

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	Periodontal 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.*

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. Requests must be made by calling us at 800.828.2222.**