

# GENERAL DENTIST FEES

as performed by General Practitioners

CODE		UHP A	Typical Cost*	You SAVE
<b>DIAGNOSTIC PROCEDURES</b>				
D0120	Periodic oral examination	0**	45	45
D0140	Emergency oral examination	0**	60	60
D0150	Comprehensive oral examination	0**	70	70
D0210	Intraoral complete series x-ray films (including bitewings)	0**	110	110
D0220	Intraoral x-ray film, single, first	0**	25	25
D0230	Intraoral x-ray film, each additional	0**	19	19
D0270	Bitewing x-ray film, single, first	0**	NA	NA
D0272	Bitewing x-ray films, two	0**	39	39
D0330	Panoramic film	0**	95	95

\*\*In conjunction with paid annual check-up prophylaxis (cleaning), \$55.00 for adults and \$38.00 for children.

## PREVENTIVE PROCEDURES

D1110	Prophylaxis - adult (additional in same membership year)	35	82	47
D1120	Prophylaxis - child (additional in same membership year)	25	64	39
DD1130	Annual Check-up prophylaxis - Adult	55	262***	207
DD1140	Annual Check-up prophylaxis - Child	38	244***	206
D1203	Topical application of fluoride (excl. prophylaxis - child)	12	35	23
D1204	Topical application of fluoride (excl. prophylaxis - adult)	10	35	25
D1351	Sealant - per tooth	16	47	31
D1510	Space maintainer - fixed bilateral type	106	275	169
D1515	Space maintainer - fixed unilateral type	154	389	235

## RESTORATIVE PROCEDURES

D2140	Amalgam - 1 surface, permanent or primary	45	109	64
D2150	Amalgam - 2 surfaces, permanent or primary	57	139	82
D2160	Amalgam - 3 surfaces, permanent or primary	69	167	98
D2161	Amalgam - 4 surfaces, permanent or primary	82	200	118
D2330	Resin - 1 surface, anterior	55	138	83
D2331	Resin - 2 surfaces, anterior	69	170	101
D2332	Resin - 3 surfaces, anterior	86	204	118
D2335	Resin - 4+ surfaces or involving incisal angle	107	253	146
D2391	Resin - 1 surface, posterior	67	150	83
D2392	Resin - 2 surfaces, posterior	90	198	108
D2394	Resin - 3 surfaces, posterior	113	285	172
D2750	Crown - porcelain fused to high noble metal	480	916	436
D2751	Crown - porcelain fused to base metal	425	850	425
D2752	Crown - porcelain fused to noble metal	450	895	445
D2791	Crown - full cast (base metal)	385	NA	NA
D2920	Recement crown	35	90	55
D2930	Prefab' d stainless steel crown - 1° tooth	100	241	141
D2931	Prefab' d stainless steel crown - 2° tooth	118	279	161
D2932	Prefab' d resin crown	110	NA	NA
D2940	Sedative filling	40	95	55
D2950	Crown buildup, including any pins	100	239	139
D2951	Pin retention - per tooth, in addition to restoration	24	NA	NA
D2952	Cast post and core in addition to crown	150	350	200
D2953	Cast post as part of crown	120	NA	NA
D2954	Prefab' d post and core in addition to crown	125	NA	NA
D2960	Labial veneer (porcelain laminate), chairside	290	600	310
D2970	Temporary crown (fractured tooth)	100	NA	NA

CODE		UHP A	Typical Cost*	You SAVE
<b>ENDODONTIC PROCEDURES (Root Canal Therapy)</b>				
D3110	Pulp cap - direct (excl final restoration)	25	75	50
D3120	Pulp cap - indirect (excl final restoration)	25	80	55
D3220	Therapeutic pulpotomy (excl final restoration)	60	175	115
D3310	Root Canal therapy - anterior (excl final restoration)	255	600	345
D3320	Root Canal therapy - bicuspid (excl final restoration)	308	700	392
D3330	Root Canal therapy - molar (excl final restoration)	385	850	465
D3340	Root Canal therapy - 4+ canals (excl final restoration)	420	NA	NA
D3920	Hemisection (incl root removal; excl root canal therapy)	130	NA	NA

## PERIODONTIC PROCEDURES

D4210	Gingivectomy or gingivoplasty - 4+ contiguous teeth/quad	210	525	315
D4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth/quad	81	250	169
D4240	Gingival flap procedure - incl root planing, per quadrant	280	N/A	N/A
D4260	Osseous surgery - incl flap entry and closure, per quadrant	385	888	503
D4270	Pedicle soft tissue graft procedure	290	N/A	N/A
D4341	Periodontal scaling and root planing, per quadrant	90	209	119
D4345	Periodontal scaling in the presence of gingival inflammation	75	N/A	NA
D4910	Periodontal maintenance procedures (following active therapy)	55	125	70

## PROSTHODONTICS, REMOVABLE

D5110	Complete upper denture, incl 6 months post-insertion care	560	1400	840
D5120	Complete lower denture, incl 6 months post-insertion care	560	1400	840
D5130	Immediate upper denture, incl 6 months post-insertion care; does not include required future rebasing/relining procedure(s) or a complete new denture	625	1500	875
D5140	Immediate lower denture, incl 6 months post-insertion care; does not include required future rebasing/relining procedure(s) or a complete new denture	625	1500	875
D5211	Upper partial denture - resin base, including any conventional clasps and rests	455	1190	735
D5212	Lower partial denture - resin base, including any conventional clasps and rests	455	1200	745
D5213	Upper partial denture - predominantly base cast base with resin base incl any conventional clasps and rests	590	1500	910
D5214	Lower partial denture - predominantly base cast base with resin base incl any conventional clasps and rests	590	1500	910
D5410	Adjust complete denture - upper (after 6 mos)	35	N/A	N/A
D5411	Adjust complete denture - lower (after 6 mos)	35	N/A	N/A
D5421	Adjust partial denture - upper (after 6 mos)	35	N/A	N/A
D5422	Adjust partial denture - lower (after 6 mos)	35	N/A	N/A
D5510	Repair broken complete denture base	63	192	129
D5520	Replace missing/broken teeth, complete denture - each tooth	52	150	98
D5610	Repair partial denture resin saddle or base	70	178	108
D5630	Repair or replace partial denture broken clasp	75	N/A	N/A
D5640	Replace broken teeth - partial denture - per tooth	60	153	93
D5650	Add tooth to existing partial denture	74	187	113
D5660	Add clasp to existing partial denture	64	226	162
D5710	Rebase complete upper denture (LAB)	201	475	274
D5711	Rebase complete lower denture (LAB)	205	N/A	N/A
D5720	Rebase partial upper denture (LAB)	205	N/A	N/A
D5721	Rebase partial lower denture (LAB)	205	N/A	N/A
D5730	Reline complete upper denture (chairside)	130	309	179
D5731	Reline complete lower denture (chairside)	130	309	179
D5740	Reline upper partial denture (chairside)	130	N/A	N/A

CODE		UHP A	Typical Cost*	You SAVE
<b>PROSTHODONTICS, REMOVABLE, continued</b>				
D5741	Reline lower partial denture (chairside)	130	N/A	NA
D5810	Temporary complete denture (upper)	305	N/A	NA
D5811	Temporary complete denture (lower)	305	N/A	NA
D5820	Temporary partial - stayplate denture (upper)	270	N/A	NA
D5821	Temporary partial - stayplate denture (lower)	270	N/A	NA

## PROSTHODONTICS, FIXED BRIDGES

D6210	Pontic - cast high noble metal	450	900	450
D6240	Pontic - porcelain fused to high noble metal	448	919	471
D6241	Pontic - porcelain fused to base metal	415	873	458
D6545	Cast metal retainer for resin bonded fixed prosthesis	205	750	545
D6751	Crown (abutment) - porcelain fused to base metal	422	870	448
D6790	Crown - full cast high noble metal	452	900	448
D6791	Crown (abutment) - full cast base metal	377	NA	NA
D6930	Recement bridge	55	140	85
D6940	Stress breaker	155	NA	NA
D6950	Precision attachment (each)	275	NA	NA
D6970	Cast post and core in addition to bridge retainer	152	NA	NA
D6971	Cast post as part of bridge retainer	120	NA	NA
D6972	Prefab' d post & core in addition to bridge retainer	125	NA	NA

## ORAL SURGERY

D7111	Extraction, coronal remnants deciduous tooth	55	112	57
D7140	Extraction erupted tooth or exposed root (elevation and/or forceps removal)	68	141	73
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth - each tooth	85	232	147
D7220	Removal of impacted tooth - soft tissue	110	275	165
D7230	Removal of impacted tooth - partially bony	142	346	204
D7240	Removal of impacted tooth - completely bony	190	413	223
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	225	500	275
D7250	Surgical removal of residual tooth roots (cutting procedure)	95	258	163
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	135	325	190
D7310	Alveolectomy or plasty in conjunction with extractions - per quadrant	85	255	170
D7320	Alveolectomy or plasty not in conjunction with extractions - per quadrant	125	390	265
D7960	Frenulectomy (frenectomy of frenotomy), separate procedure	125	362	237
D7970	Excision of hyperplastic tissue - per arch	95	429	334
D7971	Excision of pericoronal gingiva	70	NA	NA

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.

## ADJUNCTIVE GENERAL SERVICES - UNCLASSIFIED TREATMENT

D9110	Palliative (emergency) treatment of dental pain, minor procedure, during regular office hours	22	113	91
D9440	Office visit after regular scheduled hours	55	131	76
D9940	Occlusal Guard	240	508	268

# SPECIALIST SERVICES

as performed by Board Eligible or  
Board Certified dental specialists

CODE		UHP A	Typical Cost*	You SAVE
<b>ORAL SURGERY</b>				
D7111	Extraction, coronal remnants deciduous tooth	89	150	61
D7140	Extraction erupted tooth or exposed root (elevation and/or forceps removal)	92	175	83
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and/or section of tooth - each tooth	120	273	153
D7220	Removal of impacted tooth - soft tissue	155	310	155
D7230	Removal of impacted tooth - partially bony	190	375	185
D7240	Removal of impacted tooth - completely bony	230	425	195
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	282	525	243
D7250	Surgical removal of residual tooth roots (cutting procedure)	146	285	139
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	200	525	325
D7310	Alveolectomy or plasty in conjunction with extractions - per quadrant	120	295	175
D7320	Alveolectomy or plasty not in conjunction with extractions - per quadrant	162	500	338
D7960	Frenulectomy (frenectomy or frenotomy), separate procedures	190	450	260
D7970	Excision of hyperplastic tissue - per arch	228	625	397
D7971	Excision of pericoronal gingiva	128	NA	NA
<i>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.</i>				
<b>PERIODONTICS</b>				
D4210	Gingivectomy or gingivoplasty - per quadrant	320	750	430
D4211	Gingivectomy or gingivoplasty - per tooth	135	703	568
D4240	Gingival flap procedure - incl root planing - per quadrant	390	NA	NA
D4260	Osseous surgery, incl flap entry and closure - per quadrant	550	1500	950
D4270	Pedicle soft tissue graft procedure	324	NA	NA
D4341	Periodontal scaling and root planing, per quadrant	136	278	142
D4345	Scaling in the presence of gingival inflammation	101	NA	NA
D4910	Periodontal maintenance proced. fol. active therapy	70	133	63
<b>ENDODONTICS (Root Canal Therapy)</b>				
D3310	Root canal therapy - anterior tooth (excl. final restoration)	358	875	517
D3320	Root canal therapy - bicuspid (excl. final restoration)	425	975	550
D3330	Root canal therapy - molar (excl. final restoration)	555	1100	545
D3410	Apicoectomy (per tooth) - first root	320	1025	705
D3411	Apicoectomy (per tooth) - each additional root	130	NA	NA
D3430	Retrograde filling - per root	125	NA	NA
D3450	Root amputation - per root	160	NA	NA
D3920	Hemisection (incl root removal; excl root canal therapy)	180	NA	NA

CODE	UHP A	Typical Cost*	You SAVE
<b>ORTHODONTICS - COMPREHENSIVE CASE Class I, II, III (up to and including age 16)</b>			
D8070, D8080			
Orthodontic records, treatment plan and consultation	101	N/A	N/A
Initial ortho. appliance, construction and installation	385	N/A	N/A
Active treatment phase - up to 24 months	2,325	N/A	N/A
Retention phase including retainer	189	N/A	N/A
Total for those up to and including age 16	3,000	5,200	2,200
<i>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 UHP Dental Directory. Orthodontic treatment includes the treatment of primary, transitional, and/or adolescent dentitions under the D8000-D8999 series procedure codes. 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 of the participating provider.</i>			
<b>Dental Directory Services (DDS), Terms and Conditions</b>			
1. 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.			
2. 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% of the dentist's usual and customary fee. Invisalign braces are 25% of the dentist usual and customary fees.			
3. All participating providers may charge an OSHA sterilization fee per visit and a lab fee for crown and bridge work.			
4. Provider listings and/or fee schedules can be updated or changed without notice.			
5. Britesmile is not a covered procedure.			
6. It is the Member's responsibility to verify that the dentist is a participating Provider for DDS before seeking any treatment. Any dental procedures performed by a non-participating dentist are not covered.			
7. The dollar amount specified for each procedure may not be the only cost incurred for a given treatment. Many treatments may require more than one dental procedure. Please consult with your DDS provider for a detailed treatment plan before beginning any dental work.			
8. DDS can not guarantee the continued participation of any dentist. If the dentist that you use leaves the plan, you will need to select another participating provider. Not all dental specialists are available in all areas.			
9. While participating DDS providers are professionally licensed in the state in which they practice, DDS does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating provider should be directed to the DDS Provider Relations Department.			
*Typical cost provided by ADA Dental Survey 2003, 90th percentile. ***Typical cost for annual check-up prophylaxis includes comprehensive oral exam and intraoral complete series x-ray films.			



UNITED HEALTH PROGRAMS OF AMERICA, INC.  
1 Dupont Street, Suite 215, Plainview, NY 11803  
800-238-3884

## Fee Schedule A

Effective for programs beginning  
January 1, 2005 through December 31, 2006.\*



\*Effective for programs expiring beyond 2006 only if a new schedule is not applicable beginning January 1, 2007.

### SAMPLE SAVINGS

Procedure	Typical Cost*	With UHP	Savings
Complete Series X-ray Films	\$95	\$0**	<b>\$95</b>
Oral Exam	\$70	\$0**	<b>\$70</b>
Filling, 1 surface permanent	\$109	\$45	<b>\$64</b>
Root Canal, Anterior Tooth	\$600	\$255	<b>\$345</b>
Full Denture, upper or lower	\$1,400	\$560	<b>\$840</b>
Orthodontics	\$5,200	\$3,000	<b>\$2,200</b>

Note: Typical Cost may vary from one doctor to another.

\*Provided by ADA Dental Survey 2003.

\*\* In conjunction with paid annual check-up prophylaxis (cleaning).  
Prices as of 1/05 and are subject to change without notice.

...because maintaining your  
family's health should be  
simple and affordable.