

New England General Dentistry Fee Schedule

Connecticut, Massachusetts, New Hampshire & Rhode Island

Please note: This fee schedule applies to procedures performed by a General Dentists only.

Rates are subject to periodic change without prior notification.

| ADA Code | Diagnostic & Preventive Procedures | Member Fee | Usual Fee | You Save |
|----------|---|------------|-----------|----------|
| D0220 | Single x-ray (any type) | \$ 14.00 | \$ 26.40 | \$ 12.40 |
| D0210 | X-rays (up to full mouth, or at least 3 films taken) | \$ 50.00 | \$ 132.00 | \$ 82.00 |
| D0330 | Panorex | \$ 54.00 | \$ 121.00 | \$ 67.00 |
| D0150 | Oral examination and diagnosis | No Charge* | \$ 66.00 | \$ 66.00 |
| D1120 | Child cleaning and polishing - excluding fluoride | \$ 41.00 | \$ 88.00 | \$ 47.00 |
| D1110 | Adult cleaning, polishing and scaling | \$ 61.00 | \$ 126.50 | \$ 65.50 |
| D1203 | Topical fluoride treatment for children | \$ 24.00 | \$ 49.50 | \$ 25.50 |
| D9110 | Palliative Treatment (emergency treatment of pain) | \$ 55.00 | \$ 88.00 | \$ 33.00 |
| D1351 | Sealants (pit and fissure, per tooth) | \$ 30.00 | \$ 55.00 | \$ 25.00 |
| D0140 | Consultation (including 2nd opinion and/or extensive examination) | \$ 55.00 | \$ 82.50 | \$ 27.50 |

* See "Please Note" Section

| ADA Code | Restorative Procedures (Fillings) | Member Fee | Usual Fee | You Save |
|------------------------------|-----------------------------------|------------|-----------|-----------|
| Silver amalgams: | | | | |
| Primary: | | | | |
| D2140 | one surface | \$ 61.00 | \$ 88.00 | \$ 27.00 |
| D2150 | two surfaces | \$ 77.00 | \$ 117.00 | \$ 40.00 |
| D2160 | three surfaces | \$ 99.00 | \$ 154.00 | \$ 55.00 |
| D2161 | four or more surfaces | \$ 116.00 | \$ 187.00 | \$ 71.00 |
| Permanent: | | | | |
| D2140 | one surface | \$ 72.00 | \$ 112.20 | \$ 40.20 |
| D2150 | two surfaces | \$ 94.00 | \$ 145.20 | \$ 51.20 |
| D2160 | three surfaces | \$ 110.00 | \$ 176.00 | \$ 66.00 |
| D2161 | four or more surfaces | \$ 138.00 | \$ 214.50 | \$ 76.50 |
| Composite Resins: | | | | |
| Anterior Composites: | | | | |
| D2330 | one surface | \$ 79.00 | \$ 126.00 | \$ 47.00 |
| D2331 | two surfaces | \$ 105.00 | \$ 163.00 | \$ 58.00 |
| D2332 | three surfaces | \$ 131.00 | \$ 212.00 | \$ 81.00 |
| D2335 | four or more surfaces | \$ 165.00 | \$ 251.00 | \$ 86.00 |
| Posterior Composites: | | | | |
| D2391 | one surface | \$ 85.00 | \$ 143.00 | \$ 58.00 |
| D2392 | two surfaces | \$ 110.00 | \$ 214.00 | \$ 104.00 |
| D2393 | three surfaces or more | \$ 149.00 | \$ 275.00 | \$ 126.00 |
| D2951 | Pin retention, per pin | \$ 39.00 | \$ 72.60 | \$ 33.60 |
| D2940 | Sedative Filling | \$ 61.00 | \$ 96.80 | \$ 35.80 |

| ADA Code | Cosmetic Procedures | Member Fee | Usual Fee | You Save |
|-----------------------------|-------------------------------|------------|-----------|-----------|
| Bonding (per tooth): | | | | |
| D2960 | Full face buildup - chairside | \$ 275.00 | \$ 456.50 | \$ 181.50 |

| ADA Code | Endodontic Procedures | Member Fee | Usual Fee | You Save |
|--|--|------------|-----------|-----------|
| D3110 | Pulp capping-(excl. final restoration) | \$ 50.00 | \$ 72.60 | \$ 22.60 |
| D3220 | Pulpotomy-(excl. final restoration) | \$ 110.00 | \$ 159.50 | \$ 49.50 |
| Root Canal Therapy (excluding final restoration): | | | | |
| D3310 | anterior | \$ 396.00 | \$ 632.50 | \$ 236.50 |
| D3320 | bicuspid | \$ 479.00 | \$ 764.50 | \$ 285.50 |
| D3330 | molar | \$ 600.00 | \$ 935.00 | \$ 335.00 |

| ADA Code | Periodontic Procedures | Member Fee | Usual Fee | You Save |
|----------|--|------------|-----------|-----------|
| D4341 | Peridontal scaling and root planing (per quadrant) | \$ 110.00 | \$ 209.00 | \$ 99.00 |
| D4260 | Osseous or mucogingival surgery(per quadrant) | \$ 594.00 | \$ 962.50 | \$ 368.50 |
| D4910 | Perio maintenance | \$ 83.00 | \$ 115.50 | \$ 32.50 |

| ADA Code | Oral Surgery Procedures | Member Fee | Usual Fee | You Save |
|----------|--|------------|-----------|-----------|
| D7111 | Extraction, coronal remnants-deciduous tooth | \$ 73.00 | \$ 121.00 | \$ 48.00 |
| D7140 | Extraction, erupted tooth or exposed root | \$ 83.00 | \$ 132.00 | \$ 49.00 |
| D7210 | Surgical Extraction | \$ 132.00 | \$ 231.00 | \$ 99.00 |
| D7510 | Incision and drainage of abscess | \$ 121.00 | \$ 187.00 | \$ 66.00 |
| D7130 | Root removal | \$ 138.00 | \$ 181.50 | \$ 43.50 |
| D7220 | Extraction - soft tissue impaction | \$ 182.00 | \$ 308.00 | \$ 126.00 |
| D7230 | Extraction -partial bony impaction | \$ 237.00 | \$ 407.00 | \$ 170.00 |
| D7240 | Extraction - full bony impaction | \$ 292.00 | \$ 539.00 | \$ 247.00 |

| ADA Code | Fixed Prosthodontic Procedures | Member Fee | Usual Fee | You Save |
|----------|--|------------|-------------|-----------|
| D2751 | Porcelain on non-precious metal crown | \$ 605.00 | \$ 951.50 | \$ 346.50 |
| D2791 | All metal crown (not gold) | \$ 583.00 | \$ 951.50 | \$ 368.50 |
| D6250 | Pontics | \$ 715.00 | \$ 1,083.50 | \$ 368.50 |
| D2750 | Porcelain on semi to high noble metal crown | \$ 715.00 | \$ 1,083.50 | \$ 368.50 |
| D2954 | Post and core (chairside) | \$ 248.00 | \$ 319.00 | \$ 71.00 |
| D2950 | Core buildup - including pins | \$ 160.00 | \$ 286.00 | \$ 126.00 |
| D2952 | Cast post (non-gold) laboratory | \$ 253.00 | \$ 440.00 | \$ 187.00 |
| D2920 | Re-cement crown | \$ 61.00 | \$ 99.00 | \$ 38.00 |
| D6930 | Re-cement bridge - per abutment | \$ 77.00 | \$ 110.00 | \$ 33.00 |
| D2999 | Laboratory processed temporary (per tooth) | \$ 138.00 | \$ 231.00 | \$ 93.00 |
| D2999 | Temporary crown (as part of crown procedure) | No Charge | \$ 100.00 | \$ 100.00 |

| ADA Code | Removable Prosthodontic Procedures | Member Fee | Usual Fee | You Save |
|--------------------------------|---|------------|-------------|-----------|
| Complete Dentures: | | | | |
| D5110 | Complete maxillary denture (including adjustments) | \$ 842.00 | \$ 1,512.50 | \$ 670.50 |
| D5120 | Complete andibular denture (including adjustments) | \$ 842.00 | \$ 1,512.50 | \$ 670.50 |
| D5130 | Immediate Dentures Maxillary | \$ 985.00 | \$ 1,505.00 | \$ 520.00 |
| D5140 | Immediate Dentures Mandibular | \$ 985.00 | \$ 1,505.00 | \$ 520.00 |
| Partials Dentures: | | | | |
| D5211-D5212 | Acrylic (upper or lower-metal clasps) | \$ 699.00 | \$ 1,155.00 | \$ 456.00 |
| D5213-D5214 | Cast alloy with palatal or lingual bar | \$ 930.00 | \$ 1,512.50 | \$ 582.50 |
| Dentures Reline/Repair: | | | | |
| D5410-D5411 | Denture adjustments (for dentures made at another office) | \$ 55.00 | \$ 99.00 | \$ 44.00 |
| D5730-D5731 | Reline: In office | \$ 215.00 | \$ 341.00 | \$ 126.00 |
| D5750-D5751 | Reline: Laboratory processed | \$ 286.00 | \$ 456.50 | \$ 170.50 |
| D5510 | Broken denture (no teeth involved) | \$ 121.00 | \$ 198.00 | \$ 77.00 |
| D5520 | Replace tooth on denture | \$ 110.00 | \$ 214.50 | \$ 104.50 |
| D9940 | Nite guard of flipper | \$ 358.00 | \$ 544.50 | \$ 186.50 |
| Space maintainers: | | | | |
| D1520 | unilateral | \$ 242.00 | \$ 341.00 | \$ 99.00 |
| D1525 | bilateral | \$ 308.00 | \$ 451.00 | \$ 143.00 |

• *Non-listed procedures, performed by general dentists and Specialists, are provided to all members at 20% off the dentists' usual and customary fee.*

• *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 10% discount off the dentists' usual fee.*

New England Specialists Fee Schedule

Connecticut, Massachusetts, New Hampshire & Rhode Island

Please note: This fee schedule applies to procedures performed by Specialist only.
Rates are subject to periodic change without prior notification.

| ADA Code | Oral Surgeon | Member Fee | Usual Fee | You Save |
|----------|---|------------|-------------|-----------|
| D0150 | Comprehensive Oral Evaluation | \$ 60.00 | \$ 110.00 | \$ 50.00 |
| | Extractions | | | |
| D7140 | Simple Extraction (single tooth) | \$ 116.00 | \$ 198.00 | \$ 82.00 |
| | (each additional tooth) | \$ 99.00 | \$ 159.50 | \$ 60.50 |
| D7210 | Surgical Extraction | \$ 198.00 | \$ 313.50 | \$ 115.50 |
| D7220 | Soft Tissue Impaction | \$ 237.00 | \$ 357.50 | \$ 120.50 |
| D7230 | Partial Bony Impaction | \$ 303.00 | \$ 478.50 | \$ 175.50 |
| D7240 | Full Bony Impaction | \$ 424.00 | \$ 577.50 | \$ 153.50 |
| D7241 | Full Bony Impaction-with unusual surgical complications | \$ 515.00 | \$ 1,034.00 | \$ 519.00 |
| D0330 | Panorex | \$ 83.00 | \$ 159.50 | \$ 76.50 |
| D9220 | General anesthesia-per unit | \$ 176.00 | \$ 286.00 | \$ 110.00 |
| D9221 | additional 15 minutes | \$ 77.00 | \$ 165.00 | \$ 88.00 |

| ADA Code | Orthodontist | Member Fee | Usual Fee | You Save |
|-------------|---|-------------|-------------|------------|
| D0150 | Comprehensive Oral Evaluation | \$ 55.00 | \$ 110.00 | \$ 55.00 |
| | Diagnosis / Records: | | | |
| | Work-up, including full mouth series, Models, Photographs, and a second visit for discussion and presentation | \$ 215.00 | \$ 396.00 | \$ 181.00 |
| | Comprehensive Orthodontic Treatment | | | |
| | Class I Malocclusion | \$ 3,869.00 | \$ 5,500.00 | \$1,631.00 |
| | Class II Malocclusion | \$ 4,247.00 | \$ 6,033.50 | \$1,786.50 |
| | Class III Malocclusion | 15% off | \$ 8,000.00 | \$1,200.00 |
| D8030/D8040 | Partial Case (Evaluated on an individual basis) | 15% off | | |
| D8750 | Post-Treatment stabilization-each retainer | \$ 255.00 | \$ 418.00 | \$ 163.00 |
| | Specialist's Initial Consultation fee will be applied towards Diagnosis/Records/Charting unless performed as a separate visit | | | |

| ADA Code | Endodontist | Member Fee | Usual Fee | You Save |
|----------|--|------------|-------------|-----------|
| D0150 | Comprehensive Oral Evaluation | \$ 55.00 | \$ 110.00 | \$ 55.00 |
| D3110 | Pulp Capping | \$ 90.00 | \$ 165.00 | \$ 75.00 |
| D3220 | Pulpotomy | \$ 145.00 | \$ 236.50 | \$ 91.50 |
| D3430 | Retrograde filling-per root | \$ 220.00 | \$ 363.00 | \$ 143.00 |
| D3920 | Root Resection-per root (HEMISECTION) | \$ 375.00 | \$ 550.00 | \$ 175.00 |
| D7510 | Incision and Drainage | \$ 170.00 | \$ 286.00 | \$ 116.00 |
| | Root Canal Therapy (excluding final restoration): | | | |
| D3310 | Anterior | \$ 550.00 | \$ 874.50 | \$ 324.50 |
| D3320 | Bicuspid | \$ 660.00 | \$ 1,012.00 | \$ 352.00 |
| D3330 | Molar | \$ 790.00 | \$ 1,111.00 | \$ 321.00 |

| Apicoectomy: | | | | |
|---------------------|----------------------|-----------|-----------|------------------|
| D3410 | Anterior | \$ 500.00 | \$ 770.00 | \$ 270.00 |
| D3421 | Bicuspid- first root | \$ 530.00 | \$ 770.00 | \$ 240.00 |
| D3425 | Molar-first root | \$ 610.00 | \$ 770.00 | \$ 160.00 |
| D3426 | Each additional root | \$ 292.00 | \$ 456.50 | \$ 164.50 |

Retreatment of a Root Canal is performed at 25% courtesy fee

Root canal treatment fees include filling the canals, it does not include final restorations (which are sometimes called fillings)

| ADA Code | Periodontist | Member Fee | Usual Fee | You Save |
|----------|--|-------------|-------------|-------------------|
| D0150 | Initial Consultation - Not including Diagnosis | \$ 55.00 | \$ 110.00 | \$ 55.00 |
| | Diagnosis/Records/Charting: | | | |
| | Including 5 or more x-rays | \$ 175.00 | \$ 302.50 | \$ 127.50 |
| | including 4 x-rays or less | \$ 164.00 | \$ 236.50 | \$ 72.50 |
| D4341 | Periodontal scaling/per quadrant (root planing-curettage) | \$ 195.00 | \$ 291.50 | \$ 96.50 |
| D4355 | Scaling (full mouth) | \$ 175.00 | \$ 253.00 | \$ 78.00 |
| D4211 | Gingivectomy or gingivoplasty-per tooth | \$ 220.00 | \$ 319.00 | \$ 99.00 |
| D4210 | Gingivectomy or gingivoplasty-per quadrant | \$ 515.00 | \$ 693.00 | \$ 178.00 |
| D4240 | Gingival flap procedure, including root planing- per quadrant | \$ 600.00 | \$ 847.00 | \$ 247.00 |
| D4260 | Osseous Surgery (including flap entry and closure) per quad. | \$ 815.00 | \$ 1,166.00 | \$ 351.00 |
| D4270 | Pedicle soft tissue graft procedure | \$ 620.00 | \$ 902.00 | \$ 282.00 |
| D4271 | Free soft tissue graft procedure (including donor site) | \$ 600.00 | \$ 990.00 | \$ 390.00 |
| D4245 | Apically repositioned flap procedure | \$ 630.00 | \$ 891.00 | \$ 261.00 |
| | Occlusal Equilibration: | | | |
| | A. As Part of full surgical case | No Charge | No Charge | |
| D9952 | B. As a separate procedure, not to exceed 3 visits | \$ 185.00 | \$ 286.00 | \$ 101.00 |
| D4910 | Perio Maintenance , included exam (following active therapy) | \$ 135.00 | \$ 192.50 | \$ 57.50 |
| | Full Surgical Case: | | | |
| | Includes 4 Quadrants of osseous surgery, occlusal adjustment, 4 quadrants of periodontal scaling | \$ 4,195.00 | \$ 5,500.00 | \$1,305.00 |

Prosthodontist

Participating Prosthodontists will provide a 30% discount off their usual rates for all plan members

Pedodontist

Participating Pedodontists will provide a 20% discount off their usual rates for all plan members

Implantology

Participating Dentists will provide a 20% discount off their usual rates for all plan members

TMJ Specialist (Temporomandibular Joint Syndrome)

Providers who treat TMJ will provide a 20% discount off their usual rates for all plan members

• **Non-listed procedures, performed by general dentists and Specialists, are provided to all members at 20% off the dentists' usual and customary fee.**

• **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 10% discount off the dentists' usual fee.**

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.
- Schedule I & II fees apply only to fees charged by plan General Dentists **NOT SPECIALISTS**.
- Please refer to your Directory of Dentists for your Dentist's Schedule. **Schedule I is higher than Schedule II.** The difference between Schedule I & II 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 10% discount off the dentists' usual fee.
- Non-listed procedures, performed by general dentists and Specialists, are provided to all members at 20% off the dentists' usual and customary fee.
- Members are entitled to two cleanings at the member fee per enrollment period. Additional cleanings are offered at 20% off the dentist usual fee.
- Dentists may surcharge for precious restorations based upon their increased laboratory costs.
- Dentists may charge for broken appointments.
- Dentists may surcharge \$5.00 per office visit.
- 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.
- Partial Cases and non-listed procedures performed by a participating orthodontist are available to members at 15% off the dentist usual fee. Orthodontists will discount 25% off usual fees for a replacement retainer.
- 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.**