

# University Savings Plan Fee Schedule

## DIAGNOSTIC TREATMENT

ADA Code	TREATMENT	Ave Price	Plan Price
D0120	Periodic Oral Evaluation	\$60	\$22
D0140	Limited Oral Evaluation	\$83	\$28
D0150	Comprehensive Oral Evaluation	\$90	\$33
D0160	Detailed Extensive Oral Evaluation	\$160	\$38
D0170	Re-evaluation, Limited	\$85	\$21
D0180	Comprehensive Periodic Evaluation	\$118	\$24
D0210	Intraoral- Complete Series	\$145	\$59
D0220	Intraoral- Periapical - First Film	\$31	\$7
D0230	Intraoral- Periapical - Each Add Film	\$27	\$3
D0270	Bitewing- Single Film	\$45	\$5
D0272	Bitewing- Two Films	\$47	\$17
D0273	Bitewing- Three Films	\$57	\$21
D0274	Bitewing- Four Films	\$67	\$25
D0277	Vertical Bitewings- 7-8 Films	\$119	\$30
D0330	Panoramic Film	\$121	\$41
D0470	Diagnostic Cast	\$150	\$41

## PREVENTIVE TREATMENT

ZP0020	ZOOM Teeth Whitening	\$500	\$279
D1110	Prophylaxis - Adult	\$100	\$50
D1206	Topical Fluoride Varnish	\$45	\$10
D1208	Topical Application of Fluoride	\$40	\$15
D1320	Tobacco Counsel for Oral Disease	\$84	\$20
D1330	Oral Hygiene Instruction	\$70	\$22
D1351	Enamel Sealant - Per Tooth	\$59	\$21
D1510	Space Maintainer Fixed Unilateral	\$340	\$231
D1515	Space Maintainer Fixed Bilateral	\$495	\$294

## RESTORATIVE PROCEDURES

D2330	Resin Composite- 1 Surface, Anterior	\$186	\$72
D2331	Resin Composite- 2 Surfaces, Anterior	\$241	\$90
D2332	Resin Composite- 3 Surfaces, Anterior	\$287	\$115
D2335	Resin Composite- 4 Surfaces Anterior	\$375	\$125
D2390	Resin Composite Crown, Anterior	\$500	\$152
D2391	Resin Composite- 1 Surface, Posterior	\$195	\$76
D2392	Resin Composite- 2 Surfaces, Posterior	\$265	\$106
D2393	Resin Composite- 3 Surfaces, Posterior	\$327	\$128
D2394	Resin Composite- 4 Surfaces, Posterior	\$391	\$140
D2620	Inlay Porcelain/Ceramic- 2 Surfaces	\$1,300	\$487
D2642	Onlay Porcelain/Ceramic- 2 Surfaces	\$1,200	\$582
D2643	Onlay Porcelain/Ceramic- 3 Surfaces	\$1,200	\$636
D2644	Onlay Porcelain/Ceramic- 4+ Surfaces	\$1,217	\$687
D2662	Onlay Composite/Resin- 2 Surfaces	\$1,093	\$516
D2663	Onlay Composite/Resin- 3 Surfaces	\$1,195	\$537
D2710	Crown - Composite/Resin- Indirect	\$1,093	\$450
D2740	Crown - Porcelain/Ceramic Substrate	\$1,280	\$676
D2750	Crown - Porcelain Fused Noble Metal	\$1,250	\$673
D2751	Crown - Porcelain Fused Base Metal	\$1,247	\$548
D2752	Crown - Porcelain Fused Noble Metal	\$1,250	\$600
D2780	Crown - 3/4 Cast High Noble Metal	\$1,250	\$639

## RESTORATIVE PROCEDURES

ADA Code	TREATMENT	Ave Price	Plan Price
D2783	Crown- 3/4 Cast Porcelain/Ceramic	\$1,300	\$682
D2790	Crown- Full Cast High Noble Metal	\$1,298	\$609
D2799	Crown- Provisional	\$689	\$234
D2920	Re-cement Crown	\$130	\$38
D2940	Protective Restoration	\$130	\$33
D2950	Core Buildup, Including Pins	\$298	\$99
D2952	Post and Core (Addition to Crown)	\$500	\$213
D2954	Prefab Post & Core (Add to Crown)	\$435	\$154
D2961	Labial Veneer Resin Lab	\$1,140	\$400
D2962	Labial Veneer Porcelain Lab	\$1,400	\$645
D2970	Temporary Crown Temporary Tooth	\$379	\$107

## ENDODONTIC PROCEDURES (Root Canals)

D3110	Pulp Cap- Direct	\$105	\$24
D3120	Pulp Cap- Indirect	\$105	\$20
D3221	Pulpal Debridement	\$228	\$40
D3240	Pulpal Therapy- Posterior	\$350	\$77
D3310	Endodontic Therapy, Anterior	\$898	\$388
D3320	Endodontic Therapy, Bicuspid	\$940	\$437
D3330	Endodontic Therapy, Molar	\$1,174	\$651
D3332	Partial Endodontic Therapy	\$594	\$170
D3346	Retreat RCT/Anterior	\$1,200	\$489
D3347	Retreat RCT/Bicuspid	\$1,400	\$522
D3348	Retreat RCT/Molar	\$1,500	\$685

## PERIODONTIC PROCEDURES (Gum Treatment)

D4210	Gingect/Gingipsty- 4+ Teeth/Quad	\$800	\$239
D4211	Gingect/Gingipsty- 1-3 Teeth/ Quad	\$380	\$200
D4249	Clinical Crown Lengthening	\$813	\$418
D4260	Osseous Surgery- 4+ Teeth/Quad	\$1,225	\$641
D4341	Perio Scaling/Root Planning- 4+/Quad	\$295	\$111
D4342	Perio Scaling/Root Planning- 1-3/Quad	\$203	\$70
D4355	Full Mouth Debridement	\$200	\$74
D4910	Periodontal Maintenance	\$151	\$67

## PROSTHODONTICS REMOVABLE

D5110	Complete Upper Denture	\$1,824	\$742
D5120	Complete Lower Denture	\$1,824	\$742
D5130	Immediate Upper Denture	\$1,903	\$776
D5140	Immediate Lower Denture	\$1,903	\$776
D5211	Partial Upper Denture- Resin Base	\$1,500	\$551
D5212	Partial Lower Denture- Resin Base	\$1,500	\$551
D5213	Partial Upper Denture- Metal Base	\$1,860	\$847
D5214	Partial Lower Denture- Metal Base	\$1,860	\$847
D5225	Partial Upper Denture- Flex Base	\$1,625	\$749
D5226	Partial Lower Denture- Flex Base	\$1,625	\$749
D5510	Repair Broken Complete Denture	\$275	\$85
D5520	Replace Denture Teeth (Each)	\$208	\$76
D5610	Repair Resin Partial Denture Base	\$274	\$82

## PROSTHODONTICS REMOVABLE

ADA Code	TREATMENT	Ave Price	Plan Price
D5640	Replace Partial Denture Teeth (Each)	\$206	\$80
D5650	Add Tooth to Existing Partial Denture	\$275	\$92
D5660	Add Clasp to Existing Partial Denture	\$311	\$111
D5710	Rebase Complete Upper Denture	\$726	\$243
D5711	Rebase Complete Lower Denture	\$726	\$243
D5730	Reline Complete Upper Denture	\$450	\$122
D5731	Reline Complete Lower Denture	\$407	\$122
D5750	Reline Complete Upper Denture- Lab	\$565	\$207
D5751	Reline Complete Lower Denture- Lab	\$500	\$207

## PROSTHODONTICS, FIXED BRIDGES

(Each Abutment and each Pontic constitutes a unit in a bridge)

D6210	Pontic- Cast High Noble Metal	\$1,250	\$700
D6240	Pontic- Porcelain Fused High Noble Metal	\$1,217	\$720
D6241	Pontic- Porcelain Fused Base Metal	\$1,165	\$641
D6242	Pontic- Porcelain Fused Noble Metal	\$1,200	\$720
D6245	Pontic- Porcelain/Ceramic	\$1,250	\$672
D6740	Crown- Porcelain/Ceramic	\$1,320	\$700
D6750	Crown- FPD Porcelain Fused to High Noble Metal	\$1,280	\$725
D6751	Crown- FPD Porcelain Fused Base Metal	\$1,200	\$675
D6790	Crown- Full Case High Noble Metal	\$1,286	\$700
D6930	Re-cement Fixed Partial Denture	\$200	\$75

## ORAL SURGERY

D7111	Extraction, Coronal Remnant- Deciduous Tooth	\$130	\$75
D7140	Extraction, Erupted Tooth/Exposed Root	\$210	\$90
D7210	Surgical Removal of Erupted Tooth	\$315	\$122
D7220	Removal of Impacted Tooth - Soft Tissue	\$355	\$161
D7230	Removal of Impacted Tooth - Partially Bony	\$435	\$200
D7240	Removal of Impacted Tooth - Completely Bony	\$578	\$261
D7250	Surgical Removal of Residual Roots	\$320	\$175
D7286	Biopsy of Oral Tissue- Soft	\$450	\$190
D7310	Alveoloplasty with Extraction	\$325	\$150
D7320	Alveoloplasty without Extraction	\$460	\$175

## ORTHODONTIC TREATMENT

D8080	Invisalign- Adolescent	\$1,000	Off
D8090	Invisalign- Adult	\$1,000	Off

## ADJUNCTIVE GENERAL SERVICES

ADA Code	TREATMENT	Ave Price	Plan Price
D9110	Emergency Treatment/Palliative	\$150	\$60
D9120	Fixed Partial Denture Sectioning	\$315	\$75
D9215	Local Anesthesia	\$75	\$31
D9230	Inhalation of Nitrous Oxide	\$80	\$26
D9310	Consultation - Specialist DDS/MD	\$160	\$55
D9430	Office Visit for Observation	\$95	\$31
D9440	Office Visit After Hours	\$206	\$75
D9630	Other Drugs/Medicaments	\$65	\$20
D9911	Application of Desensitizing Resin	\$79	\$35
D9940	Occlusal Guard, By Report	\$787	\$310
D9951	Occlusal Adjustment, Limited	\$182	\$55
D9952	Occlusal Adjustment, Complete	\$695	\$250
D9972	External Bleaching per Arch	\$595	\$140
D9974	Internal Bleaching per Tooth	\$330	\$99

Savings based on national average of usual and customary rates.