



a Point32Health company

2026

PROVIDER FEE SCHEDULE



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BOSTON, MA 02116



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GENERAL DENTISTRY FEE SCHEDULE

Effective January 2026

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



ADA CODE

MEMBER FEE

DIAGNOSTIC PROCEDURES

D0120	Periodic oral examination	35
D0150	Comprehensive oral evaluation	75
D1330	Oral hygiene instruction	No Charge*
D0140	Limited oral evaluation	86
D0160	Detailed oral evaluation (problem focused)	140
D0170	Re-evaluation (problem focused)	70
D0210	Intra oral - complete series of x-rays	142
D0220	Intraoral X-ray film, single first	35
D0230	Intraoral X-ray films, each additional	32
D0270	Bitewing X-ray film, single	42
D0272	Bitewing X-ray films, two	52
D0274	Bitewing X-ray films, four	76
D0330	Panoramic film	146
D0460	Pulp vitality test	84

D2751	Crown porcelain predominantly base metal	1324
D2790	Crown full cast (high noble)	1348
D2791	Crown full cast (base metal)	1294
D2920	Re-cement or re- bond crown	120
D2930	Prefab'd SS crown – primary tooth	396
D2931	Prefab'd SS crown – permanent tooth	384
D2932	Prefab'd resin crown	366
D2940	Protective restoration	142
D2950	Core buildup, including any pins	298
D2951	Pin retention/tooth, in add. to rest	72
D2952	Cast post/core in addition to crown	496
D2954	Prefab'd post/core in add. to crown	446
D2980	Crown repair	268

ADA CODE

MEMBER FEE

PREVENTIVE PROCEDURES

D1110	Prophylaxis (Cleaning)-adult	88
D1120	Prophylaxis (Cleaning)-child	78
D1208	Topical fluoride application-adult	40
D1351	Sealant per tooth	58
D1510	Space maintainer-fixed unilateral type	504
D1515	Space maintainer-fixed bilateral type	586

ADA CODE

MEMBER 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	Endodontic Therapy – anterior (excl. final rest.)	1018
D3320	Endodontic Therapy, premolar tooth (excl. final rest.)	1085
D3330	Endodontic Therapy, molar tooth (excl. final rest.)	1396
D3346	Re-treatment of root canal (anterior)	1196
D3347	Re-treatment of root canal (premolar)	1284
D3348	Re-treatment of root canal (posterior)	1485
D3410	Apicoectomy (anterior)	962
D3421	Apicoectomy (premolar)	988
D3425	Apicoectomy (posterior)	1182
D3450	Root amputation (per)	465

ADA CODE

MEMBER FEE

RESTORATIVE PROCEDURES

Permanent: Silver fillings (Amalgams)

D2140	One surface	176
D2150	Two surfaces	192
D2160	Three surfaces	214
D2161	Four or more surfaces	248

Anterior: White fillings (Composite Resins)

D2330	One surface	178
D2331	Two surfaces	218
D2332	Three surfaces	258
D2335	Four or more surfaces	296

Posterior: White fillings (Composite Resins)

D2391	One surface	194
D2392	Two surfaces	246
D2393	Three surfaces	296
D2394	Four or more surfaces	348
D2710	Crown resin composite (indirect)	768
D2740	Crown porcelain/ceramic	1354
D2750	Crown porcelain fused to high noble metal	1342

ADA CODE

MEMBER FEE

PERIODONTIC PROCEDURES

D0180	Comprehensive perio, evaluation	95
D4210	Gingivectomy or gingivoplasty – per quad	679
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth	376
D4249	Clinical crown lengthening	1038
D4341	Periodontal scaling & root planing – 4+ teeth/quad	278
D4342	Periodontal scaling & root planing – 1-3 teeth/quad	237
D4381	Delivery of antimicrobials	198
D4910	Periodontal maint. Proc. (follow active therapy)	186

ADA CODE

MEMBER FEE

REMOVABLE PROSTHODONTIC PROCEDURES

Complete Dentures

D5110/20	Complete upper or lower incl. 6 mos care	1544
D5130/40	Immediate upper or lower denture incl. 6 mos. care (does not incl. req. future rebasing/relining procedures)	1498

Partial Dentures

D5211/2	Upper or lower partial—acrylic base, incl. any conventional clasps & rests	1296
D5213/4	Upper or lower partial—predominantly base case base w/ acrylic saddles incl. any conventional clasps & rests	1564

Denture Reline/Repair

D5410/1	Adjust comp. upper or lower dent. (After 6 mos.)	122
D5421/2	Adjust part. upper or lower dent. (After 6 mos.)	122
D5511	Repair broken complete denture base, mandibular	195
D5520	Repl. Missing/broken teeth-comp. dent./tooth	198
D5611	Repair resin partial denture base, mandibular	232
D5630	Repair or replace denture broken clasp-per tooth	245
D5640	Repair broken teeth-part. denture/tooth	215
D5650/60	Add tooth or clasp to existing part. denture -per tooth	268
D5710	Rebase upper or lower complete denture (LAB)	647
D5720	Rebase upper or lower partial denture (LAB)	524
D5730/1	Reline upper or lower Denture (Chair side)	345
D5750/1	Reline upper or lower Denture (Laboratory)	485
D5810/1	Temp. complete denture (upper or lower)	815
D5820/1	Temp. partial-stay plate denture (upper or lower)	645

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MEMBER FEE

FIXED PROSTHODONTIC PROCEDURES

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

ADA CODE

MEMBER FEE

ORAL SURGERY PROCEDURES

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.

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COSMETIC PROCEDURES

D2960	Bonding (per tooth)	812
D2962	Porcelain laminate veneer per tooth	1294
D9972	External bleaching – per arch	415

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MEMBER FEE

ADJUNCTIVE GENERAL SERVICES UNCLASSIFIED

D0016	Failed appt. w/o 24 hr notice per 15 mins.	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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BOARD CERTIFIED SPECIALIST FEE SCHEDULE

Effective January 2026

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



ADA CODE MEMBER FEE

ENDODONTIC PROCEDURES		MEMBER FEE
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 MEMBER FEE

PERIODONTIC PROCEDURES		MEMBER FEE
D0180	Comprehensive Oral Evaluation	115
D4240	Gingival flap proc., incl. root planning/quad	1282
D4260	Osseous surg., incl. flap entry-close/quad	1688
D4270	Pedicle soft tissue graft procedure	1272
D4341	Periodontal scaling & root planing – 4+ teeth/quad	324
D4342	Periodontal scaling & root planing – 1-3 teeth/quad	286

ORAL SURGERY PROCEDURES MEMBER FEE

20% off

ORTHODONTIC PROCEDURES MEMBER FEE

20% off

TMJ DENTISTRY MEMBER FEE

20% off



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