



The QCD of America Dental & Vision Benefit Program is a managed cost program offering a large selection of highly qualified private practice dental and optical professionals.

The QCD Philosophy

QCD believes that you should pay the lowest monthly cost possible for comprehensive dental and vision benefit coverage for your family. The member benefits from significant cost savings when and if services are used.

Do not pay high premiums for dental benefits – pay for your services when and if used. It just makes good financial sense!

Monthly Cost

	Monthly
Employee Only	\$ 3.00 / Month
Employee + Spouse	\$ 6.00 / Month
Employee + Family	\$ 9.00 / Month

Why Select QCD?

When selecting dental benefits, QCD makes good financial sense. QCD allows you to allocate more of your benefit expenditures to your rising medical costs.

A single dental procedure (Root Canal and Crown) could cost you as much as \$2000 with no coverage. The QCD program will allow you to save **up to 60%** on the total cost – that could be as much as **\$1200 in savings** and enough to fund your family’s monthly dental and vision benefit costs for several years.

Need more information?

- Contact our Membership Services Department 972.726.0444 or 1.800.229.0304
- See the last page for your enrollment form
- Visit our website at www.qcdofamerica.com

Welcome to the Future of Dental & Vision Benefits...Today!

THE ESTABLISHED STANDARD

(Not an Insurance Plan)

	<u>Monthly</u>
Employee Only	\$3.00
Employee + Spouse	\$6.00
Employee + Family	\$9.00

- ◆ No Claim Forms, Deductibles or Coverage Maximums
- ◆ Immediate Coverage for all Pre-Existing Conditions
- ◆ Orthodontics (Braces) for Children and Adults
- ◆ May cover children up to the age of 26

SAMPLE DENTAL PROCEDURE ¹	FEE PAID WITH QCD OF AMERICA®	NATIONAL AVERAGE DENTAL FEES ²	SAVINGS WITH QCD OF AMERICA®
Oral Exam	\$9	\$35	74%
Full Mouth X-Ray	\$28	\$77	64%
Teeth Cleaning	\$24	\$54	56%
Amalgam (1Surface)	\$28	\$79	65%
Simple Extraction	\$36	\$80	55%
Root Canal (1Canal)	\$185	\$387	52%
Porcelain w/ Metal Crown (lab fees additional)	\$350	\$652	46%
Complete Upper or Lower Denture (lab fees additional)	\$400	\$770	48%

¹ A fee of \$8.00 is charge per appointment for infection control costs. There will be an additional charge for all lab fees less a 20% discount.

² The schedule represents a sample of highly utilized dental procedures. The average costs are estimated from data gathered by the U.S. Bureau of Labor Statistics, the American Dental Association, and the Chamber of Commerce Research Association.

- ◆ After you sign and turn in your enrollment form, QCD will send you a membership card.
- ◆ Please select any dentist within the QCD Affiliated Dentist Team and make an appointment.
- ◆ Please be sure to identify yourself as a QCD member and the reduced fee schedule will apply to all charges.
- ◆ Please call the QCD Member Services Department at 972.726.0444 or 1.800.229.0304 for assistance.
- ◆ Information may be obtained from the web site at www.qcdofamerica.com



PROCEDURE NUMBER MEMBER FEE

DIAGNOSTIC DENTISTRY

D0120	Periodical Oral Examination	\$9.00
D0140	Limited Oral Examination, Problem Focused	\$12.00
D0150	Comprehensive Oral Examination	\$18.00
D0210	Intraoral X-Ray Complete Series	\$28.00
D0460	Pulp Vitality Test	\$15.00
D9999	Asepsis Fee (Infection Control)	\$8.00
All Bitewing / Single Film X-Rays		20% DISCOUNT

PREVENTIVE DENTISTRY

D1110	Prophalaxis – Adult	\$24.00
D1120	Prophalaxis – Child	\$24.00
D1203	Application Topical Fluoride – Child	\$5.00
D1204	Application Topical Fluoride – Adult	\$5.00
D1351	Sealant – Per Tooth	\$14.00
D1510	Space Maintainer – Fixed Unilateral	\$60.00
D1515	Space Maintainer - Fixed Bilateral	\$75.00

A specific preventive treatment may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.

COSMETIC

All Cosmetic Dentistry 20% DISCOUNT

RESTORATIVE DENTISTRY

D2140	Amalgam – 1 Surface, Primary or Permanent	\$28.00
D2150	Amalgam – 2 Surface, Primary or Permanent	\$36.00
D2160	Amalgam – 3 Surfaces, Primary or Permanent	\$46.00
D2161	Amalgam – 4 or More Surfaces, Primary or Permanent	\$56.00
D2330	Composite Resin – 1 Surface, Anterior	\$38.00
D2331	Composite Resin – 2 Surfaces, Anterior	\$46.00
D2332	Composite Resin – 3 Surfaces, Anterior	\$56.00
D2335	Composite Resin – 4 or More Surfaces or Involving Incisal Angle, Anterior	\$66.00
D2391	Composite Resin – 1 Surface, Posterior	\$50.00
D2392	Composite Resin – 2 Surfaces, Posterior	\$65.00
D2393	Composite Resin – 3 Surfaces, Posterior	\$85.00
D2394	Composite Resin – 4 or More Surfaces, Posterior	\$95.00
D2750	Crown – Porcelain to High Noble Metal (Gold and Lab Fees Additional)	\$350.00
D2751	Crown – Porcelain to Base Metal (Lab Fees Additional)	\$320.00
D2920	Re-cement Crown	\$20.00
D2931	Prefabricated Stainless Steel Crown	\$48.00
D2940	Sedative Filling	\$16.00
D2950	Core Buildup (Including Any Pins)	\$55.00
D2951	Pin Retention – (Per Tooth)	\$20.00
D2952	Cast Post and Core in Addition to Crown	\$75.00
D2953	Each Additional Cast Post (Same Tooth)	\$40.00
D2954	Prefab Post / Core in Addition to Crown	\$60.00
D2970	Temporary Crown (Fractured Tooth)	\$40.00

PROCEDURE NUMBER MEMBER FEE

ENDODONTICS

D3110	Pulp Cap, Direct	\$19.00
D3120	Pulp Cap, Indirect	\$24.00
D3220	Pulpotomy	\$35.00
D3310	Root Canal, Anterior	\$159.00
D3320	Root Canal, Bicuspid	\$209.00
D3330	Root Canal, Molar	\$259.00
D3920	Hemisection	\$65.00

A specific root canal treatment or re-treatment may present unusual circumstances requiring additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.

PERIODONTICS

D4210	Gingivectomy/Gingivoplasty – (Per Quadrant)	\$180.00
D4211	Gingivectomy/Gingivoplasty – (Per Tooth)	\$50.00
D4240	Gingival Flap Procedure, Including Root Planing – (Per Quadrant)	\$200.00
D4260	Osseous Surgery – (Per Quadrant) (Including Flap Entry and Closure)	\$260.00
D4341	Periodontal Scaling and Root Planing – (Per Quadrant)	\$75.00
D4355	Full Mouth Debridement	\$70.00
D4910	Periodontal Maintenance Procedures Following Active Therapy	\$30.00

A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.

PROSTHODONTICS – REMOVABLE

(Lab Fees Additional Cost)

D5110	Complete Upper Denture (Including Six Months Post Care)	\$400.00
D5120	Complete Lower Denture (Including Six Months Post Care)	\$400.00
D5130	Immediate Upper	\$420.00
D5140	Immediate Lower	\$420.00
D5211	Upper Partial Denture – Resin Base	\$250.00
D5212	Lower Partial Denture – Resin Base	\$250.00
D5213	Upper Partial – Predominantly Cast Base	\$400.00
D5214	Lower Partial – Predominantly Cast Base	\$400.00
D5410	Adjust Complete Denture	\$15.00
D5510	Repair Broken Complete Denture Base	\$40.00
D5610	Repair Resin Denture Base	\$35.00
D5630	Repair or Replace Broken Clasp	\$45.00
D5640	Replace Broken Teeth (Per Tooth)	\$30.00
D5650	Add Tooth to Existing Partial Denture	\$45.00
D5660	Add Clasp to Existing Partial Denture	\$65.00
D5730	Reline Complete Upper (Chairside)	\$75.00
D5731	Reline Complete Lower (Chairside)	\$75.00
D5740	Reline Upper Partial (Chairside)	\$75.00
D5741	Reline Lower Partial (Chairside)	\$75.00
D5810	Temporary Complete Upper Denture	\$200.00
D5811	Temporary Complete Lower Denture	\$200.00
D5820	Temporary Partial – Stay Plate Upper	\$180.00
D5821	Temporary Partial – Stay Plate Lower	\$180.00

SCHEDULE OF PROGRAM FEES (CONTINUED)

PROCEDURE NUMBER MEMBER FEE

PROSTHODONTICS – FIXED BRIDGES

D6241 Pontic–Porcelain Fused to Base Metal	\$320.00
D6751 Crown–Porcelain Fused to Base Metal	\$320.00
D6791 Crown–Full Cast Fused to Base Metal	\$270.00
D6930 Re-Cement Bridge	\$20.00
D6940 Stress Breaker	\$90.00
D6950 Precision Attachment (Each)	\$225.00

A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the Affiliated Dentist as to the total cost prior to treatment.

ORAL SURGERY

D7110 Single Tooth Extraction	\$36.00
D7120 Each Additional Tooth	\$34.00
D7130 Root Removal – Exposed Roots	\$48.00
D7210 Surgical Extraction – Erupted	\$68.00
D7220 Removal of Impacted Tooth – Soft Tissue	\$78.00
D7230 Removal of Impacted Tooth – Partially Bony	\$109.00
D7240 Removal of Impacted Tooth – Completely Bony	\$129.00
D7241 Removal of Impacted Tooth – Completely Bony with Unusual Surgical Complications	\$189.00
D7250 Root Recovery	\$72.00
D7280 Surgical Exposure Per Tooth	\$66.00
D7310 Alveoloplasty (Per Quadrant With Extractions)	\$78.00
D7320 Alveoloplasty (Per Quadrant Without Extractions)	\$84.00
D7960 Frenectomy	\$99.00

A specific oral surgery procedure may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.

ORTHODONTICS (QCD GENERAL DENTIST ONLY)

D8999 Diagnostic Work Up Radiographs, Model, Records	\$120.00
D8080 Child (QCD General Dentist) Class I or II For 24-Month Treatment	\$2,200.00
D8090 Adult (QCD General Dentist) Class I or II For 24-Month Treatment	\$2,400.00
D8680 Orthodontic Retention	\$230.00

A specific orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the Affiliated Dentist will explain all needed procedures, length of treatment, required fees and payment schedule.

GENERAL SERVICES

D9999 Failed Appointment (Without 24-Hours Notice)	\$30.00
D9999 Palliative (Emergency) Treatment of Dental Pain–Minor Procedures	\$20.00
D9999 Office Visit–After Hours	\$45.00

SPECIALTY CARE SERVICES

All scheduled charges listed are for services rendered by a QCD OF AMERICA® Affiliated General Dentist. All treatments provided by a QCD OF AMERICA® Affiliated Specialty Dentist (Advanced Degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% Discount from the Affiliated Specialty Dentist's usual and customary fee for the treatment.

OTHER PROCEDURES AND PAYMENT FOR SERVICES

Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the Dentist's usual and customary fee less a 20% discount – this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at the time of service. The member may negotiate payment terms with the Affiliated Dentist; however, an additional charge may be added for payment terms.

ASEPSIS FEE

An asepsis fee of \$8.00 per patient appointment is charged by all Affiliated Dentists to insure proper infection control for all QCD OF AMERICA® members.

QCD OF AMERICA® – EXCLUSIONS AND LIMITATIONS

- 1) The following exclusions and limitations apply:
 - A) Services covered under Workmen's Compensation or Employer's Liability Laws;
 - B) Cost of any dental care covered by any medical insurance;
 - C) Services, which in the opinion of the attending Dentist, are not necessary for the patient's dental health or cannot be performed because of the general health of the Patient.
 - D) General anesthesia, I.V. sedation, hospitalization, and hospital or medical charges of any type.
- 2) QCD OF AMERICA® member fees apply to services rendered by Affiliated Dental offices and are subject to change in the future.
- 3) QCD OF AMERICA® member fees do not apply to work in progress or if the Patient's membership is no longer valid.
- 4) QCD OF AMERICA® assumes no responsibility or liability for services rendered by Affiliated Dentists.
- 5) Any QCD OF AMERICA® member accepted for Orthodontic treatment must remain a member of the plan for the complete duration of the treatment or risk additional charges by the . . . Affiliated Dentist.
- 6) Any procedure may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total treatment cost prior to any service being rendered.

IMPORTANT NOTICE

The QCD OF AMERICA® Dental Benefit Program does not constitute dental insurance and is not a health maintenance organization contract. QCD OF AMERICA® does not reimburse the Affiliated Dentist or indemnify the member for the cost of dental services received by the member.

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The Best Dental & Vision Benefit Value

- ✓ QCD offers over 3,000 highly qualified dental professionals
 - To locate a dentist in your area, visit www.qcdofamerica.com and type in your zip code
- ✓ The average appointment availability is less than two weeks
- ✓ QCD **Client Services Team** is ready and willing to assist you in all your needs such as:
 - Benefit Questions
 - Treatment plans
 - Coverage Levels
- ✓ QCD **Membership Services Team** is available for all general questions including:
 - Finding a Dentist
 - Setting Appointments
 - Vision Benefits
- ✓ If your dentist is not affiliated with QCD, please fill out the **Dentist Referral Form** and turn it into your HR Director or you can fax it to our **Provider Relations Department** at 972-726-0448
- ✓ For more information on your **vision benefits**, please contact Davis Vision Customer Service at 877-923-2847

The QCD Team Members are available
Monday through Friday
9:00a-4:00p
Contact us at
800-229-0304 or 972-726-0444

Clear Vision Discount Program

Davis Vision is pleased to provide you with a no-cost, traditional vision Discount Program that provides significant discounts on eye exams, lenses, frames and additional eyewear options. For more details, see the Accessing Provider Information section on the reverse side.

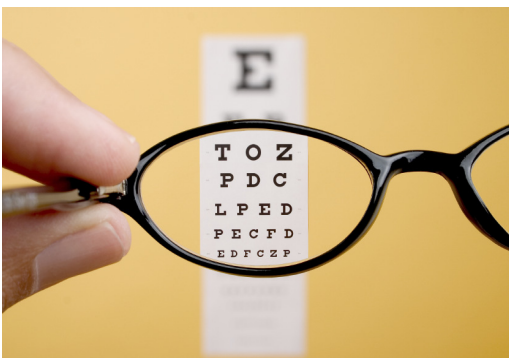
The Discount Program entitles you to the following discounts off usual and customary fees:

Comprehensive Eye Exam		
Complete Eye Examination	15% Discount off Usual & Customary	
Contact Lens Examination	15% Discount off Usual & Customary	
Frame/¹	Patient Price	Average Discount
Priced up to \$70 Retail	\$40	40%
Priced over \$70 Retail	\$40 plus 10% off the amount over \$70	28%
Spectacle Lenses (Uncoated Plastic)		
Single	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%
Lens Options (Add to Lens Prices Above)²		
Standard Progressive	\$75	50%
Premium Progressive	\$125	35%-60%
Glass Lenses	\$18	40%
Polycarbonate Lenses	\$30	50%
Blended Invisible Bifocals	\$20	60%
Intermediate Vision Lenses	\$30	80%
Scratch Resistant Coating	\$20	33%-66%
Standard Anti-Reflective Coating	\$45	20%
Ultraviolet Coating	\$15	25%
Solid Tint	\$10	30%
Gradient Tint	\$12	20%
Photochromic Lenses	\$35	20%-45%
Plastic Photosensitive Lenses	\$65	35%-55%
High Index Lenses	\$55	40%
Polarized Lenses	\$75	20%
Contact Lenses (in lieu of eyeglasses)		
Conventional	20% off Provider's Usual & Customary	20%
Disposable/Planned Replacement	10% off Provider's Usual & Customary	10%
Value-Added Features		
Lens 1-2-3! [®] Membership	Free Membership	Up to 50%
Laser Vision Correction Discount	Up to 25% off Provider's U & C ³	Up to 25%

^{1/} At Wal-Mart locations, members will receive Wal-Mart's everyday low price on frame and contact lens purchases.

^{2/} Special lens designs, materials, powers, and frames may require additional cost.

^{3/} Or receive an additional 5% discount on any advertised specials-whichever is lower.



Clear Vision Discount Program Highlights

Vision Plan: Clear Vision Discount Plan **Control Code:** 2959

Co-payment: N/A, discount plan is 100% member paid at the time of service

Eye Examination – Members will receive a 15% discount on their comprehensive eye examination including dilation (when professionally indicated).

Eyewear (Frames and Spectacle Lenses or Contact Lenses) – Members will be entitled to substantial and verifiable savings on all of their eyewear needs. Discounts are uniform nationally and represent pricing well below Average Retail Prices. These discounts are based on published industry standard costs, not markdowns from artificially inflated prices.

Significant Savings – Client surveys indicate that programs providing discounts off retail prices of eyeglasses are subject to abuse due to the high associated markups of over 300% throughout the optical industry. Consequently, these programs do not result in a true “value-add” for the beneficiary. The proposed fixed-fee discounted pricing schedule provides both verifiable savings and benefit uniformity for all members from coast to coast.

Additional Value-Added Features – The Clear Vision Discount Program also offers significant discounts on replacement contact lenses and laser vision correction at no additional cost.

- Lens 123® is a mail order program that allows you to enjoy the guaranteed lowest prices on replacement contact lenses—save up to 60% off retail prices. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service. The Lens 123® contact lens replacement program is endorsed by the industry’s major manufacturers.
- Davis Vision’s Laser Vision Correction program provides substantial discounts on laser vision correction procedures. Members are entitled to savings of up to 25% off usual and customary fees or a 5% discount off a center’s advertised special through a network of preeminent physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.) See below for information on finding a participating laser vision provider near you.

Accessing a Provider – Contact a Davis Vision representative at 1-888-897-9347 or simply log on to www.davisvision.com, choose “Find a Provider” and use your control code 2959

Customer Service -To speak with a customer service representative, call Davis Vision Customer Service at 1877-923-2847. Enter Client Control Number 2959 when prompted. At the main menu, press “0”. Our representatives are available to assist you from 8 a.m. to 11 p.m. ET Monday through Friday, 9 a.m. to 4 p.m. ET Saturday and 12 p.m. to 4 p.m. ET Sunday.

Dentist Referral Form

QCD of America adds dentists to the affiliated dental team through the referrals of new and existing members. After you review the most current affiliated dental team listing, please provide us with your suggestions for new dentist affiliates that are **not** currently listed on the network of affiliated dentists.

Your Name

Your Telephone Number

Your Employer

Dentist's Name

Dentist's Address

City, State, Zip Code

Dentist's Telephone Number

This form is for new and existing QCD members to suggest new dentists for QCD to contact for possible affiliation with the dental program. All dentists will be contacted immediately; however, all dentists must meet QCD's qualification requirements prior to affiliation.



The Red Program

Group Enrollment



Please complete all information and sign. Please print all information.

SUBSCRIBER INFORMATION

New QCD Member

Existing QCD Member making changes

Last Name		First Name		MI	Date of Birth	
Address			City		State	Zip
Social Security Number			Telephone			
Company Name			Effective Date		Hire Date	

COVERAGE SELECTED

<input type="checkbox"/>	Employee Only	\$3 / Month
<input type="checkbox"/>	Employee and One Dependent	\$6 / Month
<input type="checkbox"/>	Employee and Family	\$9 / Month

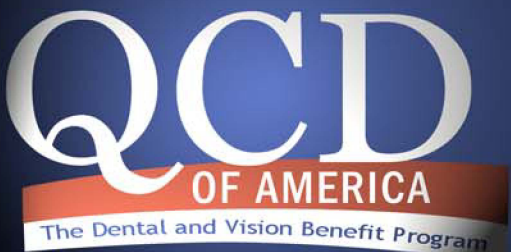
DEPENDENT INFORMATION

Social Security Number	Last Name	First Name	MI	Date of Birth	Gender	Relationship

I hereby make application for membership in QCD of America® (QCD). I agree to hold QCD harmless from any liability for negligence on the part of the Affiliated Dentist. I further release QCD from and waive any claims for negligent referral, negligent certification or similar claim. I hereby authorize my employer to make payroll deductions, if required, for the coverage selected. The QCD of America Dental and Vision Benefit Program is not an insurance plan and does not constitute insurance coverage.

Date

Applicant Signature



INDIVIDUAL PAYMENT AUTHORIZATION

(Only if you are paying monthly by bank draft.)
Please complete all information and sign. PLEASE PRINT all information.

SUBSCRIBER INFORMATION

Last Name	First Name	MI	Date of Birth
Address		City	State Zip
Social Security Number		Telephone	

COVERAGE SELECTED

<input type="checkbox"/> Individual Only	<input type="checkbox"/> Individual and One Dependent	<input type="checkbox"/> Individual and Family
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MEMBERSHIP FEE

	Monthly Fee – Bank Draft Only
Individual Only	\$3.00
Individual and One Dependent	\$6.00
Individual and Family	\$9.00

1) If paying by bank draft, please enclose a voided check(not a deposit slip) along with a check for a one time enrollment fee of \$20 plus the initial month's membership fee made payable to QCD of America®. The monthly fees will be drafted on the 5th of each month.

2) If paying on an annual basis, the enrollment fees is waived.

PRE-AUTHORIZED BANK DRAFT PROGRAM

I (we) hereby authorize QCD of America® (QCD) to draw checks on the checking account of:

Name as Shown on Checking Account	Bank Routing Number for Electronic Drafting	Account Number
Name of Bank and Branch	Address	City
	State	Bank Telephone

for payment of the monthly membership fees due as selected above. This authorization is in effect until QCD and the Depository Bank have received written notification from me of its termination in such a manner and timeframe to allow QCD and Depository Bank a reasonable opportunity to act administratively on the request. I (we) agree to provide QCD written prior notice of any change of banks or account numbers. I agree that QCD will have no liability whatsoever except to the extent created by my payment.

Date	Authorized Signature(s) as it appears on bank records
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