



Teachers' Dental Plan Maximum Reimbursement Levels

January 1, 2017

Dentist Payment Schedule

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	70.00
				02701	49.00
				02702	69.00
				02801	61.00
				02911	20.00
				02912	22.00
				02913	24.00
Oral Examination			Tests	04201	l.c.
- new patient-primary	01101	54.00		04311	94.00
- new patient-mixed	01102	80.00		04312	99.00
- new patient - permanent	01103	109.00		04313	94.00
- new patient - limited	01201	45.00		04321	160.00
- previous patient (twice per year)	01202	35.00		04322	174.00
- specific	01204	44.00		04323	147.00
- emergency	01205	53.00		04401	l.c.
Stomatognathic, dysfunctional	01301	99.00		04402	49.00
Prosthodontic	01701	65.00		04501	86.00
Orthodontic				04509	86.00
- new patient	01901	359.00		04721	51.00
- casts	04931	86.00		04722	102.00
Polishing (once per year)	11101	35.00		04723	153.00
Scaling	* 11111	38.00	Photographs	04801	32.00
(8 units per year)	* 11112	76.00		04802	48.00
	* 11113	114.00		04803	64.00
	* 11114	152.00		04809	16.00
	* 11115	190.00	Study Models - unmounted	* 04911	30.00
	* 11116	228.00	- mounted	* 04921	89.00
	* 11117	19.00		* 04922	165.00
(*2 units per year maximum reimbursed at 100% of the dental charges indicated above.)			Treatment Planning	05101	86.00
(*6 units per year maximum reimbursed at 85% of the dental charges indicated above.)				05102	172.00
Topical Fluoride Application (once per year)	12101	21.00		05201	86.00
X-Rays			Oral Hygiene Instruction	13211	31.00
- full mouth				13217	15.00
(once per 24 months)	02102	146.00	Sealants	13401	27.00
- bitewing/apicals				13409	18.00
(twice per year)				13411	50.00
	02111	23.00		13419	38.00
	02112	31.00	Topical Application	13601	68.00
	02113	39.00		13602	136.00
	02114	47.00	Appliances	14101	214.00
	02115	56.00		14102	214.00
	02116	64.00		14103	428.00
	02117	72.00		14201	233.00
	02118	80.00	Mouth Guards	14202	233.00
	02119	89.00		14501	50.00
	02120	97.00	Space Maintainers	14502	81.00
	02121	105.00		15101	116.00
	02122	113.00		15103	212.00
	02123	122.00		15105	212.00
	02124	130.00		15201	149.00
	02125	138.00		15202	158.00
	02131	23.00		15301	149.00
	02132	31.00		15302	205.00
	02141	23.00		15401	174.00
	02142	31.00		15402	175.00
	02143	39.00		15403	150.00
	02144	47.00		15501	150.00
	02501	50.00		15601	46.00
	02502	73.00		15603	46.00
	02503	96.00	Anatomic Modifications	15604	46.00
	02504	119.00		16101	68.00
				16201	86.00
				16202	172.00

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

Amalgam, Composite or	21111	78.20	- Porcelain/Ceramic	25141	405.45
Acrylic Fillings	21112	104.55		25142	515.10
	21113	119.85		25143	551.65
	21114	136.00	Onlays - Metal	25144	551.65
	21115	151.30	- Porcelain/Ceramic	25511	625.60
	21121	87.55	Retentive Pins	25531	625.60
	21122	117.30		21401	26.35
	21123	134.30		21402	39.95
	21124	152.15		21403	54.40
	21125	170.00		21404	68.85
	21211	101.15		21405	83.30
	21212	136.85		25601	32.30
	21213	156.40		25602	50.15
	21214	176.80		25603	68.85
	21215	197.20		25604	86.70
	21221	113.90		25605	104.55
	21222	153.85	Posts	25711	342.55
	21223	175.95		25712	411.40
	21224	198.90		25713	472.60
	21225	221.85		25721	164.90
	21231	112.20	Extractions	25722	197.20
	21232	152.15		25723	226.95
	21233	176.80		71101	118.15
	21234	203.15		71109	88.40
	21235	226.95		71201	196.35
	21241	125.80		71209	147.05
	21242	170.00		72111	189.55
	21243	194.65	Dental Surgery (including x-rays and lab)	72211	260.10
	21244	221.85	- Residual Root	72221	353.60
	21245	249.90	Removal	72231	389.30
	21301	153.85			
	21501	32.30		72311	96.90
	22401	158.95		72319	73.10
	22411	158.95		72321	202.30
	22501	158.95		72329	152.15
	22511	158.95		72331	269.45
	23111	107.10		72339	202.30
	23112	146.20		72511	206.55
	23113	171.70	- Alveoplasty	72521	271.15
	23114	196.35		72531	333.20
	23115	221.00		72711	307.70
	23311	124.10		73121	186.15
	23312	169.15		73153	297.50
	23313	197.20		73154	498.10
	23314	225.25		73222	186.15
	23315	254.15		73223	406.30
	23321	135.15		73224	68.00
	23322	183.60	- Surgical Excision	74611	351.90
	23323	215.05		74612	420.75
	23324	246.50		74613	495.55
	23325	277.10	- Surgical Incision	75112	136.00
	23411	105.40		75121	187.85
	23412	142.80		76941	359.55
	23413	167.45		76949	129.20
	23414	191.25		76951	124.10
	23415	215.90		76952	248.20
	23511	124.10		76959	124.10
	23512	169.15		76961	172.55
	23513	197.20		77801	272.00
	23514	225.25		77802	272.00
	23515	254.15		77803	272.00
	23602	153.85			
Inlays - Metal	25111	351.05	TMJ - Appliance Splints	* 78701	628.15
	25112	510.00		* 78702	628.15
	25113	543.15	Oral Surgery	79123	141.10
	25114	543.15		79403	97.75
- Composite	25121	405.45		79404	153.00
	25122	519.35		79602	81.60
	25123	554.20	Endodontics	33111	428.40
	25124	554.20	- Root Canal Therapy	33115	534.65
				33121	596.70
				33131	757.35
				33124	753.10
				33134	909.50
				33141	885.70

	33125	753.10		43422	64.60
	33135	909.50		43423	96.90
	33144	1034.45		43424	129.20
	33145	1034.45		43425	161.50
	33601	126.65		43426	193.80
	33602	158.10		43427	16.15
	33611	78.20		14611	219.30
	33612	85.85	- Appliance	* 14612	219.30
- Periapical Services	34111	255.00		* 14621	96.05
	34112	340.00		* 14622	192.10
	34121	344.25		* 14631	48.45
	34122	430.10		* 14711	301.75
	34131	403.75		* 14712	301.75
	34132	556.75		* 14721	407.15
	34141	329.80		* 14722	407.15
	34142	396.10		* 14731	96.05
	34151	416.50	- Adjustments, Repairs	* 14732	192.10
	34152	549.95		* 49211	l.c
	34161	502.35		42111	187.00
	34162	611.15	- Surgical	42201	219.30
	34163	730.15		42311	271.15
	34211	68.85		42321	294.95
- Retrofilling	34212	113.90		42331	60.35
	34221	68.85		42411	781.15
	34222	113.90		42421	512.55
	34231	68.85		42431	593.30
	34232	113.90		42511	493.00
	34241	68.85		42521	519.35
	34242	113.90		42611	556.75
	34251	68.85		42811	219.30
	34252	113.90		42819	313.65
	34261	68.85		42821	96.05
	34262	113.90		42831	96.05
	34263	147.05		42832	192.10
				43111	62.05
Surgical Services - Miscellaneous	34411	317.05		43211	64.60
	34412	383.35	Periodontal Splinting	43221	69.70
	34421	237.15		43231	37.40
	34422	237.15		43241	64.60
	34423	237.15		43281	64.60
	34451	253.30		43289	64.60
	34452	385.05		16511	96.05
	34453	443.70	Occlusal Adjustment	16512	192.10
	34521	311.10		16513	288.15
	34522	429.25		16514	384.20
	34523	491.30		16519	96.05
	39201	65.45		73411	481.95
	39202	65.45			
- Pulpotomy	32221	105.40			
	32222	138.55	Emergency Treatment for	91121	96.05
	32232	69.70	Dental Pain	91122	192.10
- Pulpectomy	32311	120.70		91211	96.05
	32312	138.55		91212	192.10
	32321	136.85		91213	288.15
- Pulp Capping	20111	86.70		91219	96.05
	20119	86.70		91231	96.05
	20131	35.70		91232	192.10
	20139	35.70		91233	288.15
	20141	27.20		91234	384.20
	20149	27.20		92411	40.80
Sedative Dressing	20121	111.35	Anesthesia	92412	67.15
	20129	111.35		92413	93.50
Emergency Services	39211	77.35		92414	119.85
	39212	107.10		92415	146.20
Bleaching - Non Vital	39311	124.10		92431	73.10
	39312	248.20		92432	122.40
	39313	372.30		92433	171.70
	39319	124.10		92434	221.00
Periodontics-Non Surgical	41211	124.10		92435	270.30
	41212	248.20		92441	49.30
	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	32.30			

Professional Services	93111	124.10		* 51601	267.00
	93112	248.20		* 51602	291.00
	93119	124.10		* 51811	566.40
	94101	55.25		* 51812	617.40
	94102	125.80		* 51911	859.20
	94301	37.40		* 51912	936.60
	94302	53.55		* 52101	162.00
	96201	48.45		* 52102	162.00
	96202	48.45		* 52111	201.60
	99111	I.c.		* 52112	201.60
	99333	I.c.		* 52201	201.60
	99555	I.c.		* 52202	201.60
Repairs to Existing Dentures	* 55101	58.65		* 52211	201.60
	* 55102	58.65		* 52212	201.60
	* 55201	118.15		* 52301	328.80
	* 55202	118.15		* 52302	328.80
	* 55301	59.50		* 52311	253.20
	* 55302	59.50		* 52312	253.20
	* 55401	117.30		* 52401	265.20
	* 55402	117.30		* 52402	265.20
Relines and Rebasing of Existing Dentures	* 56211	188.70		* 53101	642.00
	* 56212	188.70		* 53102	642.00
	* 56221	187.85		* 53201	617.40
	* 56222	187.85		* 53202	617.40
	* 56231	237.15		* 53401	690.60
	* 56232	237.15		* 53402	690.60
	* 56241	192.10		* 53622	666.00
	* 56242	192.10		* 53623	666.00
	* 56311	192.10	Denture Adjustments	* 54201	51.60
	* 56312	192.10		* 54202	103.20
	* 56321	192.10		* 54209	51.60
	* 56322	192.10		* 54301	303.60
Stainless Steel Crown	22211	158.95		* 54302	303.60
	22311	158.95		* 55501	39.60
Recementing Existing Inlay or Crown	29101	96.05		* 56411	226.20
	29102	192.10		* 56412	226.20
	29103	288.15		* 56511	81.00
	29109	96.05		* 56512	81.00
				* 56521	81.00
				* 56522	81.00
				* 56601	20.40
				* 56602	175.80
Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 85% under the Basic and Routine sections.				* 62101	202.20
** I.c. will be reimbursed at 85% of dentist charge.				* 62102	202.20
			Initial Installation or Replacement of Fixed Bridges	* 62105	I.c.
Level III 60% - Major Restorative - Reimbursed at 60% of Dental charges to the maximum indicated below.				62501	202.20
				* 62701	202.20
Plastic Bonding	* 27601	355.80		* 62702	202.20
	* 27602	355.80		* 62703	202.20
	* 23122	162.00		* 62801	147.00
	* 27111	364.80		* 63001	67.80
Initial Installation or Replacement of Crown	* 27121	100.20		63009	67.80
	* 27201	453.00		66221	67.80
	* 27211	453.00		66222	135.60
	* 27212	493.80		66251	67.80
	* 27301	453.00		66252	135.60
	* 27302	493.80		66253	203.40
	* 27311	453.00		66711	68.40
	* 27312	493.80		66719	68.40
	27401	79.80		66731	201.00
	27409	79.80		* 67111	417.60
	27711	55.80		67121	81.60
	27721	87.00		67131	354.60
	* 25731	116.40		* 67201	417.60
	* 25732	139.20		* 67202	455.40
	* 25733	160.20		* 67211	417.60
	29301	67.80		* 67212	455.40
	29302	135.60		* 67301	417.60
Initial Installation or Replacement of Complete or Partial Dentures	* 51101	566.40		* 67311	401.40
	* 51102	617.40		* 67318	93.00
	* 51201	707.40		* 67321	353.40
	* 51202	771.00		* 67322	353.40
	* 51301	566.40		* 67331	417.60
	* 51302	617.40		* 67341	128.40

	* 67501	78.00
Repairs and Recementing	* 66111	67.80
of Existing Fixed Bridge	* 66112	135.60
	* 66113	203.40
	* 66211	67.80
	* 66212	135.60
	* 66213	203.40
	* 66301	67.80
	* 66302	135.60
	* 66303	203.40
	* 69301	22.80
	* 69302	35.40
	* 69303	48.60
	* 69701	65.40
	* 69702	31.80

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	395.25
Mandibular (lower)	32225	395.25
Maxillary and Mandibular		
Reline partial denture (self polymerizing)		
Maxillary (upper)	42210	395.25
Mandibular (lower)	42220	395.25
Maxillary and Mandibular		
Reline complete denture (lab processed)		
Maxillary (upper)	32110	395.25
Mandibular (lower)	32120	395.25
Maxillary and Mandibular		
Reline partial denture (lab processed)		
Maxillary (upper)	42116	395.25
Mandibular (lower)	42126	395.25
Maxillary and Mandibular		

Rebase complete denture	33117	748.85
Maxillary (upper)	33127	748.85
Mandibular (lower)		
Maxillary and Mandibular		
Rebase partial denture		
Maxillary (upper)	43116	748.85
Mandibular (lower)	43126	748.85
Maxillary and Mandibular		

Repairs to Existing Dentures

Repair, no impression required		
Complete	36110	87.55
Maxillary (upper)	36120	87.55
Mandibular (lower)		
Partial	46110	87.55
Maxillary (upper)	46120	87.55
Mandibular (lower)		
Repair, impression required		
Complete	36210	119.00
Maxillary (upper)	36220	119.00
Mandibular (lower)		
Partial	46210	119.00
Maxillary (upper)	46220	119.00
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	828.00
Mandibular (lower)	31320	828.00
Maxillary and Mandibular		
Partial Denture, Acrylic Base, No Clasps (1 tooth)		
Maxillary (upper)	41612	733.20
Mandibular (lower)	41622	768.00
Maxillary and Mandibular		
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (tooth borne)		
Maxillary (upper)	* 41216	1593.00
Mandibular (lower)	* 41226	1593.00
Maxillary and Mandibular	*	
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (free end)		
Maxillary (upper)	* 41110	1593.00
Mandibular (lower)	* 41120	1593.00
Maxillary and Mandibular	*	
Partial Denture (precision) Metal Base, Cast or Wrought Clasps and Rests (free end)		
Maxillary (upper)	* 41114	994.20
Mandibular (lower)	* 41124	994.20
Wrought Clasps	* 71010	79.80
Installation of additional tooth or teeth clasps to existing dentures (necessitated through removal of natural tooth or teeth while insured)		
Maxillary (upper)	* 46310	96.00
Mandibular (lower)	* 46320	96.00

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.

