

FY09 DENTAL SCHEDULE OF BENEFITS

The QCDP reimburses only those services that are listed on the Dental Schedule of Benefits. Listed services are reimbursed at a pre-determined maximum scheduled amount. Each plan participant is subject to an annual \$100 plan deductible for all services, other than those listed as preventive or diagnostic in the Schedule of Benefits. If services span more than one plan year, a deductible applies to each plan year. Members are responsible for all charges over the scheduled amount and/or the annual maximum benefit.

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination	\$ 35	D0120
Limited Oral Evaluation (specific oral health problem)	\$ 57	D0140
Oral Examination for Patient Under 3 Years of Age and Counseling with Primary Care Giver	\$ 64	D0145
Comprehensive Oral Examination- new or established patient	\$ 64	D0150
Radiographs/Diagnostic Imaging		
Intraoral Complete Series (once in a period of three plan years, including bitewings)	\$ 99	D0210
Intraoral - Periapical First Film	\$ 21	D0220
Intraoral - Periapical Each Additional Film	\$ 15	D0230
Bitewing Single Film	\$ 24	D0270
Bitewing Two Films	\$ 32	D0272
Bitewing Three Films	\$ 48	D0273
Bitewing Four Films	\$ 48	D0274
Panoramic Film, (once in a period of three plan years)	\$ 89	D0330
PREVENTIVE SERVICES		
Prophylaxis Adult - Twice each plan year	\$ 70	D1110
Prophylaxis Child - Twice each plan year	\$ 52	D1120
Topical Application of Fluoride - Child (including prophylaxis) (once each plan year, covered through age 18 only)	\$ 70	D1201
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only)	\$ 30	D1203
Topical Flouride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	\$ 30	D1206
Sealant - per tooth	\$ 40	D1351
Space Maintainers (Passive Appliances)		
Fixed Unilateral	\$275	D1510
Fixed Bilateral	\$350	D1515
Removable Unilateral	\$307	D1520
Removable Bilateral	\$425	D1525
RESTORATIVE SERVICES		
Amalgam Restorations		
Amalgam One Surface, Primary or Permanent	\$ 95	D2140
Amalgam Two Surfaces, Primary or Permanent	\$119	D2150
Amalgam Three Surfaces, Primary or Permanent	\$143	D2160
Amalgam Four or More Surfaces, Primary or Permanent	\$176	D2161
Resin-Based Composite Restorations		
One Surface, Anterior	\$114	D2330
Two Surfaces, Anterior	\$143	D2331
Three Surfaces, Anterior	\$172	D2332
Four or More Surfaces or involving incisal angle (anterior)	\$193	D2335
One Surface Posterior	\$135	D2391
Two Surface Posterior	\$180	D2392
Three Surface Posterior	\$200	D2393
Four or More Surfaces, Posterior	\$249	D2394

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

RESTORATIVE SERVICES CONTINUED	Maximum Benefit	Code
Inlay/Onlay Restorations		
Inlay - metallic - one surface.....	\$321	D2510
Inlay - metallic - two surfaces.....	\$364	D2520
Inlay - metallic - three or more surfaces.....	\$420	D2530
Onlay - metallic - three surfaces.....	\$431	D2543
Onlay - metallic - four or more surfaces.....	\$448	D2544
Inlay - porcelain/ceramic - one surface.....	\$378	D2610
Inlay - porcelain/ceramic - two surfaces.....	\$399	D2620
Inlay - porcelain/ceramic - three or more surfaces.....	\$425	D2630
Onlay - porcelain/ceramic - two surfaces.....	\$413	D2642
Onlay - porcelain/ceramic - three surfaces.....	\$445	D2643
Onlay - porcelain/ceramic - four or more surfaces.....	\$472	D2644
Inlay - resin-based composite - one surface.....	\$248	D2650
Inlay - resin-based composite - two surfaces.....	\$296	D2651
Inlay - resin-based composite - three or more surfaces.....	\$311	D2652
Onlay - resin-based composite - two surfaces.....	\$270	D2662
Onlay - resin-based composite - three surfaces.....	\$317	D2663
Onlay - resin-based composite - four or more surfaces.....	\$340	D2664
Crowns/Single Restorations Only		
Crown-Resin (indirect).....	\$306	D2710
Crown-Resin with high noble metal.....	\$755	D2720
Crown-Resin predominantly base metal.....	\$708	D2721
Crown-Resin with noble metal.....	\$723	D2722
Crown-Porcelain/Ceramic Substrate.....	\$714	D2740
Crown-Porcelain fused to high noble metal.....	\$708	D2750
Crown-Porcelain fused to predominantly base metal.....	\$662	D2751
Crown-Porcelain fused to noble metal.....	\$719	D2752
Crown-3/4 cast predominately base metal.....	\$688	D2781
Crown-Full cast high noble metal.....	\$676	D2790
Crown-Full cast predominantly base metal.....	\$660	D2791
Crown-Full cast noble metal.....	\$712	D2792
Other Restorative Services		
Recement Inlay.....	\$ 75	D2910
Recement Crown.....	\$ 77	D2920
Prefabricated stainless steel Crown (primary tooth).....	\$350	D2930
Prefabricated stainless steel Crown (permanent tooth).....	\$450	D2931
Prefabricated Resin Crown.....	\$295	D2932
Recement Implant/Abutment Supported Crown.....	\$ 77	D6092
Recement Implant/Abutment Supported Fixed Partial Denture.....	\$ 58	D6093
ENDODONTICS		
Pulp Capping		
Pulp Cap - Direct (excluding final restoration).....	\$ 51	D3110
Pulp Cap - Indirect (excluding final restoration).....	\$ 40	D3120
Pulpotomy - Therapeutic (excluding final restoration).....	\$140	D3220
Root Canal Therapy (include intra-operative radiographs)		
Anterior (excludes final restoration).....	\$645	D3310
Bicuspid (excludes final restoration).....	\$775	D3320
Molar (excludes final restoration).....	\$947	D3330
Retreatment of Previous Root Canal Therapy		
Anterior.....	\$750	D3346
Bicuspid.....	\$989	D3347
Molar.....	\$970	D3348
PERIODONTICS		
Gingivectomy/Gingivoplasty		
Per quadrant.....	\$315	D4210
1 - 3 Teeth per quadrant.....	\$135	D4211
Gingival Flap Procedure		
Per quadrant - includes root planing.....	\$371	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant.....	\$191	D4241

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

PERIODONTICS CONTINUED	Maximum Benefit	Code
Osseous Surgery (including flap entry and closure)		
4 or More contiguous teeth or bounded teeth spaces per quadrant	\$598	D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant	\$312	D4261
Bone Replacement Graft		
First site in quadrant	\$181	D4263
Each additional site in quadrant	\$ 90	D4264
Pedicle Soft Tissue Graft	\$442	D4270
Free Soft Tissue Graft	\$455	D4271
Provisional Splinting		
Intracoronal	\$185	D4320
Extracoronal	\$162	D4321
Periodontal Scaling and Root Planing		
4 or More contiguous teeth or bounded teeth spaces per quadrant	\$113	D4341
1-3 contiguous teeth or bounded teeth spaces per quadrant	\$ 75	D4342
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis		
Periodontal Maintenance Procedure	\$ 61	D4355
Following active therapy	\$ 55	D4910
Unscheduled Dressing Change	\$ 52	D4920
PROSTHODONTICS		
Removable Prosthetics		
Complete Denture - Maxillary	\$920	D5110
Complete Denture - Mandibular	\$926	D5120
Immediate Denture - Maxillary	\$907	D5130
Immediate Denture - Mandibular	\$975	D5140
Partial Dentures (removable)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	\$666	D5211
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	\$774	D5212
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$910	D5213
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	\$921	D5214
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth)	\$508	D5281
Adjustments to Dentures		
Adjust complete denture - Maxillary	\$ 43	D5410
Adjust complete denture - Mandibular	\$ 50	D5411
Adjust partial denture - Maxillary	\$ 43	D5421
Adjust partial denture - Mandibular	\$ 43	D5422
Repairs to Complete Dentures		
Repair broken complete denture base	\$ 95	D5510
Replace missing or broken teeth - complete denture (each tooth)	\$ 84	D5520
Repairs to Partial Dentures		
Repair resin denture base	\$105	D5610
Repair cast framework	\$106	D5620
Repair or replace broken clasp	\$122	D5630
Replace broken teeth - per tooth	\$ 91	D5640
Add tooth to existing partial denture	\$108	D5650
Add clasp to existing partial denture	\$130	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	\$337	D5710
Rebase complete mandibular denture	\$323	D5711
Rebase maxillary partial denture	\$319	D5720
Rebase mandibular partial denture	\$319	D5721
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$181	D5730
Reline complete mandibular denture (chairside)	\$190	D5731

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

PROSTHODONTICS CONTINUED	Maximum Benefit	Code
Reline maxillary partial denture (chairside)	\$174	D5740
Reline mandibular partial denture (chairside)	\$174	D5741
Reline complete maxillary denture (laboratory)	\$252	D5750
Reline complete mandibular denture (laboratory)	\$247	D5751
Reline maxillary partial denture (laboratory)	\$251	D5760
Reline mandibular partial denture (laboratory)	\$246	D5761
Implant Services*		
Surgical placement of implant body: endosteal implant	\$2,000	D6010
Surgical placement: eposteal implant.....	\$2,000	D6040
Surgical placement: transosteal implant.....	\$2,000	D6050
Implant/abutment supported removable denture for completely edentulous arch	\$1,680	D6053
Implant/abutment supported removable denture for partially edentulous arch.....	\$1,680	D6054
Dental implant supported connecting bar	\$571	D6055
Prefabricated abutment – includes placement.....	\$399	D6056
Custom abutment – includes placement.....	\$522	D6057
Abutment supported porcelain/ceramic crown	\$1,295	D6058
Abutment supported porcelain fused to metal crown (high noble metal) ..	\$1,232	D6059
Abutment supported porcelain fused to metal crown (predominantly base metal)	\$1,208	D6060
Abutment supported porcelain fused to metal crown (noble metal)	\$1,233	D6061
Abutment supported cast metal crown (high noble metal).....	\$1,228	D6062
Abutment supported cast metal crown (predominantly base metal)	\$1,054	D6063
Abutment supported cast metal crown (noble metal).....	\$1,117	D6064
Implant supported porcelain/ceramic crown	\$1,274	D6065
Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,365	D6066
Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,204	D6067
Abutment supported retainer for porcelain/ceramic FPD	\$1,295	D6068
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,278	D6069
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$1,208	D6070
Abutment supported retainer for porcelain fused to metal FPD (noble metal).....	\$1,233	D6071
Abutment supported retainer for cast metal FPD (high noble metal).....	\$1,258	D6072
Abutment supported retainer for cast metal FPD (predominantly base metal).....	\$1,139	D6073
Abutment supported retainer for cast metal FPD (noble metal)	\$1,228	D6074
Implant supported retainer for ceramic FPD	\$1,274	D6075
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,241	D6076
Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$1,204	D6077
Implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments and reinsertion of prosthesis	\$106	D6080
Abutment supported crown – (titanium)	\$1,014	D6094
Radiographic/surgical implant index, by report.....	\$227	D6190
Abutment supported retainer crown for FPD – (titanium).....	\$1,045	D6194
Fixed Partial Denture Pontics		
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal	\$475	D6210
Pontic-Cast predominantly base metal	\$414	D6211
Pontic-Cast noble metal	\$430	D6212
Pontic-Porcelain fused to high noble metal	\$436	D6240
Pontic-Porcelain fused to predominantly base metal	\$420	D6241
Pontic-Porcelain fused to noble metal	\$433	D6242
Pontic-Resin with high noble metal	\$430	D6250
Pontic-Resin with predominantly base metal	\$397	D6251
Pontic-Resin with noble metal	\$410	D6252

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

PROSTHODONTICS CONTINUED	Maximum Benefit	Code
Fixed Partial Denture Retainers - Inlays/Onlays*		
Inlay - cast predominantly base metal, two surfaces.....	\$359	D6604
Inlay - cast predominantly base metal, three or more surfaces.....	\$381	D6605
Onlay - cast predominantly base metal, two surfaces.....	\$393	D6612
Onlay - cast predominantly base metal, three or more surfaces.....	\$411	D6613
Fixed Partial Denture Retainers - Crowns		
Crown-Resin with high noble metal	\$486	D6720
Crown-Resin with predominantly base metal	\$461	D6721
Crown-Resin with noble metal	\$469	D6722
Crown-Porcelain fused to high noble metal	\$497	D6750
Crown-Porcelain fused to predominantly base metals	\$464	D6751
Crown-Porcelain fused to noble metal	\$475	D6752
Crown-3/4 cast high noble metal	\$469	D6780
Crown-Full cast high noble metal	\$480	D6790
Crown-Full cast predominantly base metal	\$455	D6791
Crown-Full cast noble metal	\$472	D6792
Other Fixed Partial Denture Services		
Recement Fixed Partial Denture	\$ 58	D6930
Fixed Partial Denture Repair, by report	\$ 49	D6980
ORAL SURGERY		
Extractions		
Coronal Remnants - Deciduous Tooth	\$ 83	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/ or forceps removal)	\$125	D7140
Surgical Extraction		
(Includes local anesthesia, suturing if needed, and routine postoperative care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$125	D7210
Removal of impacted tooth - soft tissue	\$136	D7220
Removal of impacted tooth - partially bony	\$181	D7230
Removal of impacted tooth - completely bony	\$213	D7240
Removal of impacted tooth - completely bony with unusual surgical complications	\$267	D7241
Surgical removal of residual tooth roots (cutting procedure)	\$125	D7250
Other Surgical Procedures		
Biopsy of oral tissue - hard (bone/tooth)	\$453	D7285
Biopsy of soft tissue - soft (all others)	\$186	D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$127	D7310
or tooth spaces, per quadrant	\$127	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$565	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$565	D7321
Frenulectomy - separate procedure	\$266	D7960
ADJUNCTIVE GENERAL SERVICES		
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure).....	\$ 88	D9110
Anesthesia		
General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.		
General anesthesia - first 30 minutes	\$365	D9220
General anesthesia - each additional 15 minutes	\$149	D9221
Intravenous sedation/analgesia - first 30 minutes	\$300	D9241
Intravenous sedation/analgesia - each additional 15 minutes	\$120	D9242
Miscellaneous Services		
Occlusal guards, by report	\$331	D9940
Occlusal adjustment, limited	\$112	D9951
Occlusal adjustment, complete	\$665	D9952