



a Point32Health company

2025

PROVIDER FEE SCHEDULE



20 PARK PLAZA, #496
BOSTON, MA 02116



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GENERAL PRACTITIONER FEE SCHEDULE

Effective January 2025

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



ADA CODE

PATIENT FEE

DIAGNOSTIC PROCEDURES

D0120	Periodic oral evaluation	32
D0150	Comprehensive oral evaluation	60
D0140	Limited oral evaluation	86
D0160	Detailed oral evaluation (problem focused)	136
D0170	Re-evaluation (problem focused)	70
D0210	Intra oral-complete series of x-rays	140
D0220	Intraoral X-ray film, single first	35
D0230	Intraoral X-ray films, each additional	32
D0270	Bitewing X-ray film, single	41
D0272	Bitewing X-ray films, two	49
D0274	Bitewing X-ray films, four	74
D0330	Panoramic film	144
D0460	Pulp vitality test	84

D2790	Crown full cast (high noble)	1348
D2791	Crown full cast (base metal)	1294
D2920	Re-cement crown	120
D2930	Prefab'd SS crown – Primary tooth	396
D2931	Prefab'd SS crown – Permanent tooth	384
D2932	Prefab'd resin crown	364
D2940	Protective Restoration	142
D2950	Core buildup, including any pins	412
D2951	Pin retention/tooth, in add. to rest	72
D2952	Cast post/core in addition to crown	467
D2954	Prefab'd post/core in add. to crown	446
D2980	Crown repair	268

ADA CODE

PATIENT FEE

PREVENTIVE PROCEDURES

D1110	Prophylaxis (Cleaning)-adult	87
D1120	Prophylaxis (Cleaning)-child	76
D1208	Topical fluoride application-adult	40
D1330	Oral hygiene instruction	N/C*
D1351	Sealant per tooth	52
D1510	Space maintainer-fixed unilateral type	504
D1515	Space maintainer-fixed bilateral type	586

ADA CODE

PATIENT FEE

ENDODONTIC PROCEDURES

D3110	Pulp cap-direct (excl. final rest.)	106
D3120	Pulp cap-indirect(excl. final rest.)	98
D3220	Therapeutic pulpotomy (excl. final rest.)	206
D3310	Root canal - anterior (excl. final rest.)	986
D3320	Endodontic Therapy, premolar tooth (excl. final rest.)	1075
D3330	Endodontic Therapy, molar tooth (exc. Final rest.)	1385
D3346	Re-treatment of root canal (anterior)	1192
D3347	Re-treatment of root canal (premolar)	1284
D3348	Re-treatment of root canal (posterior)	1402
D3410	Apicoectomy (anterior)	962
D3421	Apicoectomy (premolar)	988
D3425	Apicoectomy (posterior)	1182
D3450	Root amputation (per)	465

ADA CODE

PATIENT FEE

RESTORATIVE PROCEDURES

D2140	Amalgam - 1 surface	176
D2150	Amalgam - 2 surfaces	188
D2160	Amalgam - 3 surfaces	214
D2161	Amalgam – 4+ surfaces	248
D2330	Resin - 1 surface - anterior	178
D2331	Resin - 2 surfaces - anterior	214
D2332	Resin - 3 surfaces - anterior	258
D2335	Resin - 4 surfaces or involving incisal angle.	296
D2391	Resin- composite, one surface, posterior	192
D2392	Resin- composite, two surfaces, posterior	246
D2393	Resin- composite, three surfaces, posterior	296
D2394	Resin- composite, four surfaces, posterior	348
D2710	Crown resin composite (indirect)	768
D2740	Crown porcelain/ceramic	1346
D2750	Crown porcelain fused to high noble metal	1342
D2751	Crown porcelain predominantly base metal	1324

ADA CODE

PATIENT FEE

PERIODONTIC PROCEDURES

D0180	Comprehensive perio, evaluation	95
D4210	Gingivectomy or gingivoplasty-per quad.	679
D4211	Gingivectomy or gingivoplasty-1-3 teeth	376
D4249	Clinical crown lengthening	1038
D4341	Periodontal scaling and root planning- 4 or more teeth/quad	264
D4342	Periodontal scaling and root planning- 1 to 3 teeth/quad	236
D4381	Delivery of antimicrobials	198
D4910	Periodontal maint.(follow active therapy)	184

ADA CODE

PATIENT FEE

PROSTHODONTIC PROCEDURES

D5110	Complete upper denture, including 6-mos post-insertion care	1542
D5120	Complete lower denture, including 6-mos post-insertion care	1542
D5130	Immediate upper denture, (w/6-mos post care) (does not incl. req. future rebasing/relining procedure(s) or a complete new dentures)	1498
D5140	Immediate upper denture, (w/6-mos post care) (does not incl. req. future rebasing/relining procedure(s) or a complete new dentures)	1498
D5211/2	Upper or lower part. denture-acrylic base Incl. any conventional clasps & rests.	1292
D5213/4	Upper or lower part.-predominantly base cast base w/acrylic saddles incl. any conventional clasps & rests	1534
D5410/1	Adj. complete denture-upper or lower (after 6-mos)	122
D5421/2	Adj. partial denture-upper or lower (after 6-mos)	122
D5511	Repair broken complete denture base, mandibular mandibular	195
D5520	Replace missing/broken teeth, comp. dent./tooth	198
D5611	Repair resin partial denture base, mandibular	232
D5630	Repair or replace denture broken clasp	245
D5640	Repair broken teeth-part.denture (per tooth)	215
D5650	Add tooth to existing partial denture	268
D5660	Add Clasp to existing partial denture	268
D5710/1	Rebase upper/lower compl. denture(LAB)	647
D5720/1	Rebase upper/lower partial denture (LAB)	524
D5730/1	Reline upper/lower deture (Chairside)	345
D5750/1	Reline upper/lower denture (LAB)	485
D5810/1	Temporary complete denture (upper or lower)	815
D5820/1	Temp. partial-stayplate denture (upper or lower)	645

ADA CODE

PATIENT FEE

FIXED PROSTHODONTIC PROCEDURES

D6241	Pontic - porcelain fuse to metal	1294
D6545	Cast-metal retainer for acid etch bridge	625
D6740	Crown-porcelain ceramic	1346
D6751	Crown- (abutment) porcelain fuse to metal	1274
D6791	Crown- (abutment) full cast base metal	1262
D6930	Recement bridge - per abutment	176

ADA CODE

PATIENT FEE

ORAL SURGERY

D7111	Extraction - primary tooth	138
D7140	Extraction(simple)-single tooth	194
D7210	Surgical removal of erupted tooth per tooth	368
D7250	Surgical removal of residual tooth roots	364
D7510	Incision/drainage of abscess	288

Surgical procedures listed above include the administration of local anesthesia only.

The administration of nitrous oxide, intravenous sedation or general anesthesia is available at a 20% discount to the subscriber.

ADA CODE

PATIENT FEE

COSMETIC PROCEDURES

D2960	Bonding (per tooth) full face build up	812
D2962	Porcelain laminate veneer per tooth	1294
D9972	External Bleaching - per arch	415

ADA CODE

PATIENT FEE

ADJUNCTIVE GENERAL SERVICES UNCLASSIFIED

D0016	Failed appt. (w/o 24hr notice) per 15 min	120
D9110	Palliative (ER) treatment of minor pain	145
D9940	Occlusal guard/Night Guard	695

PLAN GUIDELINES

Listed are most office procedures.

Subscribers receive 20% discount from the usual and customary fees on procedures not listed.

If a patient chooses to do initial oral examination only, then the \$55 comprehensive oral examination fee (ADA0150) will apply.

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



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SPECIALIST FEE SCHEDULE

Effective January 2025

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



ADA CODE

PATIENT FEE

ENDODONTIC PROCEDURES

D0140	Comprehensive oral examination	115
D3310	Root canal - anterior (excl. nal rest.)	1072
D3320	Root canal - bicuspid (excl. nal rest.)	1254
D3330	Root canal – 3 or 4 canals (excl. nal rest.)	1488
D3410	Apicoectomy (per tooth)	1064
D3426	Apicoectomy (per tooth) – each add. root	546
D3450	Root amputations – per root	694
D3920	Hemisection (incl. root removal; excl. RC)	584

PEDIATRIC DENTISTRY

MEMBER FEE

20% off

PROSTHODONTIC DENTISTRY

MEMBER FEE

20% off

IMPLANTOLOGY

MEMBER FEE

20% off

ADA CODE

PATIENT FEE

PERIODONTIC PROCEDURES

D0180	Comprehensive oral examination	115
D4240	Gingival ap proc.,incl.root planing/quad.	1282
D4260	Osseous surg., incl. ap entry-close/quad	1688
D4270	Pedicle soft tissue graft procedure	1272
D4341	Periodontal scaling and root planing – 4 or more teeth/quad	324
D4342	Periodontal scaling and root planing – 1 to 3 teeth/quad	286

ORAL SURGERY

MEMBER FEE

20% off

ORTHODONTIC PROCEDURES

MEMBER FEE

20% off

TMJ DENTISTRY

MEMBER FEE

20% off



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