

Northeast General Dentistry Fee Schedule I

District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia

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
D0150	Comprehensive oral evaluation - new or established	no charge*	\$ 60.00	\$ 60.00
D0120	Periodic oral evaluation - established patient	no charge*	\$ 60.00	\$ 60.00
D0140	Consultation (limited oral evaluation - problem focused)	\$ 45.00	\$ 75.00	\$ 30.00
D0220	Single x-ray (any type)	\$ 14.00	\$ 25.00	\$ 11.00
D0210	X-rays (up to full mouth, or at least 3 films taken)	\$ 50.00	\$ 115.00	\$ 65.00
D0330	X-rays - Panoramic film	\$ 45.00	\$ 110.00	\$ 65.00
D1110	Adult cleaning, polishing and scaling	\$ 60.00	\$ 120.00	\$ 60.00
D1120	Child cleaning and polishing - excluding fluoride	\$ 40.00	\$ 85.00	\$ 45.00
D1203	Topical fluoride treatment for children	\$ 22.00	\$ 42.00	\$ 20.00
D9110	Palliative (emergency) treatment of dental pain	\$ 40.00	\$ 99.00	\$ 59.00
D1351	Sealant - per tooth	\$ 30.00	\$ 50.00	\$ 20.00

* See "Please Note" Section

ADA Code	Restorative Procedures (Fillings)	Member Fee	Usual Fee	You Save
D2951	Pin retention - per tooth	\$ 35.00	\$ 65.00	\$ 30.00
D2940	Sedative filling	\$ 50.00	\$ 89.00	\$ 39.00
	Silver amalgams: Permanent			
D2140	one surface	\$ 64.00	\$ 112.00	\$ 48.00
D2150	two surfaces	\$ 80.00	\$ 147.00	\$ 67.00
D2160	three surfaces	\$ 90.00	\$ 168.00	\$ 78.00
D2161	four or more surfaces	\$ 120.00	\$ 202.00	\$ 82.00
	Composite Resins: Permanent			
	Anterior Composites:			
D2330	one surface	\$ 75.00	\$ 118.00	\$ 43.00
D2331	two surfaces	\$ 90.00	\$ 160.00	\$ 70.00
D2332	three surfaces	\$ 112.00	\$ 200.00	\$ 88.00
D2335	four or more surfaces	\$ 140.00	\$ 235.00	\$ 95.00
	Posterior Composites:			
D2391	one surface	\$ 87.00	\$ 150.00	\$ 63.00
D2392	two surfaces	\$ 111.00	\$ 195.00	\$ 84.00
D2393	three surfaces	\$ 152.00	\$ 260.00	\$ 108.00
D2394	four or more surfaces	\$ 170.00	\$ 315.00	\$ 145.00

ADA Code	Cosmetic Procedures	Member Fee	Usual Fee	You Save
	Bonding/Veneers (per tooth)			
D2960	Labial veneer (resin) - chair side	\$ 280.00	\$ 425.00	\$ 145.00
D2962	Labial veneer (porcelain) - laboratory	\$ 540.00	\$ 910.00	\$ 370.00

ADA Code	Endodontic Procedures	Member Fee	Usual Fee	You Save
D3110	Pulp capping - (excl. final restoration)	\$ 45.00	\$ 72.00	\$ 27.00
D3220	Pulpotomy - (excl. final restoration)	\$ 90.00	\$ 156.00	\$ 66.00
	Root Canal Therapy (excluding final restoration)			
D3310	Anterior	\$ 400.00	\$ 575.00	\$ 175.00
D3320	Bicuspid	\$ 465.00	\$ 740.00	\$ 275.00
D3330	Molar	\$ 600.00	\$ 830.00	\$ 230.00

ADA Code	Periodontic Procedures	Member Fee	Usual Fee	You Save
D4341	Periodontal scaling and root planing (per quadrant)	\$ 95.00	\$ 205.00	\$ 110.00
D4260	Osseous or mucogingival surgery (per quadrant)	\$ 530.00	\$ 878.00	\$ 348.00
D4910	Perio maintenance	\$ 70.00	\$ 112.00	\$ 42.00

ADA Code	Oral Surgery Procedures	Member Fee	Usual Fee	You Save
D7111	Extraction, coronal remnants-deciduous tooth	\$ 70.00	\$ 125.00	\$ 55.00
D7140	Extraction, erupted tooth or exposed root	\$ 80.00	\$ 125.00	\$ 45.00
D7210	Surgical Extraction	\$ 120.00	\$ 218.00	\$ 98.00
D7220	Extraction - soft tissue impaction	\$ 170.00	\$ 270.00	\$ 100.00
D7230	Extraction -partial bony impaction	\$ 215.00	\$ 360.00	\$ 145.00
D7240	Extraction - full bony impaction	\$ 260.00	\$ 475.00	\$ 215.00
D7510	Incision and drainage of abscess	\$ 80.00	\$ 182.00	\$ 102.00

ADA Code	Fixed Prosthodontic Procedures	Member Fee	Usual Fee	You Save
D6240	Pontic - Porcelain fused to high noble metal	\$ 705.00	\$ 1,100.00	\$ 395.00
D6241	Pontic - Porcelain fused to predominantly base metal	\$ 555.00	\$ 800.00	\$ 245.00
D6242	Pontic - Porcelain fused to noble metal	\$ 595.00	\$ 795.00	\$ 200.00
D2750/D6750	Crown - Porcelain fused to high noble metal	\$ 705.00	\$ 1,100.00	\$ 395.00
D2751/D6751	Crown - Porcelain fused to predominantly base metal	\$ 555.00	\$ 825.00	\$ 270.00
D2752/D6752	Crown - Porcelain fused to noble metal	\$ 595.00	\$ 860.00	\$ 265.00
D2954/D6972	Post and core (prefabricated)	\$ 185.00	\$ 275.00	\$ 90.00
D2950/D6973	Core buildup - including pins	\$ 165.00	\$ 225.00	\$ 60.00
D2952/D6970	Post and core (non-gold) laboratory	\$ 260.00	\$ 351.00	\$ 91.00
D2920	Recement crown	\$ 60.00	\$ 92.00	\$ 32.00
D6930	Re-cement fixed bridge	\$ 70.00	\$ 97.00	\$ 27.00
D2999/D6999	Crown - Temporary (as part of crown procedure)	no charge		

ADA Code	Removable Prosthodontic Procedures	Member Fee	Usual Fee	You Save
Complete Dentures				
D5110	Complete maxillary denture (including adjustments)	\$ 825.00	\$ 1,300.00	\$ 475.00
D5120	Complete mandibular denture (including adjustments)	\$ 825.00	\$ 1,300.00	\$ 475.00
D5410-5411	Denture adjustments (for dentures made at another office)	\$ 55.00	\$ 76.00	\$ 21.00
Partial Dentures				
D5211-D5212	Acrylic resin base (resin or wrought wire clasps)	\$ 585.00	\$ 979.00	\$ 394.00
D5213-D5214	Cast metal framework with resin base	\$ 825.00	\$ 1,389.00	\$ 564.00
Denture reline/repair				
D5730-D5731	Reline denture (chair side)	\$ 205.00	\$ 306.00	\$ 101.00
D5750-D5751	Reline denture (laboratory)	\$ 280.00	\$ 386.00	\$ 106.00
D5510	Repair broken denture base (no teeth involved)	\$ 110.00	\$ 164.00	\$ 54.00
D5520	Replace tooth on denture	\$ 90.00	\$ 142.00	\$ 52.00
D9940	Occlusal guard	\$ 350.00	\$ 480.00	\$ 130.00
Space maintainers:				
D1520	Unilateral -removable	\$ 240.00	\$ 315.00	\$ 75.00
D1525	Bilateral - removable	\$ 290.00	\$ 365.00	\$ 75.00

• *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.**