



# Schedule of Program Fees

## RED PLUS – MEMBER PAYS GENERAL DENTIST – PREVENTIVE & DIAGNOSTIC REIMBURSEMENT

## WHITE – MEMBER PAYS GENERAL DENTIST – ALL CODE REIMBURSEMENT Class I, II, III

### 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
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#### 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

- The following exclusions and limitations apply:
  - Services covered under Workmen's Compensation or Employer's Liability Laws;
  - Cost of any dental care covered by any medical insurance;
  - 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.
  - General anesthesia, I.V. sedation, hospitalization, and hospital or medical charges of any type.
- QCD OF AMERICA® member fees apply to services rendered by Affiliated Dental offices and are subject to change in the future.
- QCD OF AMERICA® member fees do not apply to work in progress or if the Patient's membership is no longer valid.
- QCD OF AMERICA® assumes no responsibility or liability for services rendered by Affiliated Dentists.
- 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.
- 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.