

Northeast Specialist Fee Schedule

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

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 - new or established	\$ 95.00	\$ 195.00	\$ 100.00
D0330	Panorex	\$ 75.00	\$ 118.00	\$ 43.00
Extractions				
D7210	Surgical Extraction	\$ 185.00	\$ 310.00	\$ 125.00
D7220	Soft Tissue Impaction	\$ 225.00	\$ 423.00	\$ 198.00
D7230	Partial Bony Impaction	\$ 300.00	\$ 492.00	\$ 192.00
D7240	Full Bony Impaction	\$ 405.00	\$ 580.00	\$ 175.00
D9220	General anesthesia - first 30 minutes	\$ 155.00	\$ 345.00	\$ 190.00
D9221	additional 15 minutes	\$ 75.00	\$ 190.00	\$ 115.00

ADA Code	Orthodontist	Member Fee	Usual Fee	You Save
D0150	Comprehensive Oral Evaluation	\$ 75.00	\$ 125.00	\$ 50.00
Diagnosis/Records:				
	Work-up, including full mouth series, Models, Photographs, and a second visit for discussion and presentation	\$ 180.00	\$ 330.00	\$ 150.00
Comprehensive Orthodontic Treatment				
D8080	Adolescent Dentition	25% Off		
D8090	Adult Dentition	25% Off		
D8030/D8040	Partial Case (Evaluated on an individual basis)	15% Off		
D8680	Post-Treatment stabilization-each retainer	\$ 260.00	\$ 372.00	\$ 112.00

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	\$ 75.00	\$ 125.00	\$ 50.00
D3110	Pulp Capping	\$ 105.00	\$ 157.00	\$ 52.00
D3220	Pulpotomy	\$ 175.00	\$ 317.00	\$ 142.00
D3430	Retrograde filling-per root	\$ 205.00	\$ 310.00	\$ 105.00
D3920	Root Resection-per root (HEMISECTION)	\$ 355.00	\$ 460.00	\$ 105.00
D7510	Incision and Drainage	\$ 165.00	\$ 250.00	\$ 85.00
	Root Canal Therapy (excluding final restoration)			\$ -
D3310	Anterior	\$ 575.00	\$ 767.00	\$ 192.00
D3320	Bicuspid	\$ 675.00	\$ 915.00	\$ 240.00
D3330	Molar	\$ 765.00	\$ 1,127.00	\$ 362.00
	Apicoectomy			
D3410	Anterior-first root	\$ 495.00	\$ 697.00	\$ 202.00
D3421	Bicuspid-first root	\$ 575.00	\$ 765.00	\$ 190.00
D3425	Molar-first root	\$ 675.00	\$ 895.00	\$ 220.00
D3426	Each additional root	\$ 265.00	\$ 385.00	\$ 120.00

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
D0180	Comprehensive periodontal evaluation	\$ 75.00	\$ 125.00	\$ 50.00
	Diagnosis/Records/Charting (Including x-rays)	\$ 170.00	\$ 275.00	\$ 105.00
D4341	Periodontal scaling/per quadrant (root planing-curettage)	\$ 185.00	\$ 250.00	\$ 65.00
D4211	Gingivectomy or gingivoplasty-per tooth	\$ 200.00	\$ 385.00	\$ 185.00
D4210	Gingivectomy or gingivoplasty-per quad.	\$ 475.00	\$ 637.00	\$ 162.00
D4240	Gingival flap procedure, including root planing-per quadrant	\$ 615.00	\$ 769.00	\$ 154.00
D4260	Osseous Surgery (including flap entry and closure) per quad.	\$ 805.00	\$ 995.00	\$ 190.00
D4270	Pedicle soft tissue graft procedure	\$ 555.00	\$ 813.00	\$ 258.00
D4271	Free soft tissue graft procedure (including donor site)	\$ 575.00	\$ 877.00	\$ 302.00
D4245	Apically repositioned flap procedure	\$ 625.00	\$ 775.00	\$ 150.00
	Occlusal Equilibration:			
	A. As Part of full surgical case	no charge		
D9952	B. As a separate procedure, not to exceed 3 visits	\$ 160.00	\$ 240.00	\$ 80.00
D4910	Perio Maintenance Procedure, includes exam	\$ 135.00	\$ 185.00	\$ 50.00

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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

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.