

FY09 DENTAL OPTIONS AND SCHEDULE OF BENEFITS

All members and dependents have the same dental benefits available regardless of the health plan selected. During the Benefit Choice Period, members have the option to elect not to participate in the Quality Care Dental Plan (QCDP). This election will remain in effect the entire plan year, without exception. The Benefit Choice Period is also the only time members may enroll or re-enroll in the dental plan if they previously elected not to participate.

Each plan participant is subject to an annual plan deductible for all dental services, except those listed in the Schedule of Benefits as diagnostic or preventive. **Effective January 1, 2009, the annual plan deductible will increase to \$125 per participant per plan year (prior to January 1, 2009, the deductible was \$100).** If a plan participant had met the \$100 deductible between July and December 2008, they are still responsible for the additional \$25 deductible for services incurred from January 1, 2009, through June 30, 2009.

Once the deductible has been met, the plan participant has a maximum annual dental benefit of \$2,000 for all dental services. The maximum lifetime benefit for child orthodontia is \$1,500 and is subject to course of treatment limitations. For more information, see pages 91-95 of the Benefits Handbook or contact the Dental Plan Administrator, CompBenefits, at (800) 999-1669 or (312) 829-1298 (TDD/TTY).

The QCDP reimburses only those services listed on the Dental Schedule of Benefits. Listed services are reimbursed at a pre-determined maximum scheduled amount. 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
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

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

RESTORATIVE SERVICES	Maximum Benefit	Code
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
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

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

PERIODONTICS	Maximum Benefit	Code
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
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		
Intracoronaral	\$185	D4320
Extracoronaral	\$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		
.....	\$ 61	D4355
Periodontal Maintenance Procedure		
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

FY09 DENTAL SCHEDULE OF BENEFITS CONTINUED

PROSTHODONTICS CONTINUED	Maximum Benefit	Code
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$181	D5730
Reline complete mandibular denture (chairside)	\$190	D5731
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
Alveoloplasty in conjunction with extractions - 1-3 teeth 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