



East Baton Rouge Parish Schools
AlwaysDentalSM: Fee Schedule Plan
“Silver Plan”
Outline of Benefits

Deductible: \$50 calendar year. Maximum 3 per family. Does not apply to Preventive (Class A) Services.

Coinsurance: The plan pays for each class of procedures based on the attached fee schedule:

Class A	Preventive	up to scheduled fee
Class B	Basic	up to scheduled fee
Class C	Major	up to scheduled fee

Benefits: \$800 per calendar year (Includes Class A, B, and C Services).

Monthly Premium Rates*:	Employee Only	\$14.08
	Employee & Spouse	\$28.18
	Employee & Child(ren)	\$32.84
	Employee & Family	\$46.92

*Rates valid 1/1/2012 to 12/31/2013.

Summary of Covered Procedures

Preventive Services (Class A): No waiting period.

- Routine exams (2 per 12 months)
- Bitewing x-rays (maximum of 4 films)(Ages 17+: 1 per 24 months, Age 16 and under: 1 per 12 months)
- Full mouth / panoramic x-rays (1 per 24 months)
- Prophylaxis (2 per 12 months)
- Space maintainers for children through age 16
- Fluoride treatment for children through age 16 (1 per 12 months)
- Sealants for children through age 16

Basic Services (Class B): No waiting period.

- Emergency treatment
- Simple restorative services (Fillings)
- Simple extractions
- Repair of Crown, Denture, or Bridge
- Oral surgery (extractions and impacted teeth) & Anesthesia (subject to review, covered with complex oral surgery)

Major Services (Class C): 12 month waiting period.

- Endodontia (Root Canals)
- Periodontics (Gum Treatment)
- Crowns, Bridges & Dentures

Fee Schedule Plan

Schedule of Fees

Procedures	"Scheduled Fee"	Procedures	"Scheduled Fee"
Initial Oral Exam (150)	\$28	CROWN AND BRIDGE REPAIR	
Periodic Oral Exam (120)	\$16	Inlay Recementation (2910)	\$15
Emergency Oral Exam (140)	\$22	Crown Recementation (2920)	\$16
Emergency Palliative Treatment (9110)	\$40	Bridge Repair (6980)	\$53
Single Film (220)	\$7	Crown Repair (2980)	\$45
Additional Films (230)	\$5	Bridge Recementation (6930)	\$22
Intra-Oral Occlusal Film (240)	\$13.50	DENTURE REPAIR	
Panoramic Film, or (330)	\$42	Repair Denture Base (5510)	\$28
Full Mouth X-Ray (210)	\$41	Repair Teeth – per tooth (5520)	\$24
Bitewing – Single Film, or (270)	\$11	Repair Partial Base(5610)	\$27
Bitewing – Two Films, or (272)	\$11	Repair Partial Framework (5620)	\$41
Bitewing – Four Films (274)	\$16	Repair Broken Clasp (5630)	\$37
Prophylaxis (1110)	\$35	Add Tooth to Existing Partial Denture (5650)	\$32
Prophylaxis with Fluoride – Child, or (1120)	\$24	Add Clasp to Existing Partial Denture (5660)	\$41
Topical Application of Stannous Fluoride–Child (1203)	\$14	Replace Teeth – per tooth (5640)	\$25
Sealant or Preventive Resin Restoration–per tooth or quadrant (1351)	\$19	Reline Upper Denture (5730)	\$54
Space Maintainer – Fixed Unilateral (1510)	\$125	Reline Lower Denture (5731)	\$54
Space Maintainer – Fixed Bilateral (1515)	\$161	Reline Upper Partial Denture (5740)	\$49
Space Maintainer – Removable Unilateral (1520)	\$151	Reline Lower Partial Denture (5741)	\$49
Space Maintainer – Removable Bilateral (1525)	\$207	Reline Upper Denture (Lab) (5750)	\$72
FILLINGS		Reline Lower Denture (Lab) (5751)	\$72
One Surface Amalgam – Permanent (2140)	\$30	Reline Upper Partial Denture (Lab) (5760)	\$70
Two Surface Amalgam – Permanent (2150)	\$39	Reline Lower Partial Denture (Lab) (5761)	\$70
Three Surface Amalgam – Permanent (2160)	\$47	Rebase Complete Denture – Upper (5710)	\$85
Four + Surface Amalgam – Permanent (2161)	\$58	Rebase Complete Denture – Lower (5711)	\$86
One Surface Resin – Anterior (2330)	\$37	Rebase Partial Denture – Upper (5720)	\$81
Two Surface Resin – Anterior (2331)	\$48	Rebase Partial Denture – Lower (5721)	\$81
Three Surface Resin – Anterior (2332)	\$58	Tissue Conditioning – Upper (5850)	\$21
Four + Surface or Incisal Resin – Anterior (2335)	\$71	Tissue Conditioning – Lower (5851)	\$22
Sedative Fillings (2940)	\$26	PERIODONTICS (Non-surgical)	
ORAL SURGERY		Scaling and Root Planing–per quadrant (4341)	\$42
Coronal Remnants (7111)	\$34	Periodontal scaling and root planning- one to three teeth per quadrant (4342)	\$20
Extraction, erupted tooth or exposed root (7140)	\$36	Periodontal Debridement (full mouth) (4355)	\$28
Root Removal Exposed (7130)	\$28	Periodontal Maintenance Procedure (4910)	\$25
Surgical Extraction (7210)	\$41	ENDODONTICS	
Impacted (soft tissue) (7220)	\$52	Vital Pulpotomy-primary teeth (3220)	\$26
Impacted (partial bony) (7230)	\$69	Root Canal – Anterior, or (3310)	\$111

Impacted (complete bony) (7240)	\$81	Root Canal – Bicuspid, or (3320)	\$136
Surgical Removal of Root (7250)	\$44	Root Canal – Molar (3330)	\$175
Alveolectomy (with extraction) – per quadrant (7310)	\$48	Apicoectomy – Anterior, or (3410)	\$127
Alveolectomy (without extraction) – per quadrant (7320)	\$68	Apicoectomy – Bicuspid, or (3421)	\$144
Incision and Drainage of Abscess – Intraoral (7510)	\$31	Apicoectomy – Molar (3425)	\$162
General Anesthesia (with surgery) (9220/9221)	\$66/\$27	Apicoectomy – Additional Root (3426)	\$61
Intravenous Sedation (9241/9242)	\$44/\$22	Retrograde Filling (3430)	\$49
PERIODONTICS (Surgical)		Root Amputation (3450)	\$85
Gingivectomy – per quadrant (4210)	\$108	Crown Retainer Porcelain Precious (6750)	\$191
Gingivectomy – per tooth (4211)	\$29	Crown Retainer Porcelain Semi-precious (6752)	\$183
Gingival Curettage – Surgical – per quadrant, or (4220)	\$38	Crown Retainer Porcelain Non-precious (6751)	\$179
Osseous Surgery – per quadrant (4260)	\$205	Crown Retainer Full Cast Precious (6790)	\$185
Soft Tissue Grafts (4270)	\$114	Crown Retainer ¾ Cast Precious (6780)	\$178
Gingival Flap Surgery (4240)	\$108	Crown Retainer Full Cast Semi-precious (6792)	\$182
CROWN AND BRIDGE		Crown Retainer Full Cast Non-precious (6791)	\$175
Crown Resin – Precious (2720)	\$181	Cast Post and Core (plus Fixed Partial Retainer) (6970)	\$63
Crown Resin – Semi-precious (2722)	\$174	Prefabricated Post and Core (plus Fixed Partial Retainer) (6972)	\$50
Crown Resin – Non-precious (2721)	\$170	Core Build-up for Retainer (including any pins) (6973)	\$41
Crown Porcelain (2740)	\$189	Crown Build-up (including pins) (2950)	\$41
Crown Porcelain with Precious (2750)	\$189	Veneers – excluding cosmetic; restorative only (2960)	\$76
Crown Porcelain with Semi-precious (2752)	\$180	DENTURES	
Crown Porcelain with Non-precious (2751)	\$176	Complete Upper Denture (5110)	\$234
Crown Full Precious (2790)	\$183	Complete Lower Denture (5120)	\$234
Crown Full Semi-precious (2792)	\$176	Immediate Upper Denture (5130)	\$255
Crown Full Non-precious (2791)	\$173	Immediate Lower Denture (5140)	\$255
Crown Prefabricated Stainless Steel (2930)	\$42	Upper Partial – Resin Base (5211)	\$198
Crown Prefabricated Resin (2932)	\$51	Lower Partial – Resin Base (5212)	\$230
Post and Core – Cast (2952)	\$62	Upper Partial – Cast Metal Base (5213)	\$259
Post and Core – Prefabricated (2954)	\$51	Lower Partial – Cast Metal Base (5214)	\$259
Pontic Cast Precious (6210)	\$170	Removable Unilateral Partial Denture (5281)	\$145
Pontic Cast Semi-precious (6212)	\$166	Denture Adjustment – Upper (5410)	\$13
Pontic Cast Non-precious (6211)	\$159	Denture Adjustment – Lower (5411)	\$13
Pontic Porcelain Precious (6240)	\$168	Partial Adjustment – Upper (5421)	\$13
Pontic Porcelain Semi-precious (6242)	\$163	Partial Adjustment – Lower (5422)	\$13
Pontic Porcelain Non-precious (6241)	\$155		
Pontic Plastic Precious (6250)	\$188		
Pontic Plastic Semi-precious (6252)	\$179		
Pontic Plastic Non-precious (6251)	\$176		