General Dentist Fee Schedule 06-01-2026

As performed by a participating EDP General Dentists

EDP Dental Plan

Diagnostic		Amount
120	Periodic Oral Examination	36
140	Limited Oral Evaluation - Problem Focused	45
150	Comprehensive Oral Evaluation	50
210	X-rays Intraoral - Complete - Including Bitewings	79
220	X-rays Intraoral - Periapical - First Film	18
230	X-rays Intraoral - Periapical - Each Add. Film	12
240	X-rays Intraoral - Occlusal Film	28
270	X-rays Bitewing - Single Film	16
272	X-rays Bitewings - Two Films	30
274	X-rays Bitewings - Four Films	45
330	X-rays Panoramic Film	75

Preventive		Amount
1110	Dental Prophylaxis Adult (cleaning)	65
1120	Dental Prophylaxis Children	48
1206	Topical Fluoride Application	25
1351	Topical Sealants - Per Tooth	30
1516	Space Maintainer - Fixed-Bilateral, Maxillary	25% OFF (UCR)

Restorative (Fillings)		Amount
2140	Amalgam - 1 Surface Primary / Permanent	95
2150	Amalgam - 2 Surface Primary / Permanent	125
2160	Amalgam - 3 Surface Primary / Permanent	145
2161	Amalgam - 4 or More Surface Primary/Permanent	195
2330	Resin - One Surface Anterior	105
2331	Resin - Two Surfaces Anterior	130
2332	Resin - Three Surfaces Anterior	155
2335	Resin - 4+ Surf or Inv. Incisal Angle	195
2391	Resin - One Surface Posterior, Permanent	110
2392	Resin - Two Surfaces Posterior, Permanent	145
2393	Resin - Three Surface Posterior, Permanent	165
2394	Resin - Four or more surface posterior	195

Crowns (lab fees may vary)		Amount
2710	Crown - Resin-based Composite (indirect)	269
2720	Crown - Resin high noble metal	595
2740	Crown – Porcelain/Ceramic substrate	748
2750	Crown - Porcelain/High Noble Metal	775
2751	Crown - Porcelain/Predominate Base Metal	655
2752	Crown - Porcelain/Noble Metal	648
2790	Crown - Full Cast High Noble Metal	795
2791	Crown - Full Cast Predom. Base Metal	630
2920	Recement Crown	58
2930	Prefab Stainless Steel Crown - Prim Tooth	155
2931	Prefab Stainless Steel Crown - Perm Tooth	195
2932	Prefab Resin Crown	169
2950	Core Buildup Including Any Pins	150
2951	Pin Retention - Per Tooth (W/O Restoration)	38
2952	Cast Post/Core (Addition To Crown)	210
2954	Prefabricated Post and Core, in Addition to Crown	185
2960	Labial Veneer (Resin-Laminate) - Chairside	25% OFF (UCR)
2962	Labial Veneer (Porcelain Laminate)-Laboratory	25% OFF (UCR)
2980	Crown Repair restorative material failure	105

Endodontics (General) exc. final restoration		Amount
3110	Pulp Cap - Direct (excluding final restoration)	35
3120	Pulp Cap - Indirect (excluding final restoration)	30
3220	Therapeutic Pulpotomy (excluding final restoration)	108
3310	Root Canal Anterior	495
3320	Root Canal Bicuspid	595
3330	Root Canal Molar	745

***Any treatment provided by a participating specialist, (Oral Surgeon, Orthodontist, Periodontist, Pedodontist, Endodontist or Prosthodontist) will be charged at a 25% reduction of the participating specialist's fees for that particular case.**

Fee's subject to change without notice. Consult with your participating dentist prior to beginning any treatment. Fees may not include all lab costs, which would be the member's responsibility. Some services, at the discretion of the general dentist, may need to be referred to a specialist (advanced degree).

Periodontics (General Dentist)		Amount
4210	Gingivectomy/Gingivoplasty-4 + contiguous teeth	355
4249	Clinical crown lengthening Hard Tissue	495
4260	Osseous Surg (W/ Flap Entry & Closure) P/Quad	655
4341	Perio. Scaling & Root Planning- per quad	165
4355	Full Mouth Debridement	98
4910	Periodontal Maintenance	95

Prosthodontics, Removable (lab fees may vary)		Amount
5110	Complete Upper Denture	845
5120	Complete Lower Denture	845
5130	Immediate Upper	895
5140	Immediate Lower	895
5211	Upper Partial-Resin Base	775
5212	Lower Partial-Resin Base	775
5213	Partial Upper Cast Metal Base	895
5214	Partial Lower Cast Metal Base	895
5410	Adjust Denture - (Upper)	65
5411	Adjust Denture - (Lower)	65
5511	Repair Broken Complete Denture Base	105
5520	Replace Missing Or Broken Teeth/Each Tooth	75
5611	Repair Resin Denture Base	90
5630	Repair or Replace Broken Clasp	95
5640	Replace Broken Teeth - Per Tooth	70
5650	Add Tooth To Existing Partial Denture	92
5660	Add Clasp To Existing Partial Denture	120
5730	Reline Upper Denture - Chairside	145
5731	Reline Lower Denture- Chairside	145

Prosthodontics, Fixed (lab fees may vary)		Amount
6240	Pontic - Porcelain/High Noble Metal	785
6241	Pontic - Porcelain/Predominate Base Metal	635
6242	Pontic - Porcelain/Noble Metal	655
6750	Crown - Porcelain/High Noble Metal	695
6751	Crown - Porcelain/Predominate Base Metal	645
6752	Crown - Porcelain/Noble Metal	655
6930	Recement Bridge	75

Oral Surgery (General Dentist)		Amount
7140	Single Tooth Extraction	120
7120	Each additional extraction	95
7210	Surgical Removal of Erupted Tooth	175
7220	Removal of Impacted Tooth/Soft Tissue	225
7230	Removal of Impacted Tooth/Partially Bony	290
7240	Removal of Impacted Tooth/Completely Bony	345
7250	Surgical Removal of Residual Tooth Roots	150
7510	Incision And Drainage of Abscess/Intraoral	85

Orthodontics		Amount
8010-8999	Orthodontic - Treatment (children - adults)	25% OFF (UCR)

Adjunctive Services		Amount
9110	Palliative Treatment (emergency) pain - minor	50
9230	Analgesia/Nitrous Oxide	25% OFF (UCR)
9610	Therapeutic Drug Injection	60

This Fee Schedule applies only to fees charged by EDP Dental Plan General Dentists, NOT SPECIALISTS.
Any procedure not listed is available on a fee for service basis at a 25% discount from the participating provider's usual fee. UCR means Usual Customary Fee.

PLEASE NOTE:

EDP Dental Plan is a discount dental plan, NOT INSURANCE.
EDP Dental Plan does not pay claims. Charges for services are paid by the member directly to the participating dentist at time of service.

(1) Work in progress is not covered. (2) Work in progress after enrollment on the dental plan must be completed before selecting another participating dentist. (3) Any dental procedures performed by a non-participating dentist is not covered. (4) We cannot guarantee the continued participation of any dentist. If he/she leaves the plan, you will need to select another dentist. (5) Not all types of dentists may be available in your area; you may have to travel to receive care from a participating general dentist or specialist. (6) Some providers may charge for missed or broken appointments with no prior notice. (7) Please verify that the dentist is a participating provider when scheduling your appointment.