



DENTAL DIRECTORY SERVICES

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

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West Palm Beach, FL 33401

FEE SCHEDULE A

Effective for programs with 2021 start dates and programs with no expiration date.

GENERAL DENTIST FEES *As performed by General Practitioners*

ANNUAL CHECK-UP (Including exam, & x-rays)	YOUR COST
ANNUAL CHECK-UP (ADULT): (one per membership year) Any combination of exam procedure codes 0120, 0140, 0150, and x-ray procedure codes 0210, 0220, 02300270, 0272, 0274, 0330 WITH prophylaxis procedure code 1110 (DDS internal code 1130).	\$65
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 1120 (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.	\$45

ADA CODE	DIAGNOSTIC PROCEDURES	USUAL FEE*	YOUR COST	YOU SAVE
D0120	Periodic oral examination	\$61	\$0**	\$61
D0140	Limited Oral Evaluation	\$84	\$0**	\$84
D0150	Comprehensive oral examination	\$97	\$0**	\$97
D0210	Intraoral - complete series of radiographic images	\$154	\$0**	\$154
D0220	Intraoral - periapical first radiographic images	\$34	\$0**	\$34
D0230	Intraoral - periapical each additional radiographic image	\$28	\$0**	\$28
D0272	Bitewings - two radiographic images	\$53	\$0**	\$53
D0273	Bitewings - three radiographic images	\$64	\$0**	\$64
D0274	Bitewings - four radiographic images	\$76	\$0**	\$76
D0330	Panoramic radiographic image	\$132	\$0**	\$132

In conjunction with paid annual check-up prophylaxis (cleaning), **\$65.00 for adults and **\$45.00** for children. Children are up to and including 16 years of age.

ADA CODE	PREVENTATIVE PROCEDURES	USUAL FEE*	YOUR COST	YOU SAVE
D1110	Prophylaxis - adult	\$108	\$39	\$69
D1120	Prophylaxis - child	\$80	\$28	\$52
D1206	Topical application of fluoride varnish	\$48	\$19	\$29
D1208	Topical application of fluoride - excluding varnish	\$45	\$18	\$27
D1351	Sealant - per tooth	\$63	\$22	\$41
D1510	Space maintainer - fixed - unilateral	\$366	\$118	\$248
D1515	Space maintainer - fixed - bilateral	\$495	\$198	\$297

ADA CODE	RESTORATIVE PROCEDURES	USUAL FEE*	YOUR COST	YOU SAVE
D2140	Amalgam - one surface, primary or permanent	\$165	\$50	\$115
D2150	Amalgam - two surfaces, primary or permanent	\$203	\$64	\$139
D2160	Amalgam - three surfaces, primary or permanent	\$244	\$76	\$168
D2161	Amalgam - four or more surfaces, primary or permanent	\$285	\$91	\$194
D2330	Resin-based composite - one surface, anterior	\$191	\$61	\$130
D2331	Resin-based composite - two surfaces, anterior	\$234	\$76	\$158
D2332	Resin-based composite - three surfaces, anterior	\$283	\$95	\$188
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$348	\$119	\$229
D2390	Resin-based composite crown, anterior	\$500	\$300	\$200
D2391	Resin-based composite - one surface, posterior	\$208	\$74	\$134
D2392	Resin-based composite - two surfaces, posterior	\$266	\$110	\$156
D2393	Resin-based composite - three surfaces, posterior	\$324	\$140	\$184
D2394	Resin-based composite - four or more surfaces, posterior	\$380	\$160	\$220
D2750	Crown - porcelain fused to high noble metal	\$1,309	\$550	\$759
D2751	Crown - porcelain fused to predominantly base metal	\$1,192	\$500	\$692
D2752	Crown - porcelain fused to noble metal	\$1,250	\$525	\$725
D2790	Crown - full cast high noble metal	\$1,350	\$545	\$805
D2920	Re-cement or re-bond crown	\$125	\$50	\$75
D2930	Prefabricated stainless steel crown - primary tooth	\$309	\$105	\$204
D2931	Prefabricated stainless steel crown - permanent tooth	\$360	\$120	\$240
D2940	Protective restoration	\$135	\$54	\$81
D2950	Core buildup, including any pins when required	\$310	\$111	\$199
D2952	Post and core in addition to crown, indirectly fabricated	\$460	\$167	\$293
D2954	Prefabricated post and core in addition to crown	\$386	\$139	\$247

ADA CODE	ENDODONTIC PROCEDURES (ROOT CANAL THERAPY)	USUAL FEE*	YOUR COST	YOU SAVE
D3110	Pulp cap - direct (excluding final restoration)	\$95	\$28	\$67
D3120	Pulp cap - indirect (excluding final restoration)	\$93	\$28	\$65
D3220	Therapeutic pulpotomy (excluding final restoration)- removal of pulp coronal to the dentinocemental junction and application of medicament	\$224	\$67	\$157
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$860	\$295	\$565
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$998	\$375	\$623
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$1,199	\$475	\$724
D3346	Retreatment of previous root canal therapy	\$1,001	\$560	\$441
D3347	Retreatment of previous root canal therapy - premolar	\$1,150	\$585	\$565

ADA CODE	PERIODONTIC PROCEDURES	USUAL FEE*	YOUR COST	YOU SAVE
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$700	\$285	\$415
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$350	\$140	\$210
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$850	\$340	\$510
D4260	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,300	\$520	\$780
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	\$1,007	\$490	\$517
D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	\$290	\$110	\$180
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant	\$207	\$100	\$107
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$202	\$134	\$68
D4910	Periodontal maintenance	\$164	\$68	\$96

ADA CODE	PROSTHODONTICS, REMOVABLE	USUAL FEE*	YOUR COST	YOU SAVE
D5110	Complete denture - maxillary	\$1,929	\$685	\$1,244
D5120	Complete denture - mandibular	\$1,929	\$685	\$1,244
D5130	Immediate denture - maxillary	\$2,000	\$710	\$1,290
D5140	Immediate denture - mandibular	\$2,000	\$710	\$1,290
D5211	Maxillary partial denture - resin base (including, retentive/clasp materials, rests, and teeth)	\$1,528	\$630	\$898
D5212	Mandibular partial denture - resin base (including, retentive/clasp materials, rests, and teeth)	\$1,530	\$630	\$900
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,987	\$730	\$1,257
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,989	\$730	\$1,259
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$219	\$58	\$161
D5640	Replace broken teeth - per tooth	\$215	\$86	\$129
D5650	Add tooth to existing partial denture	\$250	\$83	\$167
D5660	Add clasp to existing partial denture - per tooth	\$290	\$78	\$212
D5710	Rebase complete maxillary denture	\$650	\$280	\$370
D5711	Rebase complete mandibular denture	\$640	\$270	\$370
D5720	Rebase maxillary partial denture	\$616	\$250	\$366
D5721	Rebase mandibular partial denture	\$616	\$250	\$366
D5730	Reline complete maxillary denture (direct)	\$404	\$145	\$259
D5731	Reline complete mandibular denture (direct)	\$404	\$145	\$259
D6210	Pontic - cast high noble metal	\$1,300	\$540	\$760
D6240	Pontic - porcelain fused to high noble metal	\$1,300	\$498	\$802
D6241	Pontic - porcelain fused to predominantly base metal	\$1,200	\$462	\$738
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$916	\$370	\$546
D6751	Retainer crown - porcelain fused to base metal	\$1,200	\$475	\$725
D6790	Retainer crown - full cast high noble metal	\$1,300	\$550	\$750
D6930	Re-cement or re-bond fixed partial denture	\$190	\$76	\$114

*Usual Fees provided by ADA Dental Survey 2018.

NOTE: Typical cost for annual check-up prophylaxis includes comprehensive oral exam and intraoral complete series of x-ray films.

GENERAL DENTIST FEES *As performed by General Practitioners*

ADA CODE	ORAL SURGERY	USUAL FEE*	YOUR COST	YOU SAVE
D7111	Extraction, coronal remnants – primary tooth	\$150	\$70	\$80
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$207	\$75	\$132
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$324	\$140	\$184
D7220	Removal of impacted tooth - soft tissue	\$370	\$123	\$247
D7230	Removal of impacted tooth - partially bony	\$450	\$158	\$292
D7240	Removal of impacted tooth - completely bony	\$550	\$225	\$325
D7250	Removal of residual tooth roots (cutting procedure)	\$345	\$120	\$225
D7251	Coronectomy – intentional partial tooth removal	\$498	\$298	\$200
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$345	\$100	\$245

ADA CODE	ORAL SURGERY <i>Cont.</i>	USUAL FEE*	YOUR COST	YOU SAVE
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$475	\$145	\$330
D7970	Excision of hyperplastic tissue - per arch	\$548	\$200	\$348

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.

ADA CODE	ADJUNCTIVE SERVICES UNCLASSIFIED TREATMENT	USUAL FEE*	YOUR COST	YOU SAVE
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$148	\$36	\$112
D9440	Office visit - after regularly scheduled hours	\$191	\$78	\$113
D9940	Occlusal guard, by report	\$624	\$312	\$312

SPECIALIST SERVICES *As performed by Board Eligible or Board Certified dental specialist.*

ADA CODE	ORAL SURGERY	USUAL FEE*	YOUR COST	YOU SAVE
D7111	Extraction, coronal remnants – primary tooth	\$179	\$108	\$71
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$217	\$103	\$114
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$345	\$145	\$200
D7220	Removal of impacted tooth - soft tissue	\$400	\$173	\$227
D7230	Removal of impacted tooth - partially bony	\$497	\$212	\$285
D7240	Removal of impacted tooth - completely bony	\$575	\$257	\$318
D7250	Removal of residual tooth roots (cutting procedure)	\$375	\$120	\$255
D7286	Incisional biopsy of oral tissue-soft	\$454	\$275	\$179
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$390	\$98	\$292
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$600	\$180	\$420
D7970	Excision of hyperplastic tissue - per arch	\$727	\$328	\$399
D9120	Fixed partial denture sectioning	\$175	\$105	\$70

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.

ADA CODE	PERIODONTIC PROCEDURES	USUAL FEE*	YOUR COST	YOU SAVE
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$830	\$356	\$520
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$685	\$151	\$411
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$641	\$435	\$381
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,224	\$613	\$734
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$937	\$360	\$537
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,700	\$152	\$1,020

ADA CODE	PERIODONTIC PROCEDURES <i>Cont.</i>	USUAL FEE*	YOUR COST	YOU SAVE
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$371	\$175	\$196
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$264	\$105	\$159
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$305	\$125	\$180
D4910	Periodontal maintenance	\$175	\$88	\$87

ADA CODE	ENDODONTICS (ROOT CANAL THERAPY)	USUAL FEE*	YOUR COST	YOU SAVE
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,170	\$399	\$771
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$1,295	\$473	\$822
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$1,450	\$618	\$832
D3331	Treatment of root canal obstruction; non- surgical access	\$445	\$205	\$240
D3410	Apicoectomy - anterior	\$1,288	\$515	\$773
D3421	Apicoectomy - premolar (first root)	\$1,395	\$558	\$837
D3425	Apicoectomy - molar (first root)	\$1,500	\$600	\$900
D3426	Apicoectomy (each additional root)	\$400	\$180	\$220
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$386	\$40	\$346

ADA CODE	ORTHODONTICS - COMPREHENSIVE CASE, CLASS 1, 11, 111 (Up to and including age 16) D8070, D8080	USUAL FEE*	YOUR COST	YOU SAVE
	Orthodontic records, treatment plan and consultation	\$195	\$138	\$57
	Comprehensive orthodontic treatment of the adolescent dentition	\$6,480	\$2,950	\$3,530
	Removable orthodontic retainer adjustment	\$95	\$28	\$67
	Space maintainer - fixed - bilateral	\$580	\$260	\$320

Continuation of orthodontic treatment beyond 24 months and of their 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.

DENTAL DIRECTORY SERVICES (DDS), TERMS AND CONDITIONS

- 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% of the dentist's usual and customary fee. Invisalign braces are 25% of the dentist usual and customary fees.
- All participating providers may charge an OSHA sterilization fee per visit and a lab fee for crown, bridges 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 the participating general practitioners and specialists.

- Britesmile is not a covered procedure.
- 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.
- 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.
- 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.
- 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.
- Provider listings and/or fee schedules can be updated or changed without notice.