	Bone Replacement Graft - each add'l site in quad.	390	285
D4270	Pedicle soft tissue graft procedure	975	675
D4271	Free soft tissue graft procedure (incl. donor site)	1,025	705

## Specialists

ADA CODE	USUAL FEE	MEMBER FEES
D4341	Periodontal scaling/per quad. (root planing-curettage)	280
D4910	Perio Maintenance Procedure, includes exam	150
<b>Oral Surgeon</b>		
D0150	Comprehensive Oral Evaluation	155
D0330	Panorex	120
D3410	Apicoectomy - Anterior first root	705
D3421	Apicoectomy - Bicuspid-first root	795
D3425	Apicoectomy - Molar-first root	895
D3426	Apicoectomy - Each additional root	410
D3430	Retrograde filling - per root	280
D4260	Osseous Surgery, Incl. Flap Entry & Closure (per quad.)	950
D4263	Bone Replacement Graft - first site in quadrant	670
D4264	Bone Replacement Graft - each add'l site in quad.	475
D7210	Surgical Extraction	375
D7220	Soft Tissue Impaction	450
D7230	Partial Bony Impaction	525
D7240	Full Bony Impaction	625
D9220	General Anesthesia - first 30 minutes	425
D9221	additional 15 minutes	180

### Orthodontist

D0150	Comprehensive Oral Evaluation	125	80
D0330	Panorex	105	75
D0340	Cephalometric Film	100	70
D0470	Diagnostic Casts	105	75
D8030	Limited Orthodontic treatment - adolescent dentition		15% Off
D8040	Limited Orthodontic treatment - adult dentition		15% Off
D8080	Comprehensive Orthodontic Treatment	5,825	25% Off
Adolescent Dentition			
D8090	Comprehensive Orthodontic Treatment	6,125	25% Off
Adult Dentition			
D8660	Pre-Orthodontic Treatment Visit	240	150
D8680	Orthodontic Retention	425	275

### Prosthodontist

Participating Prosthodontists will provide a **25%** discount off their usual rates for all plan members

### Pedodontist

Participating Pedodontists will provide a **25%** discount off their usual rates for all plan members

### Implantology

Participating Dentists will provide a **25%** discount off their usual rates for all plan members

### TMJ Specialist (Temporomandibular Joint Syndrome)

Providers who treat TMJ will provide a **25%** discount off their usual rates for all plan members

- Non-listed procedures are provided at 25% off the dentist usual fee.
- If the dentist usual fee is equal or lower than the listed member fee, the member will get 25% off the dentist's usual fee.
- Participating dentists are assigned to **Schedule A or Schedule B**. Please refer to your dentists list for your dentist's schedule.
- Rates are subject to periodic change without prior notification.

**DentalSave**<sup>™</sup>  
formerly Northeast-Southeast Dental Plan