


**Attachment 3**  
**1 of 7 pages**

Houston ISD		
Consumer Driven Choices	RED*	
Monthly Rates		
Employee Only	No Charge	
Employee + Spouse	\$8.00	
Employee + One	\$8.00	
Employee + Family	\$12.00	
	A Managed Cost Dental & Vision Benefit Program	
Calendar Year Deductible:	No Deductible	
Calendar Year Max Benefit:	No Maximum	
Reimbursement %	N/A	
PREVENTIVE SERVICES - CLASS I		
Waiting Period	None	
Office Visit	No Charge	
Routine Exams		
Cleaning		
X-rays Complete Series	See Reduced Fee	
Sealants	Schedule	
Fluoride Treatment	(Approximately 50% Savings)	
Space Maintainers		
BASIC SERVICES - CLASS II		
Waiting Period	None	
Extractions		
Fillings	See Reduced Fee	
	Schedule	
	(Approximately 50% Savings)	
MAJOR SERVICES - CLASS III		
Waiting Period	None	
Crowns		
Bridges		
Inlays/onlays	See Reduced Fee	
Dentures	Schedule	
Periodontal	(Approximately 50% Savings)	
Oral Surgery		
ORTHODONTIA		
Waiting Period	None	
Lifetime Maximum	None	
Coverage	Children & Adults	
SPECIAL PROGRAM FEATURES		
	Household Coverage	
	No Age or Relationship Restrictions	
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 "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 6-10 business days. Out-of-Network insurance reimbursements are per a set schedule and represent approximately 50% coverage.	

# Schedule of Programs Fees



Procedure Number	Member Fee	Procedure Number	Member Fee
<b>DIAGNOSTIC DENTISTRY</b>		<b>ENDODONTICS</b>	
D0120	PERIODICAL ORAL EXAMINATION .....\$9.00	D3110	PULP CAP, DIRECT.....\$19.00
D0140	LIMITED ORAL EXAMINATION, PROBLEM FOCUSED .....\$12.00	D3120	PULP CAP, INDIRECT .....\$24.00
D0150	COMPREHENSIVE ORAL EXAMINATION .....\$18.00	D3220	PULPOTOMY.....\$35.00
D0210	INTRAORAL X - RAY COMPLETE SERIES.....\$28.00	D3310	ROOT CANAL, ANTERIOR.....\$159.00
D0460	PULP VITALITY TEST.....\$15.00	D3320	ROOT CANAL, BICUSPID.....\$209.00
D9999	ASEPSIS FEE (INFECTION CONTROL) .....\$8.00	D3330	ROOT CANAL, MOLAR.....\$259.00
ALL BITEWING / SINGLE FILM X-RAYS.....20% DISCOUNT		D3920	HEMISECTIO.....\$65.00
<b>PREVENTATIVE DENTISTRY</b>		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.	
D1110	PROPHYLAXIS – ADULT .....\$24.00	<b>PERIODONTICS</b>	
D1120	PROPHYLAXIS – CHILD .....\$24.00	D4210	GINGIVECTOMY/GINGIVOPLASTY –(PER QUADRANT).....\$180.00
D1203	APPLICATION TOPICAL FLUORIDE – CHILD.....\$5.00	D4211	GINGIVECTOMY/GINGIVOPLASTY - (PER TOOTH).....\$50.00
D1204	APPLICATION TOPICAL FLUORIDE – ADULT .....\$5.00	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - (PER QUADRANT) .....\$200.00
D1351	SEALANT-PER TOOTH .....\$14.00	D4260	OSSEOUS SURGERY-(PER QUADRANT) (INCLUDING FLAP ENTRY AND CLOSURE) .....\$260.00
D1510	SPACE MAINTAINER - FIXED UNILATERAL .....\$60.00	D4341	PERIODONTAL SCALING AND ROOT PLANING - (PER QUADRANT).....\$75.00
D1515	SPACE MAINTAINER - FIXED BILATERAL .....\$75.00	D4355	FULL MOUTH DEBRIDEMENT .....\$70.00
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.		D4910	PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY .....\$30.00
<b>COSMETIC</b>		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.	
ALL COSMETIC DENTISTRY .....20% DISCOUNT		<b>PROSTHODONTICS – REMOVABLE</b>	
<b>RESTORATIVE DENTISTRY</b>		(LAB FEES ADDITIONAL COST)	
D2140	AMALGAM - 1 SURFACE, PRIMARY OR PERMANENT .....\$28.00	D5110	COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE) .....\$400.00
D2150	AMALGAM - 2 SURFACES, PRIMARY OR PERMANENT .....\$36.00	D5120	COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE) .....\$400.00
D2160	AMALGAM - 3 SURFACES, PRIMARY OR PERMANENT .....\$46.00	D5130	IMMEDIATE UPPER.....\$420.00
D2161	AMALGAM - 4 OR MORE SURFACES, PRIMARY OR PERMANENT .....\$56.00	D5140	IMMEDIATE LOWER.....\$420.00
D2330	COMPOSITE RESIN - 1 SURFACE, ANTERIOR .....\$38.00	D5211	UPPER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2331	COMPOSITE RESIN - 2 SURFACES, ANTERIOR.....\$46.00	D5212	LOWER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2332	COMPOSITE RESIN - 3 SURFACES, ANTERIOR.....\$56.00	D5213	UPPER PARTIAL – PREDOMINANTLY CAST BASE .....\$400.00
D2335	COMPOSITE RESIN - 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR .....\$66.00	D5214	LOWER PARTIAL – PREDOMINANTLY CAST BASE .....\$400.00
D2391	COMPOSITE RESIN - 1 SURFACE, POSTERIOR.....\$50.00	D5410	ADJUST COMPLETE DENTURE .....\$15.00
D2392	COMPOSITE RESIN - 2 SURFACES, POSTERIOR.....\$65.00	D5510	REPAIR BROKEN COMPLETE DENTURE BASE .....\$40.00
D2393	COMPOSITE RESIN - 3 SURFACES, POSTERIOR.....\$85.00	D5610	REPAIR RESIN DENTURE BASE .....\$35.00
D2394	COMPOSITE RESIN - 4 OR MORE SURFACES, POSTERIOR.....\$95.00	D5630	REPAIR OR REPLACE BROKEN CLASP.....\$45.00
D2750	CROWN - PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL) .....\$350.00	D5640	REPLACE BROKEN TEETH – (PER TOOTH) .....\$30.00
D2751	CROWN - PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL) .....\$320.00	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE .....\$45.00
D2920	RECEMENT CROWN .....\$20.00	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE.....\$65.00
D2931	PREFABRICATED STAINLESS STEEL CROWN .....\$48.00	D5730	RELINE COMPLETE UPPER (CHAIRSIDE) .....\$75.00
D2940	SEDATIVE FILLING .....\$16.00	D5731	RELINE COMPLETE LOWER (CHAIRSIDE) .....\$75.00
D2950	CORE BUILDUP, (INCLUDING ANY PINS) .....\$55.00	D5740	RELINE UPPER PARTIAL (CHAIRSIDE) .....\$75.00
D2951	PIN RETENTION – (PER TOOTH) .....\$20.00	D5741	RELINE LOWER PARTIAL (CHAIRSIDE).....\$75.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN .....\$75.00	D5810	TEMPORARY COMPLETE UPPER DENTURE.....\$200.00
D2953	EACH ADDITIONAL CAST POST (SAME TOOTH) .....\$40.00	D5811	TEMPORARY COMPLETE LOWER DENTURE .....\$200.00
D2954	PREFAB POST / CORE IN ADDITION TO CROWN.....\$60.00	D5820	TEMPORARY PARTIAL - STAY PLATE UPPER.....\$180.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH) .....\$40.00	D5821	TEMPORARY PARTIAL - STAY PLATE LOWER.....\$180.00

# Schedule of Programs Fees (Continued)



## 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	RECEMENT 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

## 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 INDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.

## 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

## 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 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 AFFILAIED 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.

# 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 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](http://www.QCDofAmerica.com)

# 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:

<b>Comprehensive Eye Exam</b>		
Complete Eye Examination	15% Discount off Usual & Customary	
Contact Lens Examination	15% Discount off Usual & Customary	
<b>Frame/<sup>1</sup></b>	<b>Patient Price</b>	<b>Average Discount</b>
Priced up to \$70 Retail	\$40	40%
Priced over \$70 Retail	\$40 plus 10% off the amount over \$70	28%
<b>Spectacle Lenses (Uncoated Plastic)</b>		
Single	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%
<b>Lens Options (Add to Lens Prices Above)<sup>2</sup></b>		
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%
<b>Contact Lenses (in lieu of eyeglasses)</b>		
Conventional	20% off Provider's Usual & Customary	20%
Disposable/Planned Replacement	10% off Provider's Usual & Customary	10%
<b>Value-Added Features</b>		
Lens 1-2-3! <sup>®</sup> Membership	Free Membership	Up to 50%
Laser Vision Correction Discount	Up to 25% off Provider's U & C <sup>3</sup>	Up to 25%

<sup>1/</sup> At Wal-Mart locations, members will receive Wal-Mart's everyday low price on frame and contact lens purchases.

<sup>2/</sup> Special lens designs, materials, powers, and frames may require additional cost.

<sup>3/</sup> 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](http://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.

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Your Name

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Your Telephone  
Number

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Your Employer

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Dentist's Name

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Dentist's Address

---

City, State, Zip Code

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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.