



Teachers' Dental Plan Maximum Reimbursement Levels

January 1, 2018

Dentist Payment Schedule

Teachers' Dental Plan			Teachers' Dental Plan		
Description	Code		Description	Code	
Level I 100% - Preventive Services - Reimbursed at 100% of the dental charges to the maximums indicated below.			- once per 24 months	02601	71.00
Oral Examination				02701	50.00
- new patient-primary	01101	54.00		02702	71.00
- new patient-mixed	01102	80.00		02801	65.00
- new patient - permanent	01103	109.00	Tests	02911	20.00
- new patient - limited	01201	45.00		02912	23.00
- previous patient (twice per year)	01202	35.50		02913	25.00
- specific	01204	44.00		04201	I.c.
- emergency	01205	54.00		04311	105.00
Stomatognathic, dysfunctional	01301	114.00		04312	112.00
Prosthodontic	01701	74.00		04313	105.00
Orthodontic				04321	179.00
- new patient	01901	413.00		04322	197.00
- casts	04931	90.00		04323	160.00
Polishing (once per year)	11101	36.00		04401	I.c.
Scaling	* 11111	39.50		04402	55.00
(8 units per year)	* 11112	79.00		04501	86.00
	* 11113	118.50	Photographs	04509	86.00
	* 11114	158.00		04721	56.00
	* 11115	197.50		04722	112.00
	* 11116	237.00		04723	168.00
	* 11117	19.75		04801	32.00
(*2 units per year maximum reimbursed at 100% of the dental charges indicated above.)				04802	48.00
(*6 units per year maximum reimbursed at 85% of the dental charges indicated above.)				04803	64.00
Topical Fluoride Application (once per year)	12101	21.00		04809	16.00
X-Rays			Study Models - unmounted	* 04911	32.00
- full mouth (once per 24 months)	02102	149.00	- mounted	* 04921	93.00
- bitewing/apicals (twice per year)	02111	23.00		* 04922	173.00
	02112	31.00	Treatment Planning	05101	86.00
	02113	40.00		05102	172.00
	02114	48.00		05201	86.00
	02115	57.00		05202	172.00
	02116	65.00	Oral Hygiene Instruction	13211	32.00
	02117	73.00		13217	16.00
	02118	82.00	Sealants	13401	27.00
	02119	90.00		13409	18.00
	02120	99.00		13411	51.00
	02121	107.00		13419	40.00
	02122	115.00	Topical Application	13601	71.00
	02123	124.00		13602	142.00
	02124	132.00	Appliances	14101	218.00
	02125	141.00		14102	218.00
	02131	23.00		14103	436.00
	02132	31.00		14201	239.00
	02141	23.00		14202	239.00
	02142	31.00	Mouth Guards	14501	50.00
	02143	40.00		14502	81.00
	02144	48.00	Space Maintainers	15101	116.00
	02501	51.00		15103	217.00
	02502	74.00		15105	217.00
	02503	97.00		15201	152.00
	02504	120.00		15202	162.00
				15301	152.00
				15302	210.00
				15401	177.00
				15402	179.00
				15403	153.00
				15501	153.00
				15601	46.00
				15603	46.00
				15604	46.00
			Anatomic Modifications	16101	72.00
				16201	86.00
				16202	172.00
			- Porcelain/Ceramic	25141	405.45
				25142	526.15
Level II 85% - Basic and Routine Services -					

Reimbursement at 85% of Dental charges to the maximums indicated below.

			25143	564.40
			25144	564.40
Amalgam, Composite or	21111	81.60	25511	637.50
Acrylic Fillings	21112	108.80	25531	637.50
	21113	124.95	21401	27.20
	21114	141.10	21402	41.65
	21115	157.25	21403	56.95
	21121	90.95	21404	71.40
	21122	122.40	21405	86.70
	21123	139.40	25601	34.00
	21124	158.10	25602	51.85
	21125	176.80	25603	70.55
	21211	105.40	25604	89.25
	21212	141.95	25605	107.95
	21213	162.35	25711	349.35
	21214	183.60	25712	419.05
	21215	204.85	25713	481.95
	21221	118.15	25721	167.45
	21222	159.80	25722	201.45
	21223	182.75	25723	231.20
	21224	206.55	71101	119.85
	21225	230.35	71109	90.10
	21231	113.90	71201	199.75
	21232	155.55	71209	149.60
	21233	181.05	72111	195.50
	21234	211.65	72211	267.75
	21235	236.30	72221	363.80
	21241	125.80	72231	401.20
	21242	170.00		
	21243	197.20	Dental Surgery (including x-rays and lab)	
	21244	230.35	- Residual Root	72311 96.90
	21245	262.65	Removal	72319 73.10
	21301	156.40		72321 202.30
	21501	34.00		72329 152.15
	22401	162.35		72331 269.45
	22411	162.35		72339 202.30
	22501	162.35		72511 206.55
	22511	162.35		72521 271.15
	23111	109.65		72531 333.20
	23112	148.75		72711 307.70
	23113	175.10	- Alveoplasty	73121 186.15
	23114	204.85		73153 297.50
	23115	245.65		73154 498.10
	23311	126.65		73222 186.15
	23312	172.55		73223 406.30
	23313	201.45		73224 68.00
	23314	235.45	- Surgical Excision	74611 351.90
	23315	282.20		74612 420.75
	23321	137.70		74613 495.55
	23322	187.00	- Surgical Incision	75112 136.00
	23323	219.30		75121 187.85
	23324	256.70		76941 359.55
	23325	307.70		76949 129.20
	23411	107.10		76951 130.90
	23412	145.35		76952 261.80
	23413	170.85		76959 130.90
	23414	199.75		76961 172.55
	23415	239.70		77801 272.00
	23511	126.65		77802 272.00
	23512	172.55	TMJ - Appliance Splints	77803 272.00
	23513	201.45		* 78701 628.15
	23514	235.45		* 78702 628.15
	23515	282.20	Oral Surgery	79123 141.10
	23602	156.40		79403 97.75
Inlays - Metal	25111	351.90		79404 153.00
	25112	520.20		79602 81.60
	25113	555.05	Endodontics	33111 439.45
	25114	555.05	- Root Canal Therapy	33115 547.40
- Composite	25121	405.45		33121 611.15
	25122	530.40		33131 775.20
	25123	566.95		33124 771.80
	25124	566.95		33134 932.45
				33141 906.10

	33125	771.80		43422	67.15
	33135	932.45		43423	100.73
	33144	1060.80		43424	134.30
	33145	1060.80		43425	167.88
	33601	126.65		43426	201.45
	33602	158.10		43427	16.79
	33611	79.90		14611	224.40
	33612	87.55	- Appliance	* 14612	224.40
- Periapical Services	34111	261.80		* 14621	100.30
	34112	348.50		* 14622	200.60
	34121	351.90		* 14631	50.15
	34122	440.30		* 14711	302.60
	34131	413.95		* 14712	302.60
	34132	570.35		* 14721	415.65
	34141	338.30		* 14722	415.65
	34142	405.45		* 14731	100.30
	34151	426.70	- Adjustments, Repairs	* 14732	200.60
	34152	563.55		* 49211	l.c
	34161	515.10		42111	187.00
	34162	625.60	- Surgical	42201	219.30
	34163	748.00		42311	271.15
- Retrofilling	34211	69.70		42321	295.80
	34212	116.45		42331	60.35
	34221	69.70		42411	781.15
	34222	116.45		42421	512.55
	34231	69.70		42431	593.30
	34232	116.45		42511	493.00
	34241	69.70		42521	519.35
	34242	116.45		42611	556.75
	34251	69.70		42811	219.30
	34252	116.45		42819	313.65
	34261	69.70		42821	96.05
	34262	116.45		42831	96.05
	34263	150.45		42832	192.10
				43111	62.05
Surgical Services - Miscellaneous	34411	323.85		43211	64.60
	34412	391.85	Periodontal Splinting	43221	69.70
	34421	242.25		43231	37.40
	34422	242.25		43241	64.60
	34423	242.25		43281	64.60
	34451	256.70		43289	64.60
	34452	393.55		16511	96.05
	34453	453.90	Occlusal Adjustment	16512	192.10
	34521	317.05		16513	288.15
	34522	438.60		16514	384.20
	34523	502.35		16519	96.05
	39201	67.15		73411	481.95
	39202	67.15			
- Pulpotomy	32221	106.25			
	32222	140.25	Emergency Treatment for	91121	100.30
	32232	69.70	Dental Pain	91122	200.60
- Pulpectomy	32311	122.40		91211	100.30
	32312	139.40		91212	200.60
	32321	139.40		91213	300.90
- Pulp Capping	20111	90.95		91219	100.30
	20119	90.95		91231	100.30
	20131	36.55		91232	200.60
	20139	36.55		91233	300.90
	20141	27.20		91234	401.20
	20149	27.20		92411	41.65
Sedative Dressing	20121	117.30	Anesthesia	92412	68.00
	20129	117.30		92413	94.35
Emergency Services	39211	77.35		92414	120.70
	39212	109.65		92415	147.05
Bleaching - Non Vital	39311	130.90		92431	73.10
	39312	261.80		92432	123.25
	39313	392.70		92433	173.40
	39319	130.90		92434	223.55
Periodontics-Non Surgical	41211	124.10		92435	273.70
	41212	248.20		92441	50.15
	41221	124.10		92452	175.10
	41222	248.20		92453	235.45
	41301	52.70		92454	295.80
	41302	105.40		92455	356.15
- Root Planing	43421	33.58			

of Existing Fixed Bridge	* 66112	141.60
	* 66113	212.40
	* 66211	70.80
	* 66212	141.60
	* 66213	212.40
	* 66301	70.80
	* 66302	141.60
	* 66303	212.40
	* 69301	24.00
	* 69302	36.60
	* 69303	49.80
	* 69701	67.20
	* 69702	33.00

Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 60% under the Major Restorative Services.

** I.c. will be reimbursed at 60% of dentist charge.

1. Procedure Codes involving the use of gold will be covered if no other substitute is deemed suitable. Where gold is elective, only the cost of customary substitute will be considered for reimbursement.

2. Placement of crowns, bridges or dentures will be covered if existing appliance is at least five (5) years old and cannot be made serviceable or where necessitated through the removal of additional natural teeth while insured.

3. The administrator is authorized to establish liability under the plan based on the least expensive benefit if it will produce a professionally adequate result.

Level IV 50% - Orthodontic Services for Adults and Dependent Children - Reimbursed at 50% of dental charges.

Reimbursement is provided at 50% for all reasonable and customary charges for orthodontic services for adults and dependent children of eligible teachers to a lifetime maximum of \$2,000 per individual. Where a teacher is married to a teacher and both are eligible for dental coverage, the lifetime maximum for each dependent will amount to \$4,000 per individual.

DENTURISTS

Routine Service - Reimbursed at 85% of Denturists charges to the maximum plan reimbursement

Relines and Rebases to Existing Dentures		
Reline complete denture (self polymerizing)		
Maxillary (upper)	32215	414.80
Mandibular (lower)	32225	414.80
Maxillary and Mandibular		
Reline partial denture (self polymerizing)		
Maxillary (upper)	42210	414.80
Mandibular (lower)	42220	414.80
Maxillary and Mandibular		
Reline complete denture (lab processed)		
Maxillary (upper)	32110	414.80
Mandibular (lower)	32120	414.80
Maxillary and Mandibular		
Reline partial denture (lab processed)		
Maxillary (upper)	42116	414.80
Mandibular (lower)	42126	414.80
Maxillary and Mandibular		

Mandibular (lower)		
Maxillary and Mandibular		
Rebase partial denture		
Maxillary (upper)	43116	786.25
Mandibular (lower)	43126	786.25
Maxillary and Mandibular		

Repairs to Existing Dentures

Repair, no impression required		
Complete	36110	91.80
Maxillary (upper)	36120	91.80
Mandibular (lower)		
Partial	46110	91.80
Maxillary (upper)	46120	91.80
Mandibular (lower)		
Repair, impression required		
Complete	36210	124.95
Maxillary (upper)	36220	124.95
Mandibular (lower)		
Partial	46210	124.95
Maxillary (upper)	46220	124.95
Mandibular (lower)		

NOTE: All services include laboratory charges.

Major Services - Reimbursed at 60% of Denturists charges to the maximum plan reimbursement.

Initial Installation or Replacement

Complete Dentures		
Maxillary (upper)	31310	869.40
Mandibular (lower)	31320	869.40
Maxillary and Mandibular		
Partial Denture, Acrylic Base, No Clasps (1 tooth)		
Maxillary (upper)	41612	769.80
Mandibular (lower)	41622	806.40
Maxillary and Mandibular		
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (tooth borne)		
Maxillary (upper)	* 41216	1672.80
Mandibular (lower)	* 41226	1672.80
Maxillary and Mandibular	*	
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (free end)		
Maxillary (upper)	* 41110	1672.80
Mandibular (lower)	* 41120	1672.80
Maxillary and Mandibular	*	
Partial Denture (precision) Metal Base, Cast or Wrought Clasps and Rests (free end)		
Maxillary (upper)	* 41114	1044.00
Mandibular (lower)	* 41124	1044.00
Wrought Clasps	* 71010	84.00
Installation of additional tooth or teeth clasps to existing dentures (necessitated through removal of natural tooth or teeth while insured)		
Maxillary (upper)	* 46310	100.80
Mandibular (lower)	* 46320	100.80

Note: * Casting costs are eligible expenses where applicable. These costs will be reimbursed at 60% under the Major Services.

1. Procedures involving the use of gold will be covered if no substitute is deemed suitable. Where gold is elective, only the cost of customary substitute will be considered for reimbursement.

2. Replacement of dentures will be covered if existing appliance is at least five (5) years old and cannot be made serviceable, or where necessitated through the removal of additional natural teeth while insured.

