



## General Dentists DentalSave Network Fee Schedule DS 1.30

June 2016

- This fee schedule applies to services provided by a participating general dentist.
- Participating specialist will provide plan members with 25% off their regular fees.
- Non-listed procedures are provided at 25% off the dentist regular fee.
- If the dentist's regular fee is equal or lower than the listed member fee, the member will get 25% off the dentist's regular fee.
- Dental plans are not dental insurance.

### Diagnostic Procedures

| Code  | Regular Fee  | Member Fee       |
|-------|--|------------------|
| D0120 | periodic oral evaluation - established patient           | \$67.60 \$37.00  |
| D0140 | limited oral evaluation problem focused                  | \$98.80 \$54.50  |
| D0150 | comprehensive oral evaluation new or established patient | \$117.00 \$64.50 |
| D0210 | x-rays: intraoral complete series (including bitewings)  | \$178.10 \$98.00 |
| D0220 | x-rays: intraoral periapical - first film                | \$39.00 \$21.50  |
| D0230 | x-rays: intraoral periapical - each additional film      | \$33.80 \$18.50  |
| D0270 | x-rays: bitewing - single film                           | \$39.00 \$21.50  |
| D0272 | x-rays: bitewing - two films                             | \$59.80 \$33.00  |
| D0273 | x-rays: bitewing - three films                           | \$72.80 \$40.00  |
| D0274 | x-rays: bitewing - four films                            | \$87.10 \$48.00  |
| D0330 | x-rays: panoramic film                                   | \$149.50 \$82.00 |

### Preventive Procedures

| Code  | Regular Fee   | Member Fee        |
|-------|---|-------------------|
| D1110 | prophylaxis adult (cleaning)                        | \$120.90 \$66.50  |
| D1120 | prophylaxis child (cleaning)                        | \$91.00 \$50.00   |
| D1208 | topical application of fluoride - excluding varnish | \$49.40 \$27.00   |
| D1351 | sealant - per tooth                                 | \$72.80 \$40.00   |
| D1510 | space maintainer fixed unilateral                   | \$416.00 \$229.00 |
| D1515 | space maintainer fixed bilateral                    | \$560.30 \$308.00 |

### Restorative Procedures

| Code  | Regular Fee  | Member Fee        |
|-------|--|-------------------|
| D2140 | amalgam - one surface, primary or permanent (filling)                        | \$189.80 \$104.50 |
| D2150 | amalgam - two surfaces, primary or permanent (filling)                       | \$234.00 \$128.50 |
| D2160 | amalgam - three surfaces, primary or permanent (filling)                     | \$287.30 \$158.00 |
| D2161 | amalgam - four or more surfaces, primary or permanent (filling)              | \$339.30 \$186.50 |
| D2330 | resin - one surface, anterior (filling)                                      | \$223.60 \$123.00 |
| D2331 | resin - two surfaces, anterior (filling)                                     | \$270.40 \$148.50 |
| D2332 | resin - three surfaces, anterior (filling)                                   | \$331.50 \$182.50 |
| D2335 | resin - four or more surfaces or involving incisal angle, anterior (filling) | \$410.80 \$226.00 |
| D2391 | resin based composite - one surface, posterior (filling)                     | \$244.40 \$134.50 |
| D2392 | resin based composite - two surfaces, posterior (filling)                    | \$306.80 \$168.50 |

|       |   |                     |
|-------|---|---------------------|
| D2393 | resin based composite - three surfaces, posterior (filling)       | \$380.90 \$209.50   |
| D2394 | resin based composite - four or more surface, posterior (filling) | \$455.00 \$250.50   |
| D2610 | inlay - porcelain/ceramic - one surface                           | \$1,238.90 \$681.50 |
| D2620 | inlay - porcelain/ceramic - two surfaces                          | \$1,267.50 \$697.00 |
| D2630 | inlay - porcelain/ceramic - three or more surfaces                | \$1,305.20 \$718.00 |
| D2642 | onlay - porcelain/ceramic - two surfaces                          | \$1,352.00 \$743.50 |
| D2643 | onlay - porcelain/ceramic - three surfaces                        | \$1,409.20 \$775.00 |
| D2644 | onlay - porcelain/ceramic - four or more surfaces                 | \$1,462.50 \$804.50 |
| D2650 | inlay - resin based composite - one surface                       | \$1,133.60 \$623.50 |
| D2651 | inlay - resin based composite - two surfaces                      | \$1,155.70 \$635.50 |
| D2652 | inlay - resin based composite - three or more surfaces            | \$1,222.00 \$672.00 |
| D2662 | onlay - resin based composite - two surfaces                      | \$1,235.00 \$679.50 |
| D2663 | onlay - resin based composite - three surfaces                    | \$1,281.80 \$705.00 |
| D2664 | onlay - resin based composite - four or more surfaces             | \$1,331.20 \$732.00 |
| D2740 | crown - porcelain/ceramic substrate                               | \$1,518.40 \$835.00 |
| D2750 | crown - porcelain fused to high noble metal                       | \$1,521.00 \$836.50 |
| D2751 | crown - porcelain fused to predominantly base metal               | \$1,406.60 \$773.50 |
| D2752 | crown - porcelain fused to noble metal                            | \$1,440.40 \$792.00 |
| D2920 | re-cement or re-bond crown  | \$148.20 \$81.50    |
| D2950 | core buildup, including any pins                                  | \$357.50 \$196.50   |
| D2951 | pin retention - per tooth, in addition to restoration             | \$97.50 \$53.50     |
| D2952 | post and core in addition to crown - indirectly fabricated        | \$551.20 \$303.00   |
| D2954 | prefabricated post and core - in addition to crown                | \$455.00 \$250.50   |
| D2960 | labial veneer (resin laminated) - chairside                       | \$867.10 \$477.00   |
| D2962 | labial veneer (porcelain laminate) - laboratory                   | \$1,548.30 \$851.50 |

### Endodontics

| Code  | Regular Fee   | Member Fee          |
|-------|---|---------------------|
| D3110 | pulp cap - direct (excluding final restoration)                           | \$110.50 \$61.00    |
| D3220 | therapeutic pulpotomy (excluding final restoration)                       | \$262.60 \$144.50   |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration)          | \$1,006.20 \$553.50 |
| D3320 | endodontic therapy, bicuspid tooth (excluding final restoration)          | \$1,133.60 \$623.50 |
| D3330 | endodontic therapy, molar (excluding final restoration)                   | \$1,365.00 \$751.00 |
| D3346 | retreatment of previous root canal therapy - anterior                     | \$1,146.60 \$630.50 |
| D3347 | retreatment of previous root canal therapy - bicuspid                     | \$1,287.00 \$708.00 |
| D3348 | retreatment of previous root canal therapy - molar                        | \$1,534.00 \$843.50 |
| D3410 | apicoectomy - anterior  | \$936.00 \$515.00   |
| D3421 | apicoectomy - bicuspid (first root)                                       | \$1,024.40 \$563.50 |
| D3425 | apicoectomy - molar (first root)  | \$1,167.40 \$642.00 |
| D3426 | apicoectomy (each additional root)  | \$520.00 \$286.00   |
| D3430 | retrograde Filling - per root   | \$364.00 \$200.00   |
| D3920 | hemisection (including any root removal) not including root canal therapy | \$614.90 \$338.00   |

### Periodontics

| Code  | Regular Fee   | Member Fee        |
|-------|---|-------------------|
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant  | \$341.90 \$188.00 |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant  | \$248.30 \$136.50 |
| D4355 | full mouth debridement to enable comprehensive evaluation and diagnosis | \$241.80 \$133.00 |
| D4910 | periodontal maintenance   | \$182.00 \$100.00 |

## Prosthodontics - Removable

| Code  |   | Regular Fee | Member Fee |
|-------|---|-------------|------------|
| D5110 | complete denture - maxillary  | \$1,950.00  | \$1,072.50 |
| D5120 | complete denture - mandibular   | \$1,950.00  | \$1,072.50 |
| D5130 | immediate denture -maxillary  | \$2,080.00  | \$1,144.00 |
| D5140 | immediate denture - mandibular  | \$2,080.00  | \$1,144.00 |
| D5211 | maxillary partial denture - resin base (including any conventional clasps, rests and teeth)                                     | \$1,820.00  | \$1,001.00 |
| D5212 | mandibular partial denture - resin base (including any conventional clasps, rests and teeth)                                    | \$1,794.00  | \$986.50   |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | \$2,340.00  | \$1,287.00 |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$2,381.60  | \$1,310.00 |
| D5410 | adjust complete denture - maxillary   | \$118.30    | \$65.00    |
| D5411 | adjust complete denture - mandibular  | \$118.30    | \$65.00    |
| D5510 | repair broken complete denture base   | \$283.40    | \$156.00   |
| D5520 | replace missing or broken teeth - complete denture (each tooth)   | \$252.20    | \$138.50   |
| D5610 | repair resin denture base   | \$273.00    | \$150.00   |
| D5620 | repair cast framework   | \$382.20    | \$210.00   |
| D5630 | repair or replace broken clasp - per tooth  | \$354.90    | \$195.00   |
| D5640 | replace broken teeth - per tooth  | \$254.80    | \$140.00   |
| D5650 | add tooth to existing partial denture   | \$299.00    | \$164.50   |
| D5660 | add clasp to existing partial denture - per tooth   | \$351.00    | \$193.00   |
| D5730 | reline complete maxillary denture (chairside)   | \$496.60    | \$273.00   |
| D5731 | reline complete mandibular denture (chairside)  | \$492.70    | \$271.00   |
| D5740 | reline maxillary partial denture (chairside)  | \$478.40    | \$263.00   |
| D5741 | reline mandibular partial denture (chairside)   | \$484.90    | \$266.50   |
| D5750 | reline complete maxillary denture (laboratory)  | \$618.80    | \$340.50   |
| D5751 | reline complete mandibular denture (laboratory)   | \$630.50    | \$347.00   |
| D5760 | reline maxillary partial denture (laboratory)   | \$624.00    | \$343.00   |
| D5761 | reline mandibular partial denture (laboratory)  | \$624.00    | \$343.00   |

## Implant Services

| Code           |                  | Regular Fee | Member Fee |
|----------------|------------------|-------------|------------|
| D6000 to D6199 | implant services |             | 25% off    |

## Prosthodontics - fixed

| Code  |  | Regular Fee | Member Fee |
|-------|--|-------------|------------|
| D6240 | pontic - porcelain fused to high noble metal                 | \$1,501.50  | \$826.00   |
| D6241 | pontic - porcelain fused to predominantly base metal         | \$1,375.40  | \$756.50   |
| D6242 | pontic - porcelain fused to noble metal                      | \$1,431.30  | \$787.00   |
| D6245 | pontic - porcelain/ceramic                                   | \$1,497.60  | \$823.50   |
| D6740 | retainer crown - porcelain/ceramic                           | \$1,505.40  | \$828.00   |
| D6750 | retainer crown - porcelain fused to high noble metal         | \$1,521.00  | \$836.50   |
| D6751 | retainer crown - porcelain fused to predominantly base metal | \$1,384.50  | \$761.50   |
| D6752 | retainer crown - porcelain fused to noble metal              | \$1,432.60  | \$788.00   |
| D6930 | re-cement or re-bond fixed partial denture                   | \$227.50    | \$125.00   |

## Oral and Maxillofacial Surgery

| Code  |   | Regular Fee | Member Fee |
|-------|---|-------------|------------|
| D7111 | extraction, coronal remnants - deciduous tooth  | \$179.40    | \$98.50    |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | \$235.30    | \$129.50   |
| D7210 | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$370.50    | \$204.00   |
| D7220 | removal of impacted tooth - soft tissue   | \$421.20    | \$231.50   |
| D7230 | removal of impacted tooth - partially bony  | \$526.50    | \$289.50   |
| D7240 | removal of impacted tooth - completely bony   | \$637.00    | \$350.50   |
| D7250 | surgical removal of residual tooth roots (cutting procedure)  | \$403.00    | \$221.50   |
| D7510 | incision and drainage of abscess - intraoral soft tissue  | \$322.40    | \$177.50   |

## Orthodontic Treatment

| Code  |  | Regular Fee | Member Fee |
|-------|--|-------------|------------|
| D8070 | comprehensive orthodontic treatment of the transitional dentition                        | \$6,780.80  | 25% off    |
| D8080 | comprehensive orthodontic treatment of the adolescent dentition                          | \$6,783.40  | 25% off    |
| D8090 | comprehensive orthodontic treatment of the adult dentition                               | \$6,952.40  | 25% off    |
| D8660 | pre-orthodontic treatment examination to monitor growth and development                  | \$462.80    | \$254.50   |
| D8680 | orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$617.50    | \$339.50   |

## Unclassified Treatment

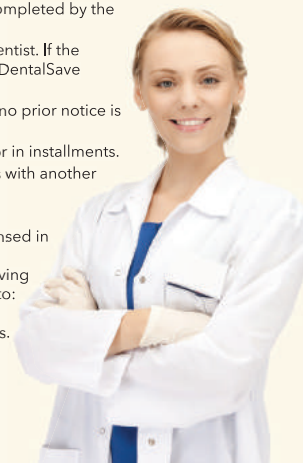
| Code  |  | Regular Fee | Member Fee |
|-------|--|-------------|------------|
| D9110 | palliative (emergency) treatment of dental pain minor procedures | \$169.00    | \$93.00    |

## Anesthesia

| Code  |   | Regular Fee | Member Fee |
|-------|---|-------------|------------|
| D9230 | inhalation of nitrous oxide/analgesia, anxiolysis | \$102.70    | \$56.50    |

## Disclaimer

- DentalSave is **NOT AN INSURANCE**. We do not pay claims. All charges for dental services are to be paid by the member directly to the dentist.
- **Regular 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.
- Member Fee applies only to fees charged by plan General Dentists **NOT SPECIALISTS**.
- Participating Specialist will provide their services to plan members at a 25% discount off their regular fees.
- Non-listed procedures, performed by General Dentists, are provided to all members at 25% off the dentists' usual and customary fees.
- If the participating Dentist's regular fee for any procedure is less than the fee listed on this schedule, the dentist will give 25% off his regular usual fee.
- Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
- It is the Member's responsibility to verify that the dentist is a participating DentalSave provider before seeking any treatment.
- Member is responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member at the dentist's regular fees.
- Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.
- DentalSave cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating DentalSave provider. Not all types of dentists may be available in your area.
- Some providers may charge for missed or broken appointments if no prior notice is given.
- 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 coordinate benefits with another dental plan or insurance.
- DentalSave may periodically adjust this fee schedule.
- While all participating DentalSave providers are professionally licensed in the state in which they practice, DentalSave does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating DentalSave provider should be directed in writing to: DentalSave Attn: Provider Relations, 845 3rd Ave 20th FL New York, NY 10022. Please call 800-585-1025 if you have any further questions.





## DentalSave Network Specialists Fee Schedule

June 2016

This schedule applies to services provided by participating Specialists (Board Certified or Advanced Degree). Participating General Dentists do not charge according to this fee schedule. For participating General Dentists fees please refer to your DentalSave network General Dentists Schedule.

Please visit [dentalsave.com](http://dentalsave.com) to locate the nearest participating specialist

### Specialists Fee Schedule

#### Oral Surgeon

Participating Oral Surgeons will provide a 25% discount off their usual rates for all plan members

#### Endodontist

Participating Endodontists will provide a 25% discount off their usual rates for all plan members

#### Prosthodontist

Participating Prosthodontists will provide a 25% discount off their usual rates for all plan members

#### Implantology

Participating Dentists will provide a 25% discount off their usual rates for all plan members

#### Orthodontist

Participating Orthodontists will provide a 25% discount off their usual rates for all plan members

#### Periodontist

Participating Periodontists will provide a 25% discount off their usual rates for all plan members

#### Pedodontist

Participating Pedodontists will provide a 25% discount off their usual rates for all plan members

#### TMJ Specialist (Temporomandibular Joint Syndrome)

Providers who treat TMJ will provide a 25% discount off their usual rates for all plan members

#### Disclaimer

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- Procedures performed by DentalSave Network participating specialists will be discounted at 25% off the Dentist's normal fee.
- Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.
- DentalSave cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating DentalSave provider. Not all types of dentists may be available in your area.
- Some providers may charge for missed or broken appointments if no prior notice is given.
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