



DENTAL DIRECTORY SERVICES

A REGISTERED TRADEMARK OF UNITED HEALTH PROGRAMS OF AMERICA, INC.

160 EILEEN WAY, SYOSSET NY 11791

TEL: (800) 435-2232 FAX: (516) 213-1143

Fee Schedule A

**Effective for programs with 2018 & 2019 start dates and programs with no expiration date.
Promoting Access to Private Professional Dental Care**

GENERAL PRACTITIONER SERVICES

ANNUAL CHECK-UP (Including exam, & x-rays)

ANNUAL CHECK-UP (ADULT): (one per membership year) Any combination of exam procedure codes 0120, 0140, 0150, and x-ray procedure codes 0210, 0220, 0230 0270, 0272, 0274, 0330 WITH prophylaxis procedure code 1110 (DDS internal code 1130).	\$58
ANNUAL CHECK-UP (CHILD): (one per membership year) Any combination of exam procedure codes 0120, 0150, and x-ray procedure codes 0210, 0270, 0272, 0274, 0330 WITH prophylaxis procedure code 1110 (DDS internal code 1140). Diagnostic procedures when performed outside of the annual check-up are subject to a 25% reduction from usual & customary fees. Children are up to and including 16 years old.	\$40

PREVENTATIVE PROCEDURES

D1110 Prophylaxis-adult (additional in same membership year)	\$39
D1120 Prophylaxis-child (additional in same membership year)	\$28
D1206 Topical application of fluoride (excluding prophylaxis-child)	\$14
D1208 Topical application of fluoride (excluding prophylaxis-adult)	\$12
D1351 Sealant - per tooth	\$18
D1510 Space maintainer-fixed unilateral type	\$118
D1515 Space maintainer-fixed bilateral type	\$172

RESTORATIVE PROCEDURES

D2140 Amalgam-1 surface, permanent or primary	\$50
D2150 Amalgam-2 surface, permanent or primary	\$64
D2160 Amalgam-3 surface, permanent or primary	\$76
D2161 Amalgam-4 surface, permanent or primary	\$91
D2330 Resin-1 surface, anterior	\$61
D2331 Resin-2 surface, anterior	\$76
D2332 Resin-3 surface, anterior	\$95
D2335 Resin-4+ surfaces or involving incisal angle	\$119
D2391 Resin-1 surface, posterior	\$74
D2392 Resin-2 surface, posterior	\$101
D2393 Resin-3 surface, posterior	\$126
D2750 Crown-porcelain fused to high noble metal	\$534
D2751 Crown-porcelain fused to base metal	\$473
D2752 Crown-porcelain fused to noble metal	\$501
D2791 Crown-full cast (base metal)	\$428
D2920 Re-cement crown	\$39
D2930 Prefab'd stainless steel crown-1 tooth	\$111
D2931 Prefab'd stainless steel crown-2 tooth	\$131
D2932 Prefab'd resin crown	\$123
D2940 Protective restoration	\$45
D2950 Core buildup, including any pins	\$111
D2951 Pin retention-per tooth, in add. to restoration	\$27
D2952 Cast post and core, in addition to crown	\$167
D2953 Cast post (each additional cast post as part of tooth)	\$134
D2954 Prefab'd post and core in add. to crown	\$139
D2960 Labial veneer (Resin laminate), chairside	\$323
D2970 Temporary crown (Fractured tooth)	\$111
D2971 Additional procedure to construct new crown under existing partial denture framework	\$111

ENDODONTIC PROCEDURES (ROOT CANAL THERAPY)

D3110 Pulp cap-direct (exc final restoration)	\$28
D3120 Pulp cap-indirect (excl final restoration.)	\$28
D3220 Therapeutic pulpotomy (excl final restoration.)	\$67
D3310 Root canal therapy-anterior (excl final restoration.)	\$284

ENDODONTIC PROCEDURES (ROOT CANAL THERAPY) CONTINUED

D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$342
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$428
D3920 Hemisection (incl root removal; excl root canal therapy)	\$145

PERIODONTIC PROCEDURES

D4210 Gingivectomy or gingivoplasty, 4+ contiguous teeth/ quadrant	\$234
D4211 Gingivectomy or gingivoplasty, 1-3 contiguous teeth/ quadrant	\$90
D4240 Gingival flap procedure-incl root planing per quadrant	\$312
D4260 Osseous surgery-incl flap entry and closure per quadrant	\$428
D4270 Pedicle soft tissue graft procedure	\$323
D4341 Periodontal scaling and root planing, per quadrant	\$101
D4345 Periodontal scaling in the presence of gingival inflammation	\$112
D4355 Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	\$84
D4910 Periodontal maintenance procedures (following active therapy)	\$61

PROSTHODONTICS, REMOVABLE

D5110 Complete upper denture, incl 6 months post-insertion care	\$623
D5120 Complete lower denture, incl 6 months post-insertion care	\$623
D5130 Immediate upper denture, incl 6 months post-insertion care; does not include required future rebasing/relining procedure(s) or a complete new denture	\$695
D5140 Immediate lower denture, incl 6 months post-insertion care; does not include required future rebasing/relining procedure(s) or a complete new denture	\$695
D5211 Upper partial denture-resinbase, including any conventional clasps and rest	\$507
D5212 Lower partial denture-resinbase, including any conventional clasps and rest	\$507
D5213 Upper partial denture -predominantly base cast base with resin base incl any conventional clasps and rests	\$657
D5214 Lower partial denture -predominantly base cast base with resin base incl any conventional clasps and rests	\$657
D5410 Adjust complete denture-upper (after 6 mos)	\$39
D5411 Adjust complete denture-lower (after 6 mos)	\$39
D5421 Adjust partial denture-upper (after 6 mos)	\$39
D5422 Adjust partial denture-lower (after 6 mos)	\$39
D5520 Replace missing or broken teeth, complete denture (each tooth)	\$58
D5630 Repair or replace partial denture broken clasp	\$84
D5640 Replace broken teeth-partial denture-per tooth	\$67
D5650 Add tooth to existing partial denture	\$83
D5660 Add clasp to existing partial denture	\$71
D5710 Rebase complete upper denture (LAB)	\$224
D5711 Rebase complete lower denture (LAB)	\$228
D5720 Rebase partial upper denture (LAB)	\$228
D5721 Rebase partial lower denture (LAB)	\$228
D5730 Reline complete upper denture (chairside)	\$145
D5731 Reline complete lower denture (chairside)	\$145
D5740 Reline upper partial denture (chairside)	\$145
D5741 Reline lower partial denture (chairside)	\$145
D5810 Temporary complete denture (upper)	\$339
D5811 Temporary complete denture (lower)	\$339
D5820 Temporary partial-stayplate denture (upper)	\$301
D5821 Temporary partial-stayplate denture (lower)	\$301

GENERAL PRACTITIONER SERVICES

Continued

PROSTHODONTICS, FIXED BRIDGES OR IMPLANT SERVICES

D6210	Pontic - cast high noble metal	\$501
D6240	Pontic-porcelain Fused To high Noble Metal	\$498
D6241	Pontic-porcelain fused to base metal	\$462
D6545	Cast metal retainer for resin bonded fixed prosthesis	\$228
D6751	Crown (abutment)-porcelain fused to base metal	\$470
D6790	Crown - full cast high noble metal	\$504
D6791	Crown (abutment)-full cast base metal	\$420
D6930	Re-cement fixed partial denture	\$61
D6940	Stress breaker	\$173
D6950	Precision attachment (each)	\$306

ORAL SURGERY

D7111	Extraction, coronal remnants - primary tooth	\$61
D7140	Extraction, erupted tooth or exposed root	\$75
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth-each tooth	\$94
D7220	Removal of impacted tooth, soft tissue	\$123
D7230	Removal of impacted tooth, partially bony	\$158
D7240	Removal of impacted tooth-completely bony	\$212

ORAL SURGERY CONTINUED

D7241	Removal of impacted tooth, completely bony, with unusual surgical complications	\$250
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$106
D7280	Surgical access of an unerupted tooth	\$151
D7310	Alveolectomy or plasty in conjunction with extractions-per quadrant	\$94
D7320	Alveolectomy or plasty not in conjunction with extractions-per quadrant	\$139
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$139
D7970	Excision of hyperplastic tissue-per arch	\$106
D7971	Excision of pericoronal gingiva	\$78

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 25% discount from the usual and customary fee of the participating provider

ADJUNCTIVE SERVICES UNCLASSIFIED TREATMENT

D9110	Palliative (emergency) treatment of dental pain, minor procedure, during regular office hours	\$24
D9440	Office visit after regularly scheduled hours	\$61
D9940	Occlusal guards	\$267

SPECIALIST SERVICES

As performed by Board Eligible or Board Certified dental specialist.

ORAL SURGERY

D7111	Extraction, coronal remnants - primary tooth	\$99
D7140	Extraction, erupted tooth or exposed root	\$103
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth-each tooth	\$134
D7220	Removal of impacted tooth-soft tissue	\$173
D7230	Removal of impacted tooth-partially bony	\$212
D7240	Removal of impacted tooth-completely bony	\$257
D7241	Removal of impacted tooth-completely bony with unusual surgical complications	\$314
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$162
D7280	Surgical access of an unerupted tooth	\$223
D7310	Alveolectomy or plasty in conjunction with extractions-per quadrant	\$134
D7320	Alveolectomy or plasty not in conjunction with extractions-per quadrant	\$180
D7960	Frenulectomy (frenectomy or frenotomy), separate procedures	\$212
D7970	Excision of hyperplastic tissue-per arch	\$253
D7971	Excision of pericoronal gingiva	\$142

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 25% discount from the usual and customary fee of the participating specialist.

PERIODONTIC PROCEDURES

D4210	Gingivectomy or gingivoplasty, 4+ contiguous teeth/quadrant	\$356
D4211	Gingivectomy or gingivoplasty, 1-3 contiguous teeth/quadrant	\$151
D4240	Gingival flap procedure-incl root planing, per quadrant	\$435
D4260	Osseous surgery, incl flap entry and closure, per quadrant	\$613
D4270	Pedicle soft tissue graft procedure	\$360
D4341	Periodontal scaling and root planing, per quadrant	\$152
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	\$112
D4910	Periodontal maintenance procedures following active therapy	\$78

ENDODONTICS (ROOT CANAL THERAPY)

D3310	Root canal therapy-anterior tooth (excl. final restoration)	\$399
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$473
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$618
D3410	Apicoectomy (per tooth)-first root	\$356
D3426	Apicoectomy - (each additional root)	\$145
D3430	Retorgrade filling-per root	\$139
D3450	Root amputation-per root	\$178
D3920	Hemisection (incl. root removal; excl. root canal therapy)	\$200

ORTHODONTICS - COMPREHENSIVE CASE, CLASS 1, 11, 111

(up to and including age 16) D8070, D8080

Orthodontic records, treatment plan and consultation	\$112
Initial ortho. appliance, construction and installation	\$428
Active treatment phase - up to 24 months	\$2587
Retention phase per retainer	\$210

Continuation of orthodontic treatment beyond 24 months and other orthodontic services available at a 25% discount from usual and customary fees charged by orthodontists listed in the DDS Dental Directory. Orthodontic treatment includes the treatment of mixed and/or permanent dentitions under the 08400 and 08500 series procedure code. Orthodontic treatment for patients over the age of 16 is a 25% reduction from the dentist's usual and customary fee. Invisalign braces are 25% off the usual and customary fee.

The dental services appearing in this schedule are available from general practitioners and specialists listed in the DDS Dental Directory. Any services that are not listed are available at a 25% discount from usual and customary fees charged by participating general practitioners and specialists, including pedodontics, prosthodontics and implantology.

Aside from the Annual Check-up, additional exams, x-rays and consultations are available at a 25% discount at general practitioners. All exams, x-rays and consultations at all specialists are 25% off the dentist's usual and customary fee.

Britesmile is not a covered procedure.

All participating providers may charge an OSHA sterilization fee per visit and a lab fee for crown, bridge and denture work. The administration of nitrous oxide intravenous sedation or general anesthesia is available at a 25% discount from usual and customary fees charged by participating general practitioners and specialists.