

Consumer Driven Choices	RED*	WHITE**
Monthly Rates		With Ortho
Employee Only	\$5.00	\$26.76
Employee + One	\$8.00	\$55.80
Employee + Family	\$12.00	\$83.98
	A Managed Cost Dental & Vision Benefit Program	A Comprehensive Reimbursement Program
Calendar Year Deductible:	No Deductible	\$50/\$150 (Basic & Major)
Calendar Year Max Benefit:	No Maximum	\$1,500
Reimbursement %	N/A	100%***
PREVENTIVE SERVICES - CLASS I		
Waiting Period	None	None
Office Visit	No Charge	100%*** In-Network QCD General Dentist Only
Routine Exams		
Cleaning	See Reduced Fee Schedule (Approximately 50% Savings)	See Reimbursement per Schedule for Out-of-Network
X-rays Complete Series		
Sealants		
Fluoride Treatment		
Space Maintainers		
BASIC SERVICES - CLASS II		
Waiting Period	None	None
Extractions		100%*** In-Network QCD General Dentist Only
Fillings	See Reduced Fee Schedule (Approximately 50% Savings)	See Reimbursement per Schedule for Out-of-Network
MAJOR SERVICES - CLASS III		
Waiting Period	None	None
Crowns		100%*** In-Network QCD General Dentist Only
Bridges		
Inlays/onlays	See Reduced Fee Schedule (Approximately 50% Savings)	See Reimbursement per Schedule for Out-of-Network
Dentures		
Periodontal		
Oral Surgery		
Root Canals		
ORTHODONTIA		
Waiting Period	None	None
Lifetime Maximum	None	Life Max \$1,000
Coverage	Children & Adults	Children & Adults
SPECIAL PROGRAM FEATURES		
	Household Coverage No Age or Relationship Restrictions	No Frequency Limitations No Waiting Periods New Ortho Maximum
QCD Clear Vision Discount Program(Included In All Dental Plans)		
Eye Examination	Spectacle Lenses (Uncoated Plastic)	
Contact Lens Examination	Single \$35.00	
15% discount off Usual & Customary	Bifocal \$55.00	
15% discount off Usual & Customary	Trifocal \$65.00	
Frame	Lenicular \$110.00	
Priced up to \$70 Retail = \$40.00	Conventional	
Priced over \$70 Retail = \$40.00	20% off Provider's Usual & Customary	
10% off the amount over \$70.00	Disposable/Planned Replacement	
	10% off Provider's Usual & Customary	
	QCD "RED" plan is a managed cost dental and vision benefit program. The member pays at time of service according to the QCD Schedule of Program Fees (Approximately 50% Savings). Family coverage on RED Only includes everyone in the household regardless of age or relationship.	
	QCD "WHITE" Program - Member pays a QCD provider at time of service per QCD Schedule of Program Fees and then submits a copy of the paid receipt for reimbursement - Claims paid in approximately 10-15 business days. Out-of-Network insurance reimbursements are per a set schedule and represent approximately 50% coverage.	
	QCD "WHITE" Program reimburses the member for any service performed by a QCD General Dentist and listed by code on the RED Schedule of Program Fees at 100% (After Deductibles). Lab fees are additional and not reimbursed.	

Schedule of Programs Fees



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
PREVENTATIVE DENTISTRY	
D1110	PROPHYLAXIS – ADULT\$24.00
D1120	PROPHYLAXIS – 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 preventative 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 SURFACES, 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	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	HEMISECTIO.....\$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 Programs Fees (Continued)



PROSTHODONTICS – FIXED BRIDGES	SPECIALTY CARE SERVICES
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 RECEMENT BRIDGE\$20.00 D6940 STRESS BREAKER\$90.00 D6950 PRECISION ATTACHMENT (EACH).....\$225.00	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.
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.	OTHER PROCEDURES AND PAYMENT FOR SERVICES
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	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
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	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.
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 special 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 PALLATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES.....\$20.00 D9999 OFFICE VISIT-AFTER HOURS\$45.00 IMPORTANT NOTICE THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NO CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR IMDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.	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 OPIONION 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, HOSPITALIZAITON, 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 AFFILAITED 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.

QCD White Reimbursement Schedule



WE WILL PAY, SUBJECT TO DEDUCTIBLE AND CO-INSURANCE, FOR THE PROCEDURES AND SERVICES LISTED IN THE SCHEDULE OF ELIGIBLE EXPENSES, NOT TO EXCEED THE LESSER OF THE ACTUAL CHARGE OR THE SCHEDULED BENEFIT FOR SUCH PROCEDURE OR SERVICE.

Maximum Limit:

Eligible Expenses for:
Class I, II, III

Combined \$1,500 per calendar year

Percentage Payable, after Deductible

Eligible Expenses for:
Class I, II, III

100% of Scheduled Benefit

Deductible Amount Each Calendar Year

Eligible Expenses for

Each Person

Each Family

Class I

\$0

\$0

Class II & III

\$50

\$150

Waiting Period For:

Class I

NONE

Class II

NONE

Class III

NONE

SCHEDULE OF ELIGIBLE EXPENSES

CLASS I (or A) - PREVENTATIVE & DIAGNOSTIC

Code	Procedure	Scheduled Benefit
D0120	Periodical Oral Evaluation	\$9
D0140	Limited Oral Evaluation	\$12
D0145	Oral Evaluation For Patient < 3 yrs	\$18
D0150	Comprehensive Oral Evaluation	\$18
D0160	Detailed and Extensive Oral Evaluation	\$30
D0170	Re-Evaluation – Limited	\$26
D0210	Intraoral – Complete Series	\$28
D0220	Intraoral – Periapical First Film	\$12
D0230	Intraoral-Periapical Each Additional Film	\$9
D0240	Intaoral-Occlusal Film	\$18
D0250	Extraoral-First Film	\$24
D0260	Extraoral-Each Additional Film	\$23
D0270	Bitewing – Single Film	\$14
D0272	Bitewings-Two Films	\$21
D0273	Bitewings- Three Films	\$25
D0274	Bitewings-Four Films	\$29
D0277	Vertical Bitewings-7 To 8 Films	\$45
D0330	Panoramic Film	\$53
D0340	Cephalometric Film	\$66
D0350	Oral/Facial Images	\$29
D0460	Pulp Vitality Tests	\$15
D0470	Diagnostic Casts	\$30

Code	Procedure	Scheduled Benefit
D0472	Accession of Tissue, Exam & Report	\$30
D0473	Accession of Tissue, Exam & Report	\$50
D0474	Accssion Incl Assessof Surgical Margins	\$50
D0480	Processing /Interpret Cytologic Smears	\$40
D0999	Unspecified Diagnostic Proc, by Report	\$8
D1110	Prophylaxis-Adult	\$36
D1120	Prophylaxis-Child	\$29
D1201	Topical App Flouride w/Phophylaxis-Child	\$39
D1203	Topical Application Flouride-Child	\$10
D1204	Topical Application Flouride-Adult	\$10
D1205	Topical App Flouride w/Phophylaxis-Adult	\$46
D1206	Topical Flouride Varnish	\$10
D1351	Sealant-Per Tooth	\$14
D1510	Space Maintainer-Fixed Unilateral	\$60
D1515	Space Maintainer-Fixed Bilateral	\$75
D1520	Space Maintainer-Removable Unilateral	\$150
D1525	Space Maintainer-Removable Bilateral	\$150
D1550	Recementation of Space Maintainer	\$37
D1999	Unspecified Preventive	\$8
D9110	Emergency Palliative Treatment	\$41
D9310	Consultation, Second Opinion	\$50
D9999	Infection Control	\$8

CLASS II (or B) - BASIC RESTORATIVE

Code	Procedure	Scheduled Benefit
D2140	One Surface Amalgam – Permanent	\$28
D2150	Two Surface Amalgam – Permanent	\$36
D2160	Three Surface Amalgam – Permanent	\$46
D2161	Four + Surface Amalgam – Permanent	\$56
D2330	One Surface Resin – Anterior	\$38
D2331	Two Surface Resin – Anterior	\$46
D2332	Three Surface Resin – Anterior	\$56
D2335	Four + Surface or Incisal Resin – Anterior	\$66
D2391	Resin Composite – 1 Surface Posterior	\$50
D2392	Resin Composite – 2 Surface Posterior	\$65
D2393	Resin Composite – 3 Surface Posterior	\$85
D2394	Resin Composite – 4+ Surface Posterior	\$95
D3110	Pulp Cap-Direct (Excludes Final Restor)	\$19
D3120	Pulp Cap-Indirect (Excludes Final Restor)	\$24
D3220	Vital Pulpotomy – Primary Teeth Only	\$35
D3221	Gross Pulpal Debridement	\$77
D3230	Pulpal Therapy – Anterior Primary	\$74
D3240	Pulpal Therapy – Posterior Primary	\$80
D3310	Root Canal – Anterior	\$185
D3320	Root Canal – Bicuspid	\$209
D3330	Root Canal – Molar	\$259
D3331	Treat Root Canal Obstruction; Non-Surg	\$160
D3332	Incomplete Endodontic Therapy	\$256
D3333	Internal Root Repair - Perforation Defects	\$50
D3346	Retreat Root Canal Therapy - Anterior	\$399
D3347	Retreat Root Canal Therapy - Bicuspid	\$400
D3348	Retreat Root Canal Therapy – Molar	\$400
D3351	Apexification/Recalcification - Initial Visit	\$50
D3352	Apexification/Recalcification - Interim	\$35
D3353	Apexification/Recalcification - Final Visit	\$50
D3410	Apicoectomy – Anterior	\$339
D3421	Apicoectomy – Bicuspid	\$370
D3425	Apicoectomy – Molar	\$400
D3426	Apicoectomy – Additional Root	\$140
D3430	Retrograde Filling	\$103
D3450	Root Amputation	\$208
D3460	Endodontic Endosseous Implant	\$100
D3470	Intentional Reimplantation	\$125
D3920	Hemisection Not Incl Root Canal Therapy	\$65
D4210	Gingivectomy – Per Quadrant	\$180
D4211	Gingivectomy – Per Tooth	\$50
D4240	Gingival Flap Surgery	\$200
D4245	Apically Positioned Flap	\$100
D4249	Clinical Crown Lengthening - Hard Tissue	\$125
D4260	Osseous Surgery – Per Quadrant	\$260
D4261	Osseous Surgery – 1-3 Teeth	\$32
D4263	Bone Replace Graft-1st Site In Quadrant	\$30
D4264	Bone Replace Graft-Each Addl Site/Quad	\$30
D4268	Surgical Revision Procedure, Per Tooth	\$100
D4270	Pedicle Soft Tissue Graft Procedure	\$387

Code	Procedure	Scheduled Benefit
D4271	Free Soft Tissue Graft Procedure	\$398
D4273	Subepithelial Connective Tissue Graft	\$400
D4274	Distal Or Proximal Wedge Procedure	\$100
D4341	Scaling and Root Planing –Per Quadrant	\$75
D4342	Scaling and Root Planing – 1-3 Teeth	\$32
D4355	Periodontal Debridement (Full Mouth)	\$70
D4910	Periodontal Maintenance Procedure	\$30
D5410	Denture Adjustment – Upper	\$15
D5411	Denture Adjustment – Lower	\$32
D5421	Partial Adjustment – Upper	\$32
D5422	Partial Adjustment – Lower	\$32
D5510	Repair Denture Base	\$40
D5520	Repair Teeth – Per Tooth	\$53
D5610	Repair Partial Base	\$35
D5620	Repair Partial Framework	\$74
D5630	Repair Broken Clasp	\$45
D5640	Replace Teeth – Per Tooth	\$30
D5650	Add Tooth to Existing Partial Denture	\$45
D5660	Add Clasp to Existing Partial Denture	\$65
D5710	Rebase Complete Denture – Upper	\$235
D5711	Rebase Complete Denture – Lower	\$224
D5720	Rebase Partial Denture – Upper	\$222
D5721	Rebase Partial Denture – Lower	\$222
D5730	Reline Upper Denture	\$75
D5731	Reline Lower Denture	\$75
D5740	Reline Upper Partial Denture	\$75
D5741	Reline Lower Partial Denture	\$75
D5750	Reline Upper Denture (Lab)	\$177
D5751	Reline Lower Denture (Lab)	\$177
D5760	Reline Upper Partial Denture (Lab)	\$174
D5761	Reline Lower Partial Denture (Lab)	\$174
D6930	Bridge Recementation	\$20
D6940	Stress Breaker	\$90
D6950	Precision Attachment	\$225
D6970	Cast Post & Core + Fixed Partial Retainer	\$161
D6971	Cast Post, Part of Fixed Partial Denture	\$141
D6972	Crwod Resin (Plus Fixed Partial Retainer)	\$131
D6973	Core Build-up for Retainer (Incl Any Pins)	\$105
D6980	Fixed Partial Denture Repair	\$50
D7110	Simple Extraction	\$36
D7120	Additional Extraction	\$34
D7130	Root Removal Exposed	\$48
D7140	Extraction, Erupted Tooth, Exposed Root	\$48
D7210	Surgical Extraction	\$68
D7220	Impacted (Soft Tissue)	\$78
D7230	Impacted (Partial Bony)	\$109
D7240	Impacted (Complete Bony)	\$129
D7241	Impacted (Complete Bony) Unusual Circum	\$189
D7250	Surgical Removal of Root	\$72
D7270	Tooth Reimplantation	\$100

CLASS II (or B) - BASIC RESTORATIVE (Continued)

Code	Procedure	Scheduled Benefit
D7280	Surgical Access of an Unerupted Tooth	\$65
D7281	Surgical Exposure of Impacted/Unerupted	\$100
D7285	Biopsy of Oral Tissue – Hard Bone/Tooth	\$30
D7286	Biopsy of Soft Oral Tissue	\$30
D7290	Surgical Repositioning of Teeth	\$100
D7310	Alveolectomy (w/extraction) – per quadrant	\$78
D7311	Alveoloplasty (w/extraction) – 1-3 Teeth	\$39
D7320	Alveolectomy (w/o extraction) – per quad	\$84
D7321	Alveoloplasty (w/o extraction) – 1-3 Teeth	\$42
D7340	Vestibuloplasty- Ridge Extent	\$75
D7350	Incision & Drainage of Abscess – Intraoral	\$200
D7410	Radical Excision- Lesion up to 1.25cm	\$75
D7440	Malignant Tumor Excision- Up to 1.25cm	\$50
D7441	Malignant Tumor Excision- > 1.25cm	\$50
D7450	Remove Odontogenic Cyst Or Tumor	\$50
D7451	Remove Odontogenic Cyst Or Tumor	\$50
D7460	Removal Of Nonodontogenic Cyst/Tumor	\$50
D7461	Removal Of Nonodontogenic Cyst/Tumor	\$50
D7465	Destruction Of Lesion(s)-Physical or Chem	\$50
D7471	Removal Of Exostosis - Per Site	\$50

Code	Procedure	Scheduled Benefit
D7510	Intraoral Incision and Drainage of Abscess	\$30
D7520	Extraoral Incision and Drainage of Abscess	\$30
D7530	Foreign Body Removal Skin/Subcutaneous	\$75
D7540	Foreign Body Removal-Reaction-Producing	\$150
D7550	Sequestrectomy For Osteomyeliti	\$30
D7560	Maxillary Sinusotomy-Remove Tooth Frag	\$130
D7610	Maxilla-Open Reduction	\$130
D7620	Maxilla – Closed Reduction	\$175
D7630	Mandible – Open Reduction	\$140
D7640	Mandible – Open Reduction	\$175
D7650	Malar And/Or Zygomatic Arch - Open	\$135
D7660	Malar And/Or Zygomatic Arch - Closed	\$175
D7670	Alveolus – Stabilization Of Teeth, Closed	\$135
D7680	Facial Bones - Complicated Reduction	\$135
D7910	Suture Of Recent Small Wounds up to 5 cm	\$75
D7911	Complicated Suture - Up To 5 Cm	\$75
D7912	Complicated Suture – Greater Than 5 Cm	\$75
D7960	Frenulectomy (Frenectomy Or Frenotomy)	\$99
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$75
D7971	Excision Of Pericoronal Gingiva	\$75

CLASS III (or C) - MAJOR RESTORATIVE

Code	Procedure	Scheduled Benefit
D0502	Other Oral Pathology Procedures	\$50
D2410	Gold Foil - One Surface	\$80
D2420	Gold Foil -Two Surfaces	\$130
D2430	Gold Foil - Three Surfaces	\$200
D2510	Inlay-Metallic - One Surface	\$215
D2520	Inlay-Metallic - Two Surfaces	\$244
D2530	Inlay-Metallic - Three Or More Surfaces	\$281
D2542	Onlay-Metallic-Two Surfaces	\$275
D2543	Onlay-Metallic-Three Surfaces	\$288
D2544	Onlay-Metallic-Four Or More Surfaces	\$300
D2610	Inlay-Porcelain/Ceramic-One Surface	\$253
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	\$267
D2630	Inlay-Porcelain/Ceramic-Three or More	\$284
D2642	Onlay - Procelain/Ceramic – Two Surfaces	\$276
D2643	Onlay - Procelain/Ceramic– Three Surfaces	\$298
D2644	Onlay - Procelain/Ceramic - Four Or More	\$316
D2650	Inlay-Resin-Based Composite-One Surface	\$166
D2651	Inlay-Resin-Based Composite-Two Surfaces	\$198
D2652	Inlay-Resin-Based Composite-Three+	\$208
D2662	Onlay - Resin-Based Composite - 2 Surfaces	\$180
D2663	Onlay - Resin-Based Composite– 3 Surfaces	\$212
D2664	Onlay-Resin-Based Composite– 4+ Surf	\$227
D2710	Crown-Resin (Laboratory)	\$128
D2720	Crown-Resin With High Noble Metal	\$316
D2721	Crown-Resin w/Predominantly Base Metal	\$296

Code	Procedure	Scheduled Benefit
D2722	Crown-Resin With Noble Metal	\$302
D2740	Crown-Porcelain/Ceramic Substrate	\$324
D2750	Crown-Porcelain Fused to High Noble Mtl	\$350
D2751	Crown-Porcelain Fused To Base Metal	\$320
D2752	Crown-Porcelain Fused To Noble Metal	\$335
D2780	Crown-3/4 Cast High Noble Metal	\$307
D2781	Crown-3/4 Cast Predominantly Base Metal	\$289
D2782	Crown-3/4 Cast Noble Metal	\$298
D2783	Crown-3/4 Porcelain/Ceramic	\$315
D2790	Crown-Full Cast High Noble Metal	\$335
D2791	Crown-Full Cast Predominantly Base Metal	\$292
D2792	Crown-Full Cast Noble Metal	\$298
D2910	Recement Inlay	\$23
D2920	Recement Crown	\$20
D2930	Prefab Stainless Steel Crown-Primary Tooth	\$65
D2931	Prefab Stainless Steel Crown-Perm Tooth	\$48
D2932	Prefabricated Resin Crown	\$80
D2933	Prefab Stainless Steel Crown w/Resin	\$90
D2940	Sedative Filling	\$16
D2950	Core Buildup, Including Any Pins	\$55
D2951	Pin Retention - Per Tooth	\$20
D2952	Cast Post And Core In Addition To Crown	\$75
D2953	Ech Additional Cast Post (Same Tooth)	\$40
D2954	Prefab Post &Core In Addition To Crown	\$60
D2960	Labial Veneer (Resin Laminate) - Chairside	\$193

CLASS III (or C) - MAJOR RESTORATIVE (Continued)

Code	Procedure	Scheduled Benefit
D2961	Labial Veneer (Resin Laminate) – Lab	\$215
D2962	Labial Veneer (Porcelain Laminate) – Lab	\$234
D2970	Temporary Crown (Fractured Tooth)	\$40
D2980	Crown Repair, By Report	\$60
D5110	Complete Denture – Maxillary	\$400
D5120	Complete Denture – Mandibular	\$400
D5130	Immediate Denture – Maxillary	\$420
D5140	Immediate Denture – Mandibular	\$420
D5211	Maxillary Partial Denture – Resin Base	\$250
D5212	Mandibular Partial Denture – Resin Base	\$250
D5213	Maxillary Partial Denture – Cast Metal	\$400
D5214	Mandibular Partial Denture – Cast Metal	\$400
D5225	Maxillary Partial Denture – Flexible Base	\$400
D5226	Mandibular Partial Denture – Flexible Base	\$400
D5281	Removable Unilateral Partial Denture	\$233
D5810	Temporary Complete Upper Denture	\$200
D5811	Temporary Complete Lower Denture	\$200
D5820	Interim Partial Denture (Maxillary)	\$180
D5821	Interim Partial Denture (Mandibular)	\$180
D5850	Tissue Conditioning, Maxillary	\$35
D5851	Tissue Conditioning, Mandibular	\$35
D5860	Overdenture - Complete, By Report	\$200
D5861	Overdenture - Partial, By Report	\$200
D5863	Overdenture Complete Max	\$200
D5864	Overdenture Partial Max	\$200
D5865	Overdenture Complete Man	\$200
D5866	Overdenture Partial Man	\$200
D6210	Pontic - Cast High Noble Metal	\$276
D6211	Pontic - Cast Predominantly Base Metal	\$258
D6212	Pontic - Cast Noble Metal	\$269
D6240	Pontic -Porcelain Fused to High Noble Met	\$330
D6241	Pontic - Porcelain Fused to Base Metal	\$320
D6242	Pontic - Porcelain Fused To Noble Metal	\$265
D6245	Pontic - Porcelain/Ceramic	\$281
D6250	Pontic - Resin With High Noble Metal	\$269
D6251	Pontic - Resin With Predom Base Metal	\$248
D6252	Pontic - Resin With Noble Metal	\$256
D6519	Inlay/Onlay – Porcelain/Ceramic	\$255
D6520	Inlay - Metallic – Two Surfaces	\$237

Code	Procedure	Scheduled Benefit
D6530	Inlay - Metallic – Three Or More Surfaces	\$272
D6543	Onlay - Metallic – Three Surfaces	\$279
D6544	Onlay - Metallic – Four Or More Surfaces	\$291
D6545	Retainer-Cast Metal-Resin Fixed Prosthesis	\$114
D6548	Retainer-Porcelain/Ceramic-Resin Bonded	\$126
D6600	Inlay -Porcelain/Ceramic-Two Surfaces	\$255
D6601	Inlay- Porcelain/Ceramic-Three Surfaces	\$255
D6602	Inlay -High Noble Metal, Two Surfaces	\$255
D6603	Inlay- High Noble Metal,Three or More Surfaces	\$255
D6604	Inlay -Base Metal, Two Surfaces	\$255
D6605	Inlay -Base Metal, Three or More Surfaces	\$255
D6607	Inlay -Noble Metal, Three or More Surfaces	\$272
D6608	Onlay -Porcelain/Ceramic Two Surfaces	\$272
D6609	Onlay -Porcelain/Ceramic Three or More Surfaces	\$272
D6610	Onlay-High Noble Metal Two Surfaces	\$272
D6611	Onlay High Noble Metal Three or More Surfaces	\$272
D6612	Onlay Noble Metal Two Surfaces	\$272
D6613	Onlay Base Metal, Three or More Surfaces	\$272
D6614	Onlay Noble Metal, Two Surfaces	\$272
D6615	Onlay Noble Metal, Three or More Surfaces	\$272
D6720	Crown - Resin With High Noble Metal	\$303
D6721	Crown - Resin With Predom Base Metal	\$288
D6722	Crown - Resin With Noble Metal	\$293
D6740	Crown - Porcelain/Ceramic	\$319
D6750	Crown-Porcelain Fused to High Noble Met	\$205
D6751	Crown - Porcelain Fused to Base Metal	\$320
D6752	Crown - Porcelain Fused to Noble Metal	\$345
D6780	Crown - 3/4 Cast High Noble Metal	\$293
D6781	Crown - 3/4 Cast Predominantly Base Met	\$293
D6782	Crown - 3/4 Cast Noble Metal	\$272
D6783	Crown - 3/4 Porcelain/Ceramic	\$302
D6790	Crown - Full Cast High Noble Metal	\$300
D6791	Crown – Full Cast Predom Base Metal	\$270
D6792	Crown – Full Cast Noble Metal	\$295
D9220	General Anesthesia - First 30 Minutes	\$83
D9221	General Anesthesia - Each Addl 15 Minutes	\$35
D9241	Intravenous Sedation/Analgesia- 1 st 30 Min	\$65
D9242	Intravenous Sedation- Each Addl 15 Min	\$27
D9930	Post-Surgical Complication Treatment	\$50

Fax, mail or email

Complete Itemized Bill to:

QCD of America, INC.
1664 Keller Parkway, Suite 101

Keller, Texas 76248

Fax: 972-726-8559

Email: dorish@qcdofamerica.com

Customer Service

800-229-0304

Dental Networks

Available at www.QCDofAmerica.com

Vision Networks

Available at www.davisvision.com

The Red Program

A managed cost dental and vision benefit program



No claim forms, no deductibles and no coverage maximums

Use a QCD affiliated dentist of choice

Pay at time of service according to the QCD schedule of program fees, saving approximately 50% at time of service

Coverage for pre-existing conditions and 20% discount on orthodontic coverage for adults and children

Family coverage defined as entire household regardless of age or relationship

Discount vision benefit included

Sample Dental Procedure	Fee Paid With QCD of America	National Average Dental Fees	Savings with QCD of America
Oral Exam	\$9	\$40	78%
Full Mouth X-Ray	\$28	\$104	73%
Teeth Cleaning	\$24	\$75	68%
Amalgam (1 Surface)	\$28	\$121	77%
Simple Extraction	\$36	\$123	71%
Root Canal (1 Canal)	\$185	\$542	66%
Porcelain w/Metal Crowns (lab fees additional)	\$350	\$838	59%
Complete Upper or Lower Denture (lab fees additional)	\$400	\$1,252	69%

1. A fee of \$8.00 is charged 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 in a 2010 Survey of Sample Average National Dental Fees.

- After you sign and turn in your enrollment form, QCD will send you a membership card
- Select any dentist in the QCD Affiliated Dentist Team and make an appointment
- Be sure to identify yourself as a QCD member and the reduced fee schedule will apply to all charges
- Please call the Client Services Department at 972.726.0444 or 800.229.0304 for assistance
- Additional information may be obtained from the website at www.QCDofAmerica.com

The White Program

A comprehensive reimbursement plan



Use your QCD affiliated dentist of choice and pay per RED schedule saving 50%

Get your bill complete with procedure codes

Send your bill to QCD for reimbursement within 6-10 business days

\$1,500 reimbursement maximum per calendar year per plan member

Any service performed by a QCD General Dentist and listed by code on the RED

schedule of program fees is reimbursed at 100% (after deductibles)

Represents approximately 93% of paid claims and includes major services

Virtually eliminates out-of-pocket costs

Out-of-network benefits paid to member

Child and adult orthodontics included with a brand new \$1,000 life maximum

No Waiting Periods

Make your co-payment – Get your co-payment reimbursed (100% in most cases)

CODE	PROCEDURE	QCD PROGRAM CHARGE	INSURANCE PAYMENT	ESTIMATED OUT-OF-POCKET
[CLASS I]				
D0150	Comprehensive Exam	\$18	\$18	\$0
D0210	Intraoral X-ray	\$28	\$28	\$0
D1110	Adult Cleaning	\$24	\$24	\$0
D1120	Child Cleaning	\$24	\$24	\$0
D1203	Fluoride Child	\$5	\$5	\$0
D1351	Sealant Tooth	\$14	\$14	\$0
[CLASS II]				\$0
D2140	Amalgam 1 Surface	\$28	\$28	\$0
D2330	Comp. Resin 1 Surface	\$38	\$38	\$0
D3310	Anterior Root Canal	\$185	\$185	\$0
D3320	Bicuspid Root Canal	\$209	\$209	\$0
D4210	Gingivectomy Per Quad	\$180	\$180	\$0
[CLASS III]				\$0
D2750	Crown Porcelain Fused to High Noble Metal	\$350	\$350	\$0
D2950	Core Buildup	\$55	\$55	\$0
D2952	Cast Post & Core	\$75	\$75	\$0
D2970	Temporary Crown	\$40	\$40	\$0
D5110	Complete Upper Denture	\$400	\$400	\$0

- The actual out-of-pocket cost may vary if specialty care dentists are used
- Lab fees are additional and are not reimbursed by the scheduled insurance plan
- All procedures listed by ADA code on the QCD "RED" schedule of program fees and performed by a QCD affiliated General Dentists are reimbursed by the scheduled insurance plan at 100% of the reimbursement schedule (after deductibles). Includes Class I, II, and III.

Orthodontia



Lifetime Maximum Limit	\$500 Per Calendar Year/\$1,000 Lifetime
Percentage Payable, after Deductible	50% of Usual & Customary Rate
Deductible Amount Each Calendar Year	None
Waiting Period	White/No Waiting Period

Code	Procedure	Scheduled Benefit
D8010	Initial Consultation	Usual, Customary & Reasonable
D8020	Diagnostic Evaluation (including x-rays)	Usual, Customary & Reasonable
D8030	Orthodontic Treatment of the Adolescent	Usual, Customary & Reasonable
D8080	24 Month Treatment	Usual, Customary & Reasonable
D8210	Retainers (Each)	Usual, Customary & Reasonable
D8680	Orthodontic Retention	Usual, Customary & Reasonable
D8999	Diagnostic Work Up Radiographs, Model,	Usual, Customary & Reasonable

Orthodontic Dental Services

We will pay benefits for the orthodontic services listed above when the date started for the orthodontic service occurs while the person is insured under this Certificate. No payment will be made for orthodontic treatment if the appliances or bands are inserted prior to becoming insured except as provided in the Effect of Prior Plan provision. We consider orthodontic treatment to be started on the date the bands or appliances are inserted. Any other orthodontic treatment that can be completed on the same day it is rendered is considered to be started and completed on the date the orthodontic treatment is rendered.

We will pay the co-insurance percentage amount shown in the Schedule after any required deductible for orthodontic services has been satisfied for the Certificate Year. The maximum benefit payable to each covered dependent child, while insured under the policy, for orthodontic services is shown in the Schedule. Those who receive orthodontic coverage are indicated in the Schedule of Benefits. The maximum benefit will apply even if coverage is interrupted.

We will make a payment for covered orthodontic services related to the initial orthodontic treatment which consists of diagnosis, evaluation, pre-care and insertion of bands or appliances. After the payment for the initial orthodontic treatment, benefits for covered orthodontic services will be paid in equal quarterly installments over the course of the remaining orthodontic treatment. The benefit payment schedule for the initial orthodontic treatment and quarterly installments will be determined as follows:

1. We will determine the lesser of the Reasonable and Customary charge and the orthodontist's fee and multiply that amount by the co-insurance rate shown in the Schedule.
2. The lesser of the amount from number 1 or the Overall Maximum Benefit for orthodontic services shown in the Schedule will be the maximum benefit payable. An initial amount of 25% of the maximum benefit payable will be paid for the initial orthodontic treatment. This amount will be payable as of the date appliances or bands are inserted.
3. The remaining 75% of the maximum benefit payable will be divided by the number of quarters that orthodontic treatment will continue to determine the amount which will be payable for each subsequent quarter of orthodontic treatment. The subsequent quarterly payments will be made only if Your dependent remains insured under this Certificate and provides proof to Us that orthodontic treatment continues. If orthodontic treatment continues after the maximum benefit payable has been paid, no further benefits will be paid.

qcd | WELLNESS PROGRAM

QCD of America Discount Prescription Card

www.QCDofAmerica.com

Save up to 80% on your prescriptions and your pet's prescriptions. Simply present this card at a network pharmacy.



No Fees
No Expiration Date

Pre-Activated Card
Use it over and over!



- ✓ Up to 80% on generic medications
- ✓ Up to 20% on name brand prescriptions
- ✓ Up to 80% on your PET'S medications too!
- ✓ Unlike many other programs and discounts, QCD Wellness Rx Card is FREE to people of ALL AGES
- ✓ This is NOT an insurance program or membership club Your FREE discount drug card simply entitles you to a discount off the purchase price of prescription drugs

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	
Frame¹	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.

DC Administrators Online

Log In Online to View Claim EOB's

1. Log in to the online portal under "Group Member Access" & enter your Group ID: TEXFB
2. Under Plan Participants, select the Claims tab
3. Select a Patient from the drop down menu
4. Click on any claim number to view the Explanation of Benefits (EOB)
5. EOB's remain accessible through the secure website, but you may also print a copy for your records

**CALL 1-844-257-0684
WITH QUESTIONS**

You now have access to your dental plan information. As a new member with DC Administrators, we want to help you understand the tools you have to help you get the most from your dental plan.

To increase your access to timely information, **DC Administrators provides online access to your dental plan. The information provided includes Viewing & Submission of Claims, Explanation of Benefits, Printing ID cards, Accumulators list and more.**

Below are simple instructions for accessing your dental plan information online.

- Go to www.QCDofAmerica.com
- On the home page click on **Group Member Access & enter your Group ID- TEXFB**
- **Login using the following data under Plan Participants:**
 - **Username: Member ID (on your card) or SSN**
 - **Password: Date of Birth (mmddyyyy)**

If you do not have internet access, please contact our customer service team at 1-844-257-0684.

**We look forward to
serving you!**



QCD of America
 AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
 TEXAS FARM ENROLLMENT FORM- GROUP **TEXFB**



DENTAL PLAN:

QCD RED
 QCD WHITE

DENTAL COVERAGE:

EMPLOYEE ONLY
 EMPLOYEE PLUS ONE
 EMPLOYEE PLUS FAMILY

Last Name	First Name	MI	Date of Birth
Address	City	State	Zip
Social Security Number		Telephone	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date	Hire Date	

DEPENDENT INFORMATION

	Last Name	First Name	MI	Date of Birth	Gender	Relationship
						SPOUSE

REFUSAL/WAIVER- *Complete Only If You Are Declining Coverage For Yourself Or Any Dependent*

I DECLINE COVERAGE FOR: MYSELF SPOUSE CHILDREN

REASON FOR REFUSAL: _____

I hereby request coverage as outlined above under the American National Life Company of Texas group dental and/or vision plan offered by my employer. I authorize my employer to deduct from my earnings, including any future adjustments, any required contributions. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined any coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with the plan provisions. I understand and acknowledge that information concerning coverage, treatments, and services I may receive may be distributed and disclosed to my employer. I hereby consent to the dissemination and disclosure of all information. I declare all answers true and complete.

WARNING: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Date

Applicant Signature