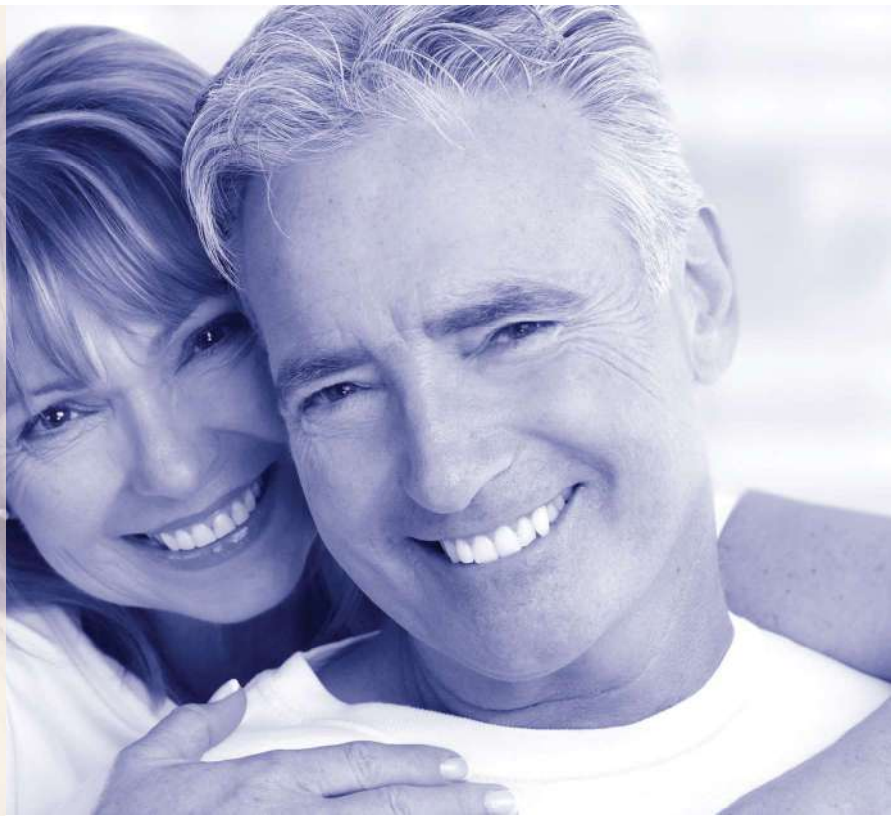




a Point32Health company

2025

MEMBER FEE SCHEDULE



20 PARK PLAZA, #496
BOSTON, MA 02116



(P): 617-859-1777



memberservices@universaldentalplan.com



WWW.UNIVERSALDENTALPLAN.COM

2025 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	32	65	33
D0150	Comprehensive oral evaluation	60	154	94
D1330	Oral hygiene instruction	No Charge*	35	35
D0140	Limited oral evaluation	86	148	62
D0160	Detailed oral evaluation (problem focused)	136	178	42
D0170	Re-evaluation (problem focused)	70	118	48
D0210	Intra oral - complete series of x-rays	140	182	44
D0220	Intraoral X-ray film, single first	35	50	15
D0230	Intraoral X-ray films, each additional	32	44	12
D0270	Bitewing X-ray film, single	41	66	25
D0272	Bitewing X-ray films, two	49	73	24
D0274	Bitewing X-ray films, four	74	98	24
D0330	Panoramic film	144	182	38
D0460	Pulp vitality test	84	122	38
D1110	Prophylaxis (Cleaning)-adult	87	140	53
D1120	Prophylaxis (Cleaning)-child	76	124	48
D1208	Topical fluoride application-adult	40	58	18
D1351	Sealant per tooth	52	71	19
D1510	Space maintainer-fixed unilateral type	504	684	180
D1515	Space maintainer-fixed bilateral type	586	754	168

ADA Code	Restorative Procedures	Member Fee	Avg Fee	You Save
Permanent: Silver fillings (Amalgams)				
D2140	One surface	176	219	43
D2150	Two surfaces	188	244	56
D2160	Three surfaces	214	269	55
D2161	Four or more surfaces	248	324	76
Anterior: White fillings (Composite Resins)				
D2330	One surface	178	226	48
D2331	Two surfaces	214	268	54
D2332	Three surfaces	258	328	70
D2335	Four or more surfaces	296	376	80
Posterior: White fillings (Composite Resins)				
D2391	One surface	192	242	50
D2392	Two surfaces	246	332	86
D2393	Three surfaces	296	384	88
D2394	Four or more surfaces	348	439	91
D2710	Crown resin composite (indirect)	768	984	216
D2740	Crown porcelain/ceramic	1346	1884	538
D2750	Crown porcelain fused to high noble metal	1342	1866	524
D2751	Crown porcelain predominantly base metal	1324	1817	493
D2790	Crown full cast (high noble)	1348	1875	527
D2791	Crown full cast (base metal)	1294	1768	474
D2920	Re-cement or re- bond crown	120	194	74
D2930	Prefab'd SS crown – primary tooth	396	506	110
D2931	Prefab'd SS crown – permanent tooth	384	487	103
D2932	Prefab'd resin crown	364	469	105

D2940	Protective restoration	142	178	36
D2950	Core buildup, including any pins	412	576	164
D2951	Pin retention/tooth, in add. to rest	72	106	34
D2952	Cast post/core in addition to crown	467	624	157
D2954	Prefab'd post/core in add. to crown	446	588	142
D2980	Crown repair	268	432	164

ADA Code	Endodontic Procedures	Member Fee	Avg Fee	You Save
D3110	Pulp cap-direct (excl. final rest.)	106	138	32
D3120	Pulp cap-indirect (excl. final rest.)	98	130	32
D3220	Therapeutic pulpotomy (excl. final rest.)	206	264	58
D3310	Endodontic Therapy – anterior (excl. final rest.)	986	1248	262
D3320	Endodontic Therapy, premolar tooth (excl. final rest.)	1075	1425	350
D3330	Endodontic Therapy, molar tooth (excl. final rest.)	1385	1742	357
D3346	Re-treatment of root canal (anterior)	1192	1568	376
D3347	Re-treatment of root canal (premolar)	1284	1682	398
D3348	Re-treatment of root canal (posterior)	1402	1815	413
D3410	Apicoectomy (anterior)	962	1374	412
D3421	Apicoectomy (premolar)	988	1267	279
D3425	Apicoectomy (posterior)	1182	1480	298
D3450	Root amputation (per)	465	682	217

ADA Code	Periodontic Procedures	Member Fee	Avg Fee	You Save
D0180	Comprehensive perio, evaluation	95	145	50
D4210	Gingivectomy or gingivoplasty – per quad	679	876	197
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth	376	482	106
D4249	Clinical crown lengthening	1038	1384	346
D4341	Periodontal scaling & root planing – 4+ teeth/quad	264	374	110
D4342	Periodontal scaling & root planing – 1-3 teeth/quad	236	298	62
D4381	Delivery of antimicrobials	198	274	76
D4910	Peridontal maint. Proc. (follow active therapy)	184	264	80

ADA Code	Removable Prosthodontic Procedures	Member Fee	Avg Fee	You Save
Complete Dentures				
D5110/20	Complete upper or lower incl. 6 mos care	1542	1928	386
D5130/40	Immediate upper or lower denture incl. 6 mos. care (does not incl. req. future rebasing/relining procedures)	1498	1886	388
Partial Dentures				
D5211/2	Upper or lower partial–acrylic base, incl. any conventional clasps & rests	1292	1614	322
D5213/4	Upper or lower partial–predominantly base case base w/ acrylic saddles incl. any conventional clasps & rests	1534	1918	384
Denture Reline/Repair				
D5410/1	Adjust comp. upper or lower dent. (After 6 mos.)	122	164	42
D5421/2	Adjust part. upper or lower dent. (After 6 mos.)	122	164	42
D5511	Repair broken complete denture base, mandibular	195	264	69
D5520	Repl. Missing/broken teeth-comp. dent./tooth	198	284	86

D5611	Repair resin partial denture base, mandibular	232	338	106
D5630	Repair or replace denture broken clasp-per tooth	245	367	122
D5640	Repair broken teeth-part. denture/tooth	215	295	80
D5650/60	Add tooth or clasp to existing part. denture -per tooth	268	352	84
D5710	Rebase upper or lower complete denture (LAB)	647	812	165
D5720	Rebase upper or lower partial denture (LAB)	524	684	160
D5730/1	Reline upper or lower Denture (Chair side)	345	482	137
D5750/1	Reline upper or lower Denture (Laboratory)	485	647	162
D5810/1	Temp. complete denture (upper or lower)	815	1024	209
D5820/1	Temp. partial-stay plate denture (upper or lower)	645	814	169

ADA Code	Fixed Prosthodontic Procedures	Member Fee	Avg Fee	You Save
D6241	Pontic-porcelain fuse to metal (each wing)	1294	1688	394
D6545	Cast-metal retainer for acid bridge	625	827	202
D6740	Crown- porcelain ceramic	1346	1685	339
D6751	Crown- (abutment) porcelain fuse to metal	1274	1614	340
D6791	Crown- (abutment) full cast base metal	1262	1587	325
D6930	Re-cement bridge	176	268	92

ADA Code	Oral Surgery Procedures	Member Fee	Avg Fee	You Save
D7111	Extraction - Primary tooth	138	224	86
D7140	Extraction (simple) – Single tooth	194	248	54
D7210	Surgical removal of erupted tooth per tooth	368	462	94
D7250	Surgical removal of residual tooth roots	364	458	94
D7510	Incision/drainage of abscess	288	376	88

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.	120	165	45
D9110	Palliative (ER) treatment of minor pain	145	188	43
D9940	Occlusal guard / Night guard	695	876	181

ADA Code	Cosmetic Procedures	Member Fee	Avg Fee	You Save
D2960	Bonding (per tooth)	812	1024	212
D2962	Porcelain laminate veneer per tooth	1294	1688	394
D9972	External bleaching – per arch	415	684	269



20 PARK PLAZA, #496, BOSTON, MA 02116
(P): (617) 859-1777

WWW.UNIVERSALDENTALPLAN.COM

2025 BOARD CERTIFIED SPECIALIST FEE SCHEDULE

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

ADA Code	Endodontic Procedures	Member Fee	Avg Fee	You Save
D0140	Comprehensive Oral Evaluation	115	185	70
D3310	Root canal – anterior (excl. final rest.)	1072	1352	280
D3320	Root canal – bicuspid (excl. final rest.)	1254	1582	328
D3330	Root canal – 3 or 4 canals (excl. final rest.)	1488	1864	376
D3410	Apicoectomy (per tooth) – first root	1064	1342	278
D3426	Apicoectomy (per tooth) – each add. root	546	692	146
D3450	Root amputations – per root	694	883	189
D3920	Hemisection (incl. root removal; excl. RC)	584	752	168

ADA Code	Periodontic Procedures	Member Fee	Avg Fee	You Save
D0180	Comprehensive Oral Evaluation	115	185	70
D4240	Gingival flap proc., incl. root planning/quad	1282	1620	338
D4260	Osseous surg., incl. flap entry-close/quad	1688	2140	452
D4270	Pedicle soft tissue graft procedure	1272	1596	324
D4341	Periodontal scaling & root planing – 4+ teeth/quad	324	412	88
D4342	Periodontal scaling & root planing – 1-3 teeth/quad	286	370	84

ADA Code	Oral Surgery Procedures	Member Fee	20% off
ADA Code	Orthodontic Procedures	Member Fee	20% off
ADA Code	TMJ Dentistry	Member Fee	20% off
ADA Code	Pediatric Dentistry	Member Fee	20% off
ADA Code	Prosthodontic Dentistry	Member Fee	20% off
ADA Code	Implantology	Member Fee	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.

Plan Guidelines:

- Most office procedures are listed. For procedures not listed, members receive a 20% discount 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



20 PARK PLAZA, #496, BOSTON, MA 02116

(P): (617) 859-1777

memberservices@universaldentalplan.com

WWW.UNIVERSALDENTALPLAN.COM