



UNIVERSALTM DENTAL PLAN



A Harvard Pilgrim Healthcare Member
Savings Program Participant



2017 MEMBER FEE SCHEDULE

20 PARK PLAZA, STE. 1401
BOSTON, MA 02116

WWW.UNIVERSALDENTALPLAN.COM

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2017 GENERAL DENTISTRY FEE SCHEDULE



Note: This fee schedule applies to procedures performed by a General Dentist only.

ADA CODE	DIAGNOSTIC & PREVENTIVE PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
D0120	Periodic oral examination	No Charge*	40	40
D0150	Comprehensive oral evaluation	No Charge*	145	145
D1330	Oral hygiene instruction	No Charge*	25	25
D0140	Limited oral evaluation	78	138	60
D0160	Detailed oral evaluation (problem focused)	94	166	72
D0170	Re-evaluation (problem focused)	60	110	50
D0210	Full mouth X-Rays	116	164	48
D0220	Intraoral X-ray film, single first	30	42	12
D0230	Intraoral X-ray films, each additional	28	40	12
D0270	Bitewing X-ray film, single	34	55	21
D0272	Bitewing X-ray films, two	42	68	26
D0274	Bitewing X-ray films, four	64	90	26
D0330	Panoramic film	114	160	46
D0460	Pulp vitality test	74	110	36
D1110	Prophylaxis (Cleaning)-adult	72	125	53
D1120	Prophylaxis (Cleaning)-child	62	90	28
D1208	Topical fluoride application-adult	34	58	20
D1351	Sealant per tooth	38	57	19
D1510	Space maintainer-fixed unilateral type	380	525	145
D1515	Space maintainer-fixed bilateral type	440	650	210

ADA CODE	RESTORATIVE PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
Permanent: Silver fillings (Amalgams)				
D2140	One surface	140	176	36
D2150	Two surfaces	148	210	62
D2160	Three surfaces	172	240	68
D2161	Four or more surfaces	184	290	106
Anterior: White fillings (Composite Resins)				
D2330	One surface	148	186	38
D2331	Two surfaces	164	235	71
D2332	Three surfaces	196	285	89
D2335	Four or more surfaces	224	348	124
Posterior: White fillings (Composite Resins)				
D2391	One surface	156	208	52
D2392	Two surfaces	194	270	76
D2393	Three surfaces	220	335	115
D2394	Four or more surfaces	272	365	93
D2710	Crown resin composite (indirect)	475	695	220
D2740	Crown porcelain/ceramic	1065	1460	395
D2750	Crown porcelain fused to high noble metal	1045	1420	375
D2751	Crown porcelain predominantly base metal	1020	1385	365
D2790	Crown full cast (high noble)	1035	1435	400
D2791	Crown full cast (base metal)	985	1370	385
D2920	Re-cement or re- bond crown	105	145	40
D2930	Prefab'd SS crown – primary tooth	295	375	80

D2931	Prefab'd SS crown – permanent tooth	315	420	105
D2932	Prefab'd resin crown	305	390	85
D2940	Protective restoration	94	137	43
D2950	Core buildup, including any pins	315	425	110
D2951	Pin retention/tooth, in add. to rest	58	82	24
D2952	Cast post/core in addition to crown	365	460	95
D2954	Prefab'd post/core in add. to crown	345	470	125
D2970	Temporary Crown	325	460	135
D2980	Crown repair	205	255	50

ADA CODE	ENDODONTIC PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
D3110/20	Pulp cap-direct & indirect (excl. final rest.)	73	110	37
D3220	Therapeutic pulpotomy (excl. final rest.)	167	232	65
D3310	Root canal – anterior (excl. final rest.)	845	1125	280
D3320	Root canal – bicuspid (excl. final rest.)	935	1295	360
D3330	Root canal – 3 or 4 canals (excl. final rest.)	1125	1480	355
D3346	Re-treatment of root canal (anterior)	1165	1595	430
D3347	Re-treatment of root canal (bicuspid)	1195	1675	480
D3348	Re-treatment of root canal (posterior)	1235	1725	490
D3410	Apicoectomy (anterior)	875	1265	390
D3421	Apicoectomy (bicuspid)	915	1225	310
D3425	Apicoectomy (posterior)	1125	1465	340
D3450	Root amputation (per)	395	635	240

ADA CODE	PERIODONTIC PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
D0180	Comprehensive perio, evaluation	85	145	60
D4210	Gingivectomy or gingivoplasty – per quad	565	715	150
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth	315	415	120
D4240	Gingival flap proc., w/ root planning/4+	875	1295	420
D4241	Gingival flap proc., w/ root planning/1-3	585	965	380
D4249	Clinical crown lengthening	945	1295	350
D4260	Osseous surg., incl. flap entry-close/ 4+	1245	1625	380
D4261	Osseous surg., incl. flap entry-closed/ 1-3	1065	1425	360
D4270	Pedicle soft tissue graft procedure	835	1045	210
D4341	Periodontal scaling & root planing – 4+ teeth/quad	235	325	90
D4342	Periodontal scaling & root planing – 1-3 teeth/quad	170	227	57
D4381	Delivery of antimicrobials	120	185	65
D4910	Peridontal maint. Proc. (follow active therapy)	125	166	41

ADA CODE	REMOVABLE PROSTHODONTIC PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
Complete Dentures				
D5110/20	Complete upper or lower incl. 6 mos care	1095	1445	350
D5130/40	Immediate upper or lower denture incl. 6 mos. care (does not incl. req. future rebasing/relining procedures)	1215	1585	370
Partial Dentures				
D5211/2	Upper or lower partial–acrylic base, incl. any conventional clasps & rests	985	1375	390
D5213/4	Upper or lower partial–predominantly base case base w/ acrylic saddles incl. any conventional clasps & rests	1175	1535	360
Denture Reline/Repair				
D5410/1	Adjust comp. upper or lower dent. (After 6 mos.)	88	120	32

D5421/2	Adjust part. upper or lower dent. (After 6 mos.)	88	120	32
D5510	Repair broken complete denture base	142	225	83
D5520	Repl. Missing/broken teeth-comp. dent./tooth	172	245	73
D5610	Repair partial denture resin saddle or base	164	235	71
D5630	Repair or replace denture broken clasp-per tooth	174	260	86
D5640	Repair broken teeth-part. denture/tooth	144	225	81
D5650/60	Add tooth or clasp to existing part. denture -per tooth	225	297	70
D5710/20	Rebase comp. / part. upper or lower (LAB)	380	522	142
D5730/1	Reline upper or lower Denture (Chair side)	315	438	123
D5750/1	Reline upper or lower Denture (Laboratory)	345	468	123
D5810/1	Temp. complete denture (upper or lower)	485	660	175
D5820/1	Temp. partial-stay plate denture (upper or lower)	475	630	155

ADA CODE	FIXED PROSTHODONTIC PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
D6241	Pontic-porcelain fuse to metal (each wing)	985	1272	287
D6545	Cast-metal retainer for acid bridge	455	720	265
D6740	Crown- porcelain ceramic	1065	1460	395
D6751	Crown- (abutment) porcelain fuse to metal	985	1310	325
D6791	Crown- (abutment) full cast base metal	965	1275	310
D6930	Re-cement bridge	130	195	65

ADA CODE	ORAL SURGERY PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
D7111	Extraction - Primary tooth	105	175	70
D7140	Extraction (simple) – Single tooth	142	207	65
D7210	Surgical removal of erupted tooth per tooth	240	320	80
D7250	Surgical removal of residual tooth roots	290	395	105
D7510	Incision/drainage of abscess	235	315	80

Surgical procedures listed above include the administration of local anesthesia only. The administration of nitrous oxide, intravenous sedation or general anesthesia is available at 20% Discount to the subscriber.

ADA CODE	ADJUNCTIVE GENERAL SERVICES UNCLASSIFIED	MEMBER FEE	AVG FEE	YOU SAVE
D0016	Failed appt. w/o 24 hr notice per 15 mins.	65	85	30
D9110	Palliative (ER) treatment of minor pain	95	150	55
D9940	Occlusal guard / Night guard	415	660	245

ADA CODE	COSMETIC PROCEDURES	MEMBER FEE	AVG FEE	YOU SAVE
D2960	Bonding (per tooth)	725	935	210
D2962	Porcelain laminate veneer per tooth	965	1350	385
D9972	External bleaching – per arch	235	450	215



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2017 BOARD CERTIFIED SPECIALIST FEE SCHEDULE

Note: This fee schedule applies to procedures performed by a Board Specialized Dentist only.

ADA Code	Oral Surgery Procedures	Member Fee	Avg Fee	You Save
D0150	Comprehensive oral evaluation	85	150	65
D7140	Extraction (simple) – Single tooth	195	270	75
D7210	Surgical removal of erupted tooth per tooth	345	475	130
D7220	Removal of impacted tooth-soft tissue	345	465	120
D7230	Removal of impacted tooth-partial bony	425	580	140
D7240	Removal of impacted tooth-complete bony	485	645	160
D7241	Removal of impacted tooth-w/surgical complications	565	720	155
D7250	Surgical removal of residual tooth roots	305	465	160
D7280	Surgical access of an unerupted tooth	415	620	205
D7310	Alveolectomy/plasty in conj. w/ ext./quad	325	455	130
D7320	Alveolectomy/plasty not in conj. w/ ext./quad	420	565	145
D7960	Frenulectomy (frenectomy or frenotomy)	485	635	150
D7970	Excision of hyperplastic tissue-per arch	435	555	120
D7971	Excision of pericoronal gingiva	265	360	95

ADA Code	Orthodontic Procedures	Member Fee	Avg Fee	You Save
D0150	Comprehensive Oral Evaluation	85	150	65
	Diagnosis / Records			
	Work-up including full mouth series, Models Photographs, and a second visit for discussion and presentation.	535	745	210
	Comprehensive Orthodontic Treatment			
	Class 1 - Malocclusion	3895	5565	1670
	Class 2 - Malocclusion	4265	6685	2420
	Class 3 - Malocclusion	20%	-	-
	Continuation of orthodontic treatment beyond 24 months and other orthodontic services available at a 20% discount from usual/customary fees.			
D8680	Orthodontic Retention	325	485	160

ADA Code	Endodontic Procedures	Member Fee	Avg Fee	You Save
D0140	Comprehensive Oral Evaluation	85	150	65
D3310	Root canal – anterior (excl. final rest.)	925	1185	260
D3320	Root canal – bicuspid (excl. final rest.)	1085	1375	290
D3330	Root canal – 3 or 4 canals (excl. final rest.)	1375	1725	350
D3410	Apicoectomy (per tooth) – first root	985	1260	275
D3426	Apicoectomy (per tooth) – each add. root	480	645	165
D3450	Root amputations – per root	595	765	170
D3920	Hemisection (incl. root removal; excl. RC)	445	595	150

ADA Code	Periodontic Procedures	Member Fee	Avg Fee	You Save
D0180	Comprehensive Oral Evaluation	85	150	65
D4240	Gingival flap proc., incl. root planning/quad	1085	1450	365
D4260	Osseous surg., incl. flap entry-close/quad	1395	1745	350
D4270	Pedicle soft tissue graft procedure	985	1375	390
D4341	Periodontal scaling & root planing – 4+ teeth/quad	265	365	100
D4342	Periodontal scaling & root planing – 1-3 teeth/quad	215	315	100

ADA Code	TMJ Dentistry	Member Fee	Avg Fee	You Save
		20% off		
ADA Code	Pediatric Dentistry	Member Fee	Avg Fee	You Save
		20% off		
ADA Code	Prosthodontic Dentistry	Member Fee	Avg Fee	You Save
		20% off		
ADA Code	Implantology	Member Fee	Avg Fee	You Save
		20% off		

The 20% Discount noted for Implants includes Stages 1 & 2.

Any prosthetic services, i.e. crowns, fixed bridges, complete or partial dentures are available at a 20% discount from a Specialist usual and customary rates.

***The Oral examinations and Diagnosis at no charge are in conjunction with a cleaning or full mouth x-rays or other procedures such as fillings, etc. If a patient chooses to do initial oral examination only, then the 55 comprehensive oral examination (ADA0150) will apply.**

Plan Guidelines:

- Most office procedures are listed. For procedures not listed , members receive a 20% discount from the dentist's usual and customary fees.
- Consultations by participating specialists are also discounted 20% from the dentist's usual and customary fees.
- Any prosthetic services from Board Certified Prosthodontists (crowns, fixed bridges, complete or partial dentures) are available at a 20% discount from the dentist's usual and customary fees.
- This fee schedule is subject to periodic change without prior notification.
- The list of Participating dentists is subject to change without prior notification.
- Universal Dental Plan does not guarantee the quality of the service of the providers

Universal Dental Plan is NOT dental insurance. It is a Discount Dental Plan.



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