



896 Beacon Street, Boston, MA 02215
 P: (617) 859-1777 F: (617) 859-1441
www.universaldentalplan.com

General Dentistry Fee Schedule

Effective January 2011

Note: This fee schedule applies to procedures performed by a General Dentist only.
 Rates are subject to periodic change without prior notification.

ADA Code	Diagnostic & Preventive Procedures	Member Fee	Usual Fee	You Save
D0110	Initial oral examination	No Charge	\$ 30.00	\$ 30.00
D0120	Periodic oral examination	No Charge	\$ 40.00	\$ 40.00
D1330	Oral hygiene instruction	No Charge	\$ 20.00	\$ 20.00
D0130	Emergency oral examination	\$ 35.00	\$ 90.00	\$ 55.00
D0210	Full mouth x-ray	\$ 82.00	\$ 128.00	\$ 46.00
D0220/30	Intraoral x-ray film, each	\$ 16.00	\$ 28.00	\$ 12.00
D0272	Bitewing x-ray films, two	\$ 24.00	\$ 50.00	\$ 26.00
D0274	Bitewing x-ray films, four	\$ 36.00	\$ 75.00	\$ 39.00
D0270	Bitewing x-ray films, each additional	\$ 16.00	\$ 27.00	\$ 11.00
D0330	Panoramic film	\$ 72.00	\$ 115.00	\$ 43.00
D0460	Pulp vitality test	\$ 32.00	\$ 90.00	\$ 58.00
D1110	Adult Cleaning	\$ 64.00	\$ 95.00	\$ 31.00
D1120	Child Cleaning	\$ 52.00	\$ 80.00	\$ 28.00
D1203/4	Topical fluoride application	\$ 25.00	\$ 55.00	\$ 30.00
D1351	Sealant per tooth	\$ 35.00	\$ 55.00	\$ 20.00
D1510	Space maintainer – fixed unilateral type	\$ 272.00	\$ 400.00	\$ 128.00
D1515	Space maintainer – fixed bilateral type	\$ 378.00	\$ 495.00	\$ 117.00

ADA Code	Restorative Procedures	Member Fee	Usual Fee	You Save
Silver fillings (Amalgams)				
Primary:				
D2140	One surface	\$ 98.00	\$ 125.00	\$ 27.00
D2150	Two surfaces	\$ 108.00	\$ 155.00	\$ 47.00
D2160	Three surfaces	\$ 118.00	\$ 171.00	\$ 53.00
D2161	Four or more surfaces	\$ 128.00	\$ 200.00	\$ 72.00
Permanent:				
D2140	One surface	\$ 98.00	\$ 144.00	\$ 46.00
D2150	Two surfaces	\$ 122.00	\$ 162.00	\$ 40.00
D2160	Three surfaces	\$ 138.00	\$ 190.00	\$ 52.00
D2161	Four or more surfaces	\$ 168.00	\$ 244.00	\$ 76.00
White fillings (Composite Resins)				
Anterior Composites:				
D2330	One surface	\$ 116.00	\$ 148.00	\$ 32.00
D2331	Two surfaces	\$ 136.00	\$ 182.00	\$ 46.00
D2332	Three surfaces	\$ 158.00	\$ 211.00	\$ 53.00
D2335	Four or more surfaces	\$ 178.00	\$ 257.00	\$ 79.00

Posterior Composites:				
D2391	One surface	\$ 128.00	\$ 166.00	\$ 38.00
D2392	Two surfaces	\$ 148.00	\$ 211.00	\$ 63.00
D2393	Three surfaces	\$ 164.00	\$ 258.00	\$ 94.00
D2394	Four or more surfaces	\$ 192.00	\$ 284.00	\$ 92.00
D2740	Crown porcelain ceramic	\$ 985.00	\$1350.00	\$ 365.00
D2750	Crown porcelain fused to high noble metal	\$ 965.00	\$1350.00	\$ 385.00
D2791	Crown full cast (base metal)	\$ 825.00	\$1250.00	\$ 425.00
D2920	Re-cement crown	\$ 86.00	\$ 114.00	\$ 28.00
D2930	Prefab' d SS crown – primary tooth	\$ 212.00	\$ 297.00	\$ 85.00
D2931	Prefab' d SS crown – permanent tooth	\$ 218.00	\$ 274.00	\$ 56.00
D2932	Prefab' d resin crown	\$ 272.00	\$ 345.00	\$ 73.00
D2950	Crown buildup, including any pins	\$ 215.00	\$ 298.00	\$ 83.00
D2940	Sedative filling	\$ 68.00	\$ 112.00	\$ 44.00
D2951	Pin retention/tooth, in add. to rest	\$ 48.00	\$ 72.00	\$ 24.00
D2952	Cast post/core in addition to crown	\$ 265.00	\$ 395.00	\$ 130.00
D2954	Prefab' d post/core in add. to crown	\$ 225.00	\$ 355.00	\$ 130.00
D2970	Temporary crown (fractured tooth)	\$ 195.00	\$ 375.00	\$ 180.00

ADA Code	Cosmetic Procedures	Member Fee	Usual Fee	You Save
D2962	Porcelain laminate veneer per tooth	\$ 965.00	\$1350.00	\$ 385.00
D9972	External bleaching – per arch	\$ 235.00	\$ 450.00	\$ 215.00

ADA Code	Endodontic Procedures	Member Fee	Usual Fee	You Save
D3110/20	Pulp cap-direct & indirect (excl. final rest.)	\$ 73.00	\$ 110.00	\$ 37.00
D3220	Therapeutic pulpotomy (excl. final rest.)	\$ 118.00	\$ 174.00	\$ 56.00
D3310	Root canal – anterior (excl. final rest.)	\$ 620.00	\$ 950.00	\$ 330.00
D3320	Root canal – bicuspid (excl. final rest.)	\$ 735.00	\$1054.00	\$ 319.00
D3330	Root canal – 3 or 4 canals (excl. final rest.)	\$ 895.00	\$1350.00	\$ 455.00
D3920	Hemisection (incl. root removal; excl. RC)	\$ 276.00	\$ 403.00	\$ 127.00

ADA Code	Periodontic Procedures	Member Fee	Usual Fee	You Save
D4210	Gingivectomy or gingivoplasty – per quad	\$ 415.00	\$ 594.00	\$ 179.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth	\$ 195.00	\$ 262.00	\$ 67.00
D4240	Gingival flap proc., incl. root planing/quad	\$ 625.00	\$ 806.00	\$ 181.00
D4260	Osseous surg., incl. flap entry-close/quad	\$ 925.00	\$1300.00	\$ 375.00
D4270	Pedicle soft tissue graft procedure	\$ 565.00	\$ 715.00	\$ 150.00
D4341	Periodontal scaling and root planing/quad	\$ 185.00	\$ 252.00	\$ 67.00
D4345	Periodontal scaling, w/ gingival inflammation	\$ 145.00	\$ 213.00	\$ 68.00
D4910	Periodontal maint. Proc. (follow active therapy)	\$ 112.00	\$ 142.00	\$ 30.00

ADA Code	Removable Prosthodontic Procedures	Member Fee	Usual Fee	You Save
Complete Dentures				
D5110/20	Complete upper or lower denture incl. 6 mos care	\$ 975.00	\$1375.00	\$ 400.00
D5130/40	Immediate upper or lower denture incl. 6 mos. care (does not incl. req. future rebasing/relining or complete new dentures)	\$1085.00	\$1552.00	\$ 467.00
Partial Dentures				
D5211/2	Upper or lower partial denture –acrylic base, incl. any conventional clasps & rests	\$ 725.00	\$1100.00	\$ 375.00
D5213/4	Upper or lower partial denture –predominantly			

	base case base w/ acrylic saddles incl. any conventional clasps & rests	\$1025.00	\$1525.00	\$ 500.00
Denture Reline/Repair				
D5410/1	Adjust comp. upper or lower dent. (after 6 mos.)	\$ 64.00	\$ 110.00	\$ 46.00
D5421/2	Adjust part. upper or lower dent. (after 6 mos.)	\$ 64.00	\$ 110.00	\$ 46.00
D5510	Repair broken complete denture base	\$ 165.00	\$ 290.00	\$ 125.00
D5520	Repl. Missing/broken teeth-comp. dent./tooth	\$ 165.00	\$ 256.00	\$ 91.00
D5610	Repair partial denture resin saddle or base	\$ 160.00	\$ 257.00	\$ 97.00
D5630	Repair or replace denture broken clasp	\$ 160.00	\$ 257.00	\$ 97.00
D5640	Repair broken teeth-part. denture/tooth	\$ 115.00	\$ 223.00	\$ 108.00
D5650/60	Add tooth or clasp to existing part. denture	\$ 175.00	\$ 272.00	\$ 97.00
D5710-21	Rebase comp. or part. upper or lower (LAB)	\$ 365.00	\$ 527.00	\$ 162.00
D5730-41	Reline comp. or part. upper or lower (chairside)	\$ 235.00	\$ 355.00	\$ 120.00
D5810/1	Temp. complete denture (upper or lower)	\$ 465.00	\$ 642.00	\$ 177.00
D5820/1	Temp. partial-stayplate denture (upper or lower)	\$ 385.00	\$ 563.00	\$ 178.00

ADA Code	Fixed Prosthodontic Procedures	Member Fee	Usual Fee	You Save
D6241	Pontic-porcelain fuse to metal (each wing)	\$ 935.00	\$1242.00	\$ 307.00
D6545	Cast-metal retainer for acid bridge	\$ 425.00	\$ 700.00	\$ 275.00
D6751	Crown- (abutment) porcelain fuse to metal	\$ 965.00	\$1284.00	\$ 319.00
D6791	Crown- (abutment) full cast base metal	\$ 825.00	\$1071.00	\$ 246.00
D6930	Re-cement bridge	\$ 115.00	\$ 185.00	\$ 70.00
D6940	Stress breaker	\$ 245.00	\$ 336.00	\$ 91.00
D6950	Precision attachments (each)	\$ 425.00	\$ 645.00	\$ 220.00
D6970	Cast post/core in add. to bridge retainer	\$ 285.00	\$ 360.00	\$ 75.00
D6971	Cast post as part of bridge retainer	\$ 265.00	\$ 351.00	\$ 86.00
D6972	Prefab' d post/core in add. to bridge retainer	\$ 235.00	\$ 319.00	\$ 84.00

ADA Code	Oral Surgery Procedures	Member Fee	Usual Fee	You Save
D7140	Extraction (simple) – Single tooth	\$ 135.00	\$ 170.00	\$ 35.00
D7111	Extraction - Primary tooth	\$ 85.00	\$ 115.00	\$ 30.00
D7210	Surgical removal of erupted tooth per tooth	\$ 215.00	\$ 270.00	\$ 55.00
D7250	Surgical removal of residual tooth roots	\$ 265.00	\$ 335.00	\$ 70.00
D7510	Incision/drainage of abscess	\$ 205.00	\$ 265.00	\$ 60.00

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

ADA Code	Adjunctive General Services Unclassified	Member Fee	Usual Fee	You Save
D0016	Failed appt. w/o 24 hr notice per 15 mins.	\$ 54.00	\$ 80.00	\$ 26.00
D9110	Palliative (ER) treatment of minor pain	\$ 74.00	\$ 138.00	\$ 64.00
D9940	Occlusal guard	\$ 385.00	\$ 590.00	\$ 205.00

Additional Plan Guidelines

Most office procedures are listed. For procedures not listed, subscribers receive a 20% discount from customary fees.

Consultations by participating specialists are also discounted 20%.

Oral evaluations must be performed with other procedures such as cleaning, filling, etc.

This fee schedule is subject to periodic change.

Universal Dental Plan is NOT dental insurance. It is a discounted dental plan.

Board Certified Specialist Fee Schedule

Effective January 2011

Note: This fee schedule applies to procedures performed by a Board Certified Dental Specialist only.
Rates are subject to periodic change without prior notification.

ADA Code	Oral Surgery Procedures	Member Pays	Usual Fee	You Save
D7140	Extraction (simple) – Single tooth	\$ 165.00	\$ 210.00	\$ 45.00
D7210	Surgical removal of erupted tooth per tooth	\$ 360.00	\$ 450.00	\$ 90.00
D7220	Removal of impacted tooth-soft tissue	\$ 325.00	\$ 415.00	\$ 90.00
D7230	Removal of impacted tooth-partial bony	\$ 420.00	\$ 525.00	\$ 105.00
D7240	Removal of impacted tooth-complete bony	\$ 465.00	\$ 585.00	\$ 120.00
D7241	Removal of impacted tooth-complete bony w/ unusual surgical complications	\$ 525.00	\$ 680.00	\$ 155.00
D7250	Surgical removal of residual tooth roots	\$ 285.00	\$ 405.00	\$ 120.00
D7281	Surg. Exposure of impacted or unerupted tooth to aid eruption	\$ 365.00	\$ 490.00	\$ 125.00
D7310	Alveolectomy/plasty in conj. w/ ext./quad	\$ 315.00	\$ 415.00	\$ 100.00
D7320	Alveolectomy/plasty not in conj. w/ ext./quad	\$ 380.00	\$ 475.00	\$ 95.00
D7960	Frenulectomy (frenectomy or frenotomy)	\$ 465.00	\$ 585.00	\$ 120.00
D7970	Excision of hyperplastic tissue-per arch	\$ 415.00	\$ 535.00	\$ 120.00
D7971	Excision of pericoronal gingiva	\$ 235.00	\$ 310.00	\$ 75.00

ADA Code	Orthodontic Procedures	Member Pays	Usual Fee	You Save
	CLASS I, II, III (Adult and Children)			
08010	Ortho. records, treatment plan, consultation	\$ 245.00	\$ 315.00	\$ 70.00
	Initial orthodontic appliances, cont./inst.	\$ 525.00	\$ 670.00	\$ 145.00
	Active malment phase – up to 24 mos.	\$3565.00	\$4165.00	\$ 600.00
	Retention phase including retainer	\$ 320.00	\$ 385.00	\$ 65.00
	TOTAL COST	\$4650.00	\$5535.00	\$ 885.00

Continuation of orthodontic treatment beyond 24 months & other orthodontic services are available at a 20% discount from usual/customary fees charges by Orthodontists listed on Plan Provider Listing.
Orthodontic treatment includes treatment of mixed and/or perm. dentition under D8400/D8500 codes.

ADA Code	Endodontic Procedures	Member Pays	Usual Fee	You Save
D3310	Root canal – anterior (excl. final rest.)	\$ 785.00	\$ 985.00	\$ 200.00
D3320	Root canal – bicuspid (excl. final rest.)	\$ 890.00	\$1115.00	\$ 225.00
D3330	Root canal – 3 or 4 canals (excl. final rest.)	\$1085.00	\$1360.00	\$ 275.00
D3410	Apicoectomy (per tooth) – first root	\$ 545.00	\$ 685.00	\$ 140.00
D3411	Apicoectomy (per tooth) – each add. root	\$ 325.00	\$ 415.00	\$ 90.00
D3430	Retrograde filling – per root	\$ 315.00	\$ 400.00	\$ 85.00
D3450	Root amputations – per root	\$ 345.00	\$ 435.00	\$ 90.00
D3920	Hemisection (incl. root removal; excl. RC)	\$ 425.00	\$ 535.00	\$ 110.00

ADA Code	Periodontic Procedures	Member Pays	Usual Fee	You Save
D4240	Gingival flap proc., incl. root planing/quad	\$ 790.00	\$ 995.00	\$ 205.00
D4260	Osseous surg., incl. flap entry-close/quad	\$1265.00	\$1585.00	\$ 320.00
D4270	Pedicle soft tissue graft procedure	\$ 865.00	\$1085.00	\$ 220.00

D4341	Periodontal scaling and root planing/quad	\$ 265.00	\$ 345.00	\$ 80.00
D4345	Periodontal scaling, w/ gingival inflammation	\$ 225.00	\$ 295.00	\$ 70.00

ADA Code	Pediatric & TMJ Dentistry	Member Pays	Usual Fee	You Save
20% DISCOUNT FROM CUSTOMARY FEES				

ADA Code	Prosthodontics & Implantology	Member Pays	Usual Fee	You Save
20% DISCOUNT FROM CUSTOMARY FEES				

Any prosthetic services from Board Certified Prosthodontists (crowns, fixed bridges, complete or partial dentures) are available at a 20% discount.

Universal Dental Plan Membership Agreement

Term of membership: This plan renews annually upon receipt of payment.

For credit and debit card or EFT paying members:

At the conclusion of your Membership Term, your Membership in the Plan will be renewed automatically unless you provide written notification to Universal Dental Plan before the new Membership Term that you wish to cancel your Membership in the Program.

In the event that your initial membership order is paid in the form of an electronic payment (credit card or electronic check for the withdrawal of funds from your checking account), the automatic renewal will also be charged to the same credit card or checking account provided with your initial membership order.

Disclosures:

1. **Universal Dental Plan is NOT insurance; it is a discount dental plan** whereby members are entitled to receive discounts on specified services when using a participating Provider as set forth on the UDP Provider List. Members receive certain dental services from Providers at predetermined rates (based on a fixed rate fee schedule) and for a percentage discount off the Provider's normal retail prices for such dental services.
2. **Universal Dental Plan does not provide medical, dental or any other treatment and is not responsible for the outcome of any procedure.** All medical, dental and/or other health care is the responsibility of the treating provider, in consultation with the Member.
3. **The Universal Dental Plan member is obligated to pay for all dental procedures at the time of service** (unless otherwise agreed upon by the provider and member) but will receive a discount from the dental care providers who have contracted with the discount dental plan. In order to receive dental services at the discounted rate, a Member must present his/her Membership ID card to the Provider before dental services are rendered.
4. **Universal Dental Plan makes available before purchase and upon request, a list of program providers** including the name, city, state and specialty of each provider that is located in the Member's service area.
5. **Universal Dental Plan members are responsible for selecting their own participating Providers or change providers at any time.** Members' Provider selections are not based on any representation from UDP.

Cancellation Policy:

If a Member wishes to cancel and/or terminate his/her Membership, the Member may do so at least 30 days prior to the member's expiration date. Universal Dental Plan employs a No Questions Asked termination policy. Written terminations are the ONLY acceptable form of termination permitted. Written terminations can be by fax (617-859-1441), email (cancellations@universaldentalplan.com), or written letter (896 Beacon Street, Boston, MA 02215).

60-day money back guarantee:

A member who cancels their plan membership no later than the 60th day after their enrollment or automatic renewal date is entitled to a full refund of all membership fees paid to the discount dental plan. After 60 days, membership is subject to the cancellation policy detailed above.

Issue Resolution:

A member may file a complaint under the discount dental plan's complaint resolution procedure regarding the availability of provider discounts, services or any other matters pertinent to the contractual obligation of the plan and its members.

Any complaint regarding Plan or Program Membership should be directed to Member Services at the toll-free number on your ID card or in writing to the address shown above. Members shall receive written acknowledgement from Member Services within no more than 24 hours.

THIS PLAN IS NOT INSURANCE