

Teachers' Dental Plan

Maximum Reimbursement Levels

Dentist Payment Schedule

January 1, 2022

Description	Code	Teachers' Dental Plan	Description	Code	Teachers' Dental Plan
Level I 100% - Preventive Services - Reimbursed at 100% of the dental charges to the maximums indicated below.			- once per 24 months	02601	77.00
Oral Examination				02701	55.00
- new patient-primary	01101	58.00		02702	77.00
- new patient-mixed	01102	87.00		02801	65.00
- new patient - permanent	01103	119.00		02911	21.00
- new patient - limited	01201	50.00		02912	24.00
- previous patient			Tests	02913	26.00
(twice per year)	01202	39.00		04201	I.c.
- specific	01204	49.00		04311	128.00
- emergency	01205	59.00		04312	135.00
Stomatognathic, dysfunctional	01301	138.00		04313	128.00
Prosthetic	01701	89.00		04321	217.00
Orthodontic				04322	239.00
- new patient	01901	499.00		04323	194.00
- casts	04931	99.00		04401	I.c.
Polishing				04402	67.00
(once per year)	11101	39.00		04501	105.00
Scaling	* 11111	47.50		04509	105.00
(8 units per year)	* 11112	95.00	Photographs	04721	68.00
	* 11113	142.50		04722	136.00
	* 11114	190.00		04723	204.00
	* 11115	237.50		04811	36.00
	* 11116	285.00		04812	53.00
	* 11117	23.75		04813	69.00
				04819	17.00
(*2 units per year maximum reimbursed at 100% of the dental charges indicated above.)			Study Models - unmounted	* 04911	45.00
(*6 units per year maximum reimbursed at 85% of the dental charges indicated above.)			- mounted	* 04921	102.00
Topical Fluoride Application	12111	19.00		* 04922	189.00
(once per year)	12112	23.00	Treatment Planning	05101	105.00
X-Rays	12113	28.00		05102	210.00
- full mouth				05201	105.00
(once per 24 months)	02102	160.00		05202	210.00
- bitewing/apicals			Oral Hygiene Instruction	13211	35.00
(twice per year)	02111	25.00		13217	17.00
	02112	34.00	Sealants	13401	29.00
	02113	43.00		13409	19.00
	02114	52.00		13411	59.00
	02115	61.00		13419	44.00
	02116	70.00	Topical Application	13601	71.00
	02117	79.00		13602	142.00
	02118	88.00	Appliances	14101	246.00
	02119	97.00		14102	246.00
	02120	106.00		14103	493.00
	02121	115.00		14201	271.00
	02122	124.00		14202	271.00
	02123	133.00	Mouth Guards	14501	60.00
	02124	142.00		14502	96.00
	02125	151.00	Space Maintainers	15101	138.00
	02131	25.00		15103	245.00
	02132	34.00		15105	245.00
	02141	25.00		15201	173.00
	02142	34.00		15202	184.00
	02143	43.00		15301	173.00
	02144	52.00		15302	237.00
	02501	55.00		15401	201.00
	02502	80.00		15402	203.00
	02503	105.00		15403	173.00
	02504	130.00		15501	173.00
				15601	53.00
				15603	53.00
				15604	53.00
			Anatomic Modifications	16101	72.00
				16201	105.00
				16202	210.00

**Level II 85% - Basic and Routine Services -
Reimbursement at 85% of Dental charges to the
maximums indicated below.**

Amalgam, Composite or Acrylic Fillings	21111	96.90	- Porcelain/Ceramic	25141	449.65
	21112	129.20		25142	601.80
	21113	148.75		25143	629.00
	21114	178.50		25144	629.00
	21115	222.70	Onlays - Metal	25511	715.70
	21121	108.80	- Porcelain/Ceramic	25531	715.70
	21122	145.35	Retentive Pins	21401	27.20
	21123	166.60		21402	42.50
	21124	199.75		21403	56.95
	21125	249.90		21404	72.25
	21211	125.80		21405	87.55
	21212	170.00		25601	34.00
	21213	193.80		25602	52.70
	21214	232.90		25603	71.40
	21215	290.70		25604	90.10
	21221	141.10		25605	109.65
	21222	190.40	Posts	25711	397.80
	21223	218.45		25712	476.00
	21224	261.80		25713	549.10
	21225	327.25		25721	190.40
	21231	130.90		25722	229.50
	21232	178.50		25723	262.65
	21233	208.25	Extractions	71101	135.15
	21234	249.90		71109	101.15
	21235	311.95		71201	232.90
	21241	142.80		71209	174.25
	21242	193.80		72111	238.00
	21243	226.95	Dental Surgery (including x-rays and lab)	72211	325.55
	21244	272.00	- Residual Root	72221	446.25
	21245	340.00	Removal	72231	493.00
	21301	181.90		72311	96.90
	21501	34.00		72319	73.10
	22401	182.75		72321	202.30
	22411	182.75		72329	152.15
	22501	182.75		72331	269.45
	22511	182.75		72339	202.30
	23111	125.80		72511	206.55
	23112	171.70	- Alveoplasty	72521	271.15
	23113	201.45		72531	333.20
	23114	241.40		72711	307.70
	23115	301.75		73121	186.15
	23311	145.35		73153	297.50
	23312	198.05		73154	498.10
	23313	231.20		73222	186.15
	23314	277.10	- Surgical Excision	73223	406.30
	23315	346.80		73224	68.00
	23321	158.10		74611	351.90
	23322	215.05	- Surgical Incision	74612	420.75
	23323	252.45		74613	495.55
	23324	302.60		75112	139.40
	23325	378.25		75121	187.85
	23411	123.25		76941	359.55
	23412	167.45		76949	129.20
	23413	196.35		76951	143.65
	23414	235.45		76952	287.30
	23415	294.10		76959	143.65
	23511	145.35		76961	178.50
	23512	198.05		77801	272.00
	23513	231.20	TMJ - Appliance Splints	* 78701	628.15
	23514	277.10		* 78702	628.15
	23515	346.80	Oral Surgery	79123	141.10
	23602	181.90		79403	97.75
Inlays - Metal	25111	390.15		79404	153.00
	25112	592.45		79602	84.15
	25113	635.80	Endodontics	33111	495.55
	25114	635.80	- Root Canal Therapy	33115	616.25
- Composite	25121	449.65		33121	687.65
	25122	606.90		33131	872.10
	25123	633.25		33124	868.70
	25124	633.25		33134	1051.45
				33141	1018.30

	33125	868.70		43422	80.75
	33135	1051.45		43423	121.13
	33144	1195.95		43424	161.50
	33145	1195.95		43425	201.88
	33601	149.60		43426	242.25
	33602	186.15		43427	20.19
	33611	90.10		14611	255.00
	33612	98.60	- Appliance	* 14612	255.00
- Periapical Services	34111	294.10		* 14621	115.60
	34112	391.85		* 14622	231.20
	34121	394.40		* 14631	56.95
	34122	493.00		* 14711	355.30
	34131	464.95		* 14712	355.30
	34132	641.75		* 14721	470.05
	34141	379.95		* 14722	470.05
	34142	456.45		* 14731	115.60
	34151	480.25	- Adjustments, Repairs	* 14732	231.20
	34152	634.10		* 49211	l.c
	34161	580.55		42111	217.60
	34162	703.80	- Surgical	42201	252.45
	34163	841.50		42311	311.95
	34211	79.05		42321	340.00
- Retrofilling	34212	131.75		42331	68.85
	34221	79.05		42411	889.10
	34222	131.75		42421	588.20
	34231	79.05		42431	680.85
	34232	131.75		42511	561.00
	34241	79.05		42521	591.60
	34242	131.75		42611	648.55
	34251	79.05		42811	249.90
	34252	131.75		42819	361.25
	34261	79.05		42821	115.60
	34262	131.75		42831	115.60
	34263	170.00		42832	231.20
				43111	73.95
Surgical Services - Miscellaneous	34411	362.95		43211	74.80
	34412	438.60	Periodontal Splinting	43221	80.75
	34421	272.00		43231	43.35
	34422	272.00		43241	74.80
	34423	272.00		43281	74.80
	34451	292.40		43289	74.80
	34452	442.00		16511	104.55
	34453	508.30	Occlusal Adjustment	16512	209.10
	34521	354.45		16513	313.65
	34522	491.30		16514	418.20
	34523	562.70		16519	104.55
	39201	74.80		73411	481.95
	39202	74.80			
- Pulpotomy	32221	123.25			
	32222	159.80	Emergency Treatment for	91121	115.60
	32232	81.60	Dental Pain	91122	231.20
- Pulpectomy	32311	139.40		91211	115.60
	32312	160.65		91212	231.20
	32321	157.25		91213	346.80
- Pulp Capping	20111	101.15		91219	115.60
	20119	101.15		91231	115.60
	20131	41.65		91232	231.20
	20139	41.65		91233	346.80
	20141	29.75		91234	462.40
	20149	29.75		92411	51.00
Sedative Dressing	20121	130.90	Anesthesia	92412	85.00
	20129	130.90		92413	119.00
Emergency Services	39211	90.95		92414	153.00
	39212	123.25		92415	187.00
Bleaching - Non Vital	39311	143.65		92431	90.10
	39312	287.30		92432	153.00
	39313	430.95		92433	215.90
	39319	143.65		92434	278.80
Periodontics-Non Surgical	41211	142.80		92435	341.70
	41212	285.60		92441	61.20
	41221	142.80		92452	215.90
	41222	285.60		92453	290.70
	41301	58.65		92454	365.50
	41302	117.30		92455	440.30
- Root Planing	43421	40.38			

			* 51601	296.40
Professional Services	93111	143.65	* 51602	322.80
	93112	287.30	* 51811	631.80
	93119	143.65	* 51812	688.20
	94101	69.70	* 51911	945.00
	94102	152.15	* 51912	1030.20
	94301	46.75	* 52101	182.40
	94302	67.15	* 52102	182.40
	96201	58.65	* 52111	225.60
	96202	58.65	* 52112	225.60
	99111	I.c.	* 52201	225.60
	99333	I.c.	* 52202	225.60
	99555	I.c.	* 52211	225.60
Repairs to Existing Dentures	* 55101	67.15	* 52212	225.60
	* 55102	67.15	* 52301	366.00
	* 55201	132.60	* 52302	366.00
	* 55202	132.60	* 52311	283.80
	* 55301	67.15	* 52312	283.80
	* 55302	67.15	* 52401	298.20
	* 55401	131.75	* 52402	298.20
	* 55402	131.75	* 53101	730.80
Relines and Rebasing of Existing Dentures	* 56211	212.50	* 53102	730.80
	* 56212	212.50	* 53201	681.60
	* 56221	211.65	* 53202	681.60
	* 56222	211.65	* 53401	767.40
	* 56231	263.50	* 53402	767.40
	* 56232	263.50	* 53622	750.60
	* 56241	216.75	* 53623	750.60
	* 56242	216.75	* 54201	57.00
	* 56311	216.75	* 54202	114.00
	* 56312	216.75	* 54209	57.00
	* 56321	216.75	* 54301	334.20
	* 56322	216.75	* 54302	334.20
Stainless Steel Crown	22211	182.75	* 55501	42.60
	22311	182.75	* 56411	252.00
Recementing Existing Inlay or Crown	29101	111.35	* 56412	252.00
	29102	222.70	* 56511	91.20
	29103	334.05	* 56512	91.20
	29109	111.35	* 56521	91.20
			* 56522	91.20
			* 56601	23.40
			* 56602	196.80
			* 62101	259.20
Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 85% under the Basic and Routine sections.			* 62102	259.20
** I.c. will be reimbursed at 85% of dentist charge.			* 62105	I.c.
			62501	259.20
Level III 60% - Major Restorative - Reimbursed at 60% of Dental charges to the maximum indicated below.			* 62701	259.20
			* 62702	259.20
Plastic Bonding	* 27601	410.40	* 62703	259.20
	* 27602	410.40	* 62801	186.00
	* 23122	180.60	* 63001	81.60
	* 27111	409.20	63009	81.60
Initial Installation or Replacement of Crown	* 27121	117.00	66221	81.60
	* 27201	530.40	66222	163.20
	* 27211	530.40	66251	81.60
	* 27212	577.80	66252	163.20
	* 27301	530.40	66253	244.80
	* 27302	577.80	66711	87.60
	* 27311	530.40	66719	87.60
	* 27312	577.80	66731	246.00
	27401	90.60	* 67111	497.40
	27409	90.60	67121	103.20
	27711	64.20	67131	450.60
	27721	99.60	* 67201	497.40
	* 25731	134.40	* 67202	542.40
	* 25732	162.00	* 67211	497.40
	* 25733	185.40	* 67212	542.40
	29301	78.60	* 67301	497.40
	29302	157.20	* 67311	486.60
Initial Installation or Replacement of Complete or Partial Dentures	* 51101	631.80	* 67318	112.80
	* 51102	688.20	* 67321	439.80
	* 51201	792.60	* 67322	439.80
	* 51202	862.80	* 67331	497.40
	* 51301	631.80	* 67341	163.20
	* 51302	688.20		

Denture Adjustments

Initial Installation or Replacement of Fixed Bridges

	* 67501	99.60
Repairs and Recementing	* 66111	81.60
of Existing Fixed Bridge	* 66112	163.20
	* 66113	244.80
	* 66211	81.60
	* 66212	163.20
	* 66213	244.80
	* 66301	81.60
	* 66302	163.20
	* 66303	244.80
	* 69301	24.00
	* 69302	37.20
	* 69303	50.40
	* 69701	77.40
	* 69702	38.40

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	459.85
Mandibular (lower)	32225	459.85
Maxillary and Mandibular		
Reline partial denture (self polymerizing)		
Maxillary (upper)	42210	459.85
Mandibular (lower)	42220	459.85
Maxillary and Mandibular		
Reline complete denture (lab processed)		
Maxillary (upper)	32110	459.85
Mandibular (lower)	32120	459.85
Maxillary and Mandibular		
Reline partial denture (lab processed)		
Maxillary (upper)	42116	459.85
Mandibular (lower)	42126	459.85
Maxillary and Mandibular		

Rebase complete denture	33117	872.10
Maxillary (upper)	33127	872.10
Mandibular (lower)		
Maxillary and Mandibular		
Rebase partial denture		
Maxillary (upper)	43116	872.10
Mandibular (lower)	43126	872.10
Maxillary and Mandibular		

Repairs to Existing Dentures

Repair, no impression required		
Complete		
Maxillary (upper)	36110	101.15
Mandibular (lower)	36120	101.15
Partial		
Maxillary (upper)	46110	101.15
Mandibular (lower)	46120	101.15
Repair, impression required		
Complete		
Maxillary (upper)	36210	138.55
Mandibular (lower)	36220	138.55
Partial		
Maxillary (upper)	46210	138.55
Mandibular (lower)	46220	138.55

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	964.20
Mandibular (lower)	31320	964.20
Maxillary and Mandibular		
Partial Denture, Acrylic Base, No Clasps (1 tooth)		
Maxillary (upper)	41612	854.40
Mandibular (lower)	41622	893.40
Maxillary and Mandibular		
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (tooth borne)		
Maxillary (upper)	* 41216	1855.80
Mandibular (lower)	* 41226	1855.80
Maxillary and Mandibular	*	
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (free end)		
Maxillary (upper)	* 41110	1855.80
Mandibular (lower)	* 41120	1855.80
Maxillary and Mandibular	*	
Partial Denture (precision) Metal Base, Cast or Wrought Clasps and Rests (free end)		
Maxillary (upper)	* 41114	1158.60
Mandibular (lower)	* 41124	1158.60
Wrought Clasps	* 71010	93.60
Installation of additional tooth or teeth clasps to existing dentures (necessitated through removal of natural tooth or teeth while insured)		
	* 46310	112.20
	* 46320	112.20

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.