



Teachers' Dental Plan Maximum Reimbursement Levels

January 1, 2020

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	72.00
Oral Examination				02701	52.00
- new patient-primary	01101	56.00		02702	73.00
- new patient-mixed	01102	80.00		02801	65.00
- new patient - permanent	01103	112.00		02911	20.00
- new patient - limited	01201	47.00		02912	23.00
- previous patient (twice per year)	01202	36.00		02913	25.00
- specific	01204	45.00	Tests	04201	I.c.
- emergency	01205	55.00		04311	116.00
Stomatognathic, dysfunctional	01301	125.00		04312	123.00
Prosthetic	01701	81.00		04313	116.00
Orthodontic				04321	197.00
- new patient	01901	454.00		04322	217.00
- casts	04931	92.00		04323	176.00
Polishing (once per year)	11101	36.00		04401	I.c.
Scaling (8 units per year)	* 11111	42.00		04402	61.00
	* 11112	84.00		04501	95.00
	* 11113	126.00		04509	95.00
	* 11114	168.00		04721	62.00
	* 11115	210.00		04722	124.00
	* 11116	252.00		04723	186.00
	* 11117	21.00	Photographs	04811	33.00
(*2 units per year maximum reimbursed at 100% of the dental charges indicated above.)				04812	49.00
(*6 units per year maximum reimbursed at 85% of the dental charges indicated above.)				04813	65.00
Topical Fluoride Application (once per year)	12111	17.00		04819	16.00
X-Rays	12112	21.00	Study Models - unmounted	* 04911	33.00
- full mouth (once per 24 months)	12113	25.00	- mounted	* 04921	95.00
- bitewing/apicals (twice per year)	02102	152.00		* 04922	176.00
	02111	23.00	Treatment Planning	05101	95.00
	02112	32.00		05102	190.00
	02113	41.00		05201	95.00
	02114	49.00		05202	190.00
	02115	58.00	Oral Hygiene Instruction	13211	33.00
	02116	66.00		13217	17.00
	02117	75.00	Sealants	13401	27.00
	02118	83.00		13409	18.00
	02119	92.00		13411	54.00
	02120	100.00		13419	41.00
	02121	109.00	Topical Application	13601	71.00
	02122	117.00		13602	142.00
	02123	126.00	Appliances	14101	229.00
	02124	135.00		14102	229.00
	02125	143.00		14103	459.00
	02131	23.00		14201	255.00
	02132	32.00		14202	255.00
	02141	23.00	Mouth Guards	14501	56.00
	02142	32.00		14502	90.00
	02143	41.00	Space Maintainers	15101	129.00
	02144	49.00		15103	228.00
	02501	52.00		15105	228.00
	02502	76.00		15201	165.00
	02503	100.00		15202	175.00
	02504	123.00		15301	165.00
				15302	220.00
				15401	192.00
				15402	194.00
				15403	166.00
				15501	166.00
				15601	51.00
				15603	51.00
				15604	51.00
			Anatomic Modifications	16101	72.00
				16201	95.00
				16202	190.00

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

Amalgam, Composite or	21111	86.70
Acrylic Fillings	21112	115.60
	21113	132.60
	21114	158.95
	21115	198.05
	21121	96.90
	21122	129.20
	21123	147.90
	21124	177.65
	21125	221.85
	21211	111.35
	21212	151.30
	21213	172.55
	21214	207.40
	21215	259.25
	21221	125.80
	21222	170.00
	21223	193.80
	21224	232.90
	21225	291.55
	21231	119.85
	21232	163.20
	21233	190.40
	21234	228.65
	21235	285.60
	21241	130.90
	21242	177.65
	21243	208.25
	21244	249.90
	21245	311.95
	21301	158.10
	21501	34.00
	22401	164.05
	22411	164.05
	22501	164.05
	22511	164.05
	23111	114.75
	23112	157.25
	23113	184.45
	23114	221.00
	23115	276.25
	23311	133.45
	23312	181.90
	23313	211.65
	23314	254.15
	23315	317.90
	23321	145.35
	23322	197.20
	23323	231.20
	23324	277.10
	23325	346.80
	23411	113.05
	23412	153.00
	23413	180.20
	23414	215.90
	23415	269.45
	23511	133.45
	23512	181.90
	23513	211.65
	23514	254.15
	23515	317.90
	23602	158.10
Inlays - Metal	25111	361.25
	25112	527.85
	25113	573.75
	25114	573.75
- Composite	25121	413.10
	25122	538.90
	25123	579.70
	25124	579.70

- Porcelain/Ceramic	25141	413.10
	25142	535.50
	25143	577.15
	25144	577.15
Onlays - Metal	25511	646.00
- Porcelain/Ceramic	25531	646.00
Retentive Pins	21401	27.20
	21402	42.50
	21403	56.95
	21404	72.25
	21405	87.55
	25601	34.00
	25602	52.70
	25603	71.40
	25604	90.10
	25605	109.65
Posts	25711	354.45
	25712	425.00
	25713	489.60
	25721	170.00
	25722	204.00
	25723	234.60
Extractions	71101	126.65
	71109	93.50
	71201	216.75
	71209	162.35
	72111	217.60
	72211	299.20
	72221	401.20
	72231	440.30
Dental Surgery (including x-rays and lab)		
- Residual Root	72311	96.90
Removal	72319	73.10
	72321	202.30
	72329	152.15
	72331	269.45
	72339	202.30
	72511	206.55
	72521	271.15
	72531	333.20
	72711	307.70
- Alveoplasty	73121	186.15
	73153	297.50
	73154	498.10
	73222	186.15
	73223	406.30
	73224	68.00
- Surgical Excision	74611	351.90
	74612	420.75
	74613	495.55
- Surgical Incision	75112	136.00
	75121	187.85
	76941	359.55
	76949	129.20
	76951	130.90
	76952	261.80
	76959	130.90
	76961	172.55
	77801	272.00
	77802	272.00
	77803	272.00
TMJ - Appliance Splints	* 78701	628.15
	* 78702	628.15
Oral Surgery	79123	141.10
	79403	97.75
	79404	153.00
	79602	81.60
Endodontics	33111	464.10
- Root Canal Therapy	33115	571.20
	33121	634.95
	33131	797.30
	33124	803.25
	33134	984.30
	33141	926.50

	33125	803.25		43422	71.40
	33135	984.30		43423	107.10
	33144	1119.45		43424	142.80
	33145	1119.45		43425	178.50
	33601	139.40		43426	214.20
	33602	173.40		43427	17.85
	33611	81.60		14611	238.85
	33612	90.95	- Appliance	* 14612	238.85
- Periapical Services	34111	270.30		* 14621	104.55
	34112	360.40		* 14622	209.10
	34121	358.70		* 14631	53.55
	34122	448.80		* 14711	334.90
	34131	427.55		* 14712	334.90
	34132	591.60		* 14721	436.05
	34141	349.35		* 14722	436.05
	34142	420.75		* 14731	104.55
	34151	441.15	- Adjustments, Repairs	* 14732	209.10
	34152	584.80		* 49211	l.c
	34161	532.95		42111	203.15
	34162	649.40	- Surgical	42201	237.15
	34163	776.05		42311	292.40
- Retrofilling	34211	71.40		42321	318.75
	34212	119.85		42331	64.60
	34221	71.40		42411	839.80
	34222	119.85		42421	548.25
	34231	71.40		42431	634.10
	34232	119.85		42511	529.55
	34241	71.40		42521	558.45
	34242	119.85		42611	598.40
	34251	71.40		42811	236.30
	34252	119.85		42819	339.15
	34261	71.40		42821	104.55
	34262	119.85		42831	104.55
	34263	154.70		42832	209.10
Surgical Services - Miscellaneous	34411	329.80		43111	68.00
	34412	398.65	Periodontal Splinting	43211	69.70
	34421	248.20		43221	75.65
	34422	248.20		43231	40.80
	34423	248.20		43241	69.70
	34451	276.25		43281	69.70
	34452	402.05		43289	69.70
	34453	462.40	Occlusal Adjustment	16511	104.55
	34521	322.15		16512	209.10
	34522	447.10		16513	313.65
	34523	511.70		16514	418.20
	39201	68.00		16519	104.55
	39202	68.00		73411	481.95
- Pulpotomy	32221	115.60			
	32222	151.30	Emergency Treatment for	91121	104.55
	32232	76.50	Dental Pain	91122	209.10
- Pulpectomy	32311	131.75		91211	104.55
	32312	151.30		91212	209.10
	32321	143.65		91213	313.65
- Pulp Capping	20111	94.35		91219	104.55
	20119	94.35		91231	104.55
	20131	39.95		91232	209.10
	20139	39.95		91233	313.65
	20141	27.20		91234	418.20
	20149	27.20		92411	45.90
Sedative Dressing	20121	124.95	Anesthesia	92412	76.50
	20129	124.95		92413	107.10
Emergency Services	39211	85.00		92414	137.70
	39212	111.35		92415	168.30
Bleaching - Non Vital	39311	130.90		92431	81.60
	39312	261.80		92432	137.70
	39313	392.70		92433	193.80
	39319	130.90		92434	249.90
Periodontics-Non Surgical	41211	130.05		92435	306.00
	41212	260.10		92441	56.10
	41221	130.05		92452	196.35
	41222	260.10		92453	264.35
	41301	58.65		92454	332.35
	41302	117.30		92455	400.35
- Root Planing	43421	35.70			

Professional Services	93111	130.90		* 51601	282.60
	93112	261.80		* 51602	307.80
	93119	130.90		* 51811	598.20
	94101	62.90		* 51812	651.60
	94102	138.55		* 51911	859.20
	94301	42.50		* 51912	936.60
	94302	59.50		* 52101	170.40
	96201	53.55		* 52102	170.40
	96202	53.55		* 52111	212.40
	99111	I.c.		* 52112	212.40
	99333	I.c.		* 52201	212.40
	99555	I.c.		* 52202	212.40
Repairs to Existing	* 55101	61.20		* 52211	212.40
Dentures	* 55102	61.20		* 52212	212.40
	* 55201	124.10		* 52301	347.40
	* 55202	124.10		* 52302	347.40
	* 55301	62.90		* 52311	267.00
	* 55302	62.90		* 52312	267.00
	* 55401	122.40		* 52401	279.00
	* 55402	122.40		* 52402	279.00
Relines and Rebasings of	* 56211	198.90		* 53101	666.00
Existing Dentures	* 56212	198.90		* 53102	666.00
	* 56221	197.20		* 53201	654.00
	* 56222	197.20		* 53202	654.00
	* 56231	249.90		* 53401	730.20
	* 56232	249.90		* 53402	730.20
	* 56241	202.30		* 53622	700.80
	* 56242	202.30		* 53623	700.80
	* 56311	202.30		* 54201	51.60
	* 56312	202.30	Denture Adjustments	* 54202	103.20
	* 56321	202.30		* 54209	51.60
	* 56322	202.30		* 54301	303.60
Stainless Steel Crown	22211	164.05		* 54302	303.60
	22311	164.05		* 55501	42.60
Recementing Existing	29101	101.15		* 56411	229.20
Inlay or Crown	29102	202.30		* 56412	229.20
	29103	303.45		* 56511	85.20
	29109	101.15		* 56512	85.20
				* 56521	85.20
				* 56522	85.20
				* 56601	21.60
				* 56602	178.80
				* 62101	224.40
				* 62102	224.40
				* 62105	I.c.
				62501	224.40
				* 62701	224.40
				* 62702	224.40
				* 62703	224.40
				* 62801	163.20
				* 63001	73.80
				63009	73.80
				66221	73.80
				66222	147.60
				66251	73.80
				66252	147.60
				66253	221.40
				66711	76.20
				66719	76.20
				66731	218.40
				* 67111	451.80
				67121	90.00
				67131	393.60
				* 67201	451.80
				* 67202	492.00
				* 67211	451.80
				* 67212	492.00
				* 67301	451.80
				* 67311	433.80
				* 67318	100.80
				* 67321	387.60
				* 67322	387.60
				* 67331	451.80
				* 67341	142.20
Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 85% under the Basic and Routine sections.					
** I.c. will be reimbursed at 85% of dentist charge.					
Level III 60% - Major Restorative - Reimbursed at 60% of Dental charges to the maximum indicated below.					
Plastic Bonding	* 27601	371.40			
	* 27602	371.40			
	* 23122	164.40			
	* 27111	381.00			
Initial Installation or	* 27121	103.80			
Replacement of Crown	* 27201	478.80			
	* 27211	478.80			
	* 27212	522.00			
	* 27301	478.80			
	* 27302	522.00			
	* 27311	478.80			
	* 27312	522.00			
	27401	82.20			
	27409	82.20			
	27711	57.60			
	27721	91.20			
	* 25731	120.00			
	* 25732	144.00			
	* 25733	165.60			
	29301	71.40			
	29302	142.80			
Initial Installation or	* 51101	598.20			
Replacement of Complete	* 51102	651.60			
or Partial Dentures	* 51201	745.80			
	* 51202	812.40			
	* 51301	598.20			
	* 51302	651.60			

	* 67501	86.40
Repairs and Recementing	* 66111	73.80
of Existing Fixed Bridge	* 66112	147.60
	* 66113	221.40
	* 66211	73.80
	* 66212	147.60
	* 66213	221.40
	* 66301	73.80
	* 66302	147.60
	* 66303	221.40
	* 69301	24.00
	* 69302	37.20
	* 69303	50.40
	* 69701	70.20
	* 69702	34.80

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	433.50
Mandibular (lower)	32225	433.50
Maxillary and Mandibular		
Reline partial denture (self polymerizing)		
Maxillary (upper)	42210	433.50
Mandibular (lower)	42220	433.50
Maxillary and Mandibular		
Reline complete denture (lab processed)		
Maxillary (upper)	32110	433.50
Mandibular (lower)	32120	433.50
Maxillary and Mandibular		
Reline partial denture (lab processed)		
Maxillary (upper)	42116	433.50
Mandibular (lower)	42126	433.50
Maxillary and Mandibular		

Rebase complete denture	33117	821.95
Maxillary (upper)	33127	821.95
Mandibular (lower)		
Maxillary and Mandibular		
Rebase partial denture		
Maxillary (upper)	43116	821.95
Mandibular (lower)	43126	821.95
Maxillary and Mandibular		

Repairs to Existing Dentures

Repair, no impression required		
Complete	36110	96.05
Maxillary (upper)	36120	96.05
Mandibular (lower)		
Partial	46110	96.05
Maxillary (upper)	46120	96.05
Mandibular (lower)		
Repair, impression required		
Complete	36210	130.05
Maxillary (upper)	36220	130.05
Mandibular (lower)		
Partial	46210	130.05
Maxillary (upper)	46220	130.05
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	909.00
Mandibular (lower)	31320	909.00
Maxillary and Mandibular		
Partial Denture, Acrylic Base, No Clasps (1 tooth)		
Maxillary (upper)	41612	805.20
Mandibular (lower)	41622	842.40
Maxillary and Mandibular		
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (tooth borne)		
Maxillary (upper)	* 41216	1749.00
Mandibular (lower)	* 41226	1749.00
Maxillary and Mandibular	*	
Partial Denture (semi-precision) Metal Base, Cast or Wrought Clasp and Rests (free end)		
Maxillary (upper)	* 41110	1749.00
Mandibular (lower)	* 41120	1749.00
Maxillary and Mandibular	*	
Partial Denture (precision) Metal Base, Cast or Wrought Clasps and Rests (free end)		
Maxillary (upper)	* 41114	1091.40
Mandibular (lower)	* 41124	1091.40
Wrought Clasps	* 71010	88.20
Installation of additional tooth or teeth clasps to existing dentures (necessitated through removal of natural tooth or teeth while insured)		
	* 46310	105.00
	* 46320	105.00

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.

