



East Baton Rouge Parish Schools

AlwaysDentalSM: Fee Schedule Plan

“Silver Plan”

Outline of Benefits

Deductible: \$50 benefit 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 benefit 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

Summary of Covered Procedures

Preventive Services (Class A): No waiting period.

- Routine exams (1 per 6 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 (1 per 6 months)
- Space maintainers for children through age 15
- Fluoride treatment for children through age 15 (1 per 12 months)
- Sealants for children through age 15

Basic Services (Class B): No waiting period.

- Emergency treatment
- Simple restorative services (Fillings)
- Simple extractions
- Denture and Crown repair
- Oral surgery (extractions and impacted teeth) and Anesthesia (subject to review)

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

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

Dependent Children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-729-5433, Ext. 2013.

Services Not Listed: If you expect to require a dental service not included on this brochure, it may still be covered. Please contact customer service at 1-888-729-5433 Ext. 2013 to confirm your exact benefits.

Alternate Treatment: AlwaysCare Benefits, Inc. covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Exclusions/Limitations: The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for: implants of any type, and all related procedures including crowns, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

Takeover Benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with AlwaysCare will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.

The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is a brief overview of the AlwaysDentalSM plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.

Underwritten by: Starmount Life Insurance Company

Administered by: AlwaysCare Benefits, Inc.

(a Starmount Life Insurance company), The Starmount Building, 7800 Office Park Blvd

Baton Rouge, LA 70809; PH: 1-888-729-5433 ext 2013.

Policy Form: Dental – NVIGRP2002.

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	ORTHODONTIA *	
Pontic Plastic Precious (6250)	\$188	Initial Orthodontic Examination	UCR
Pontic Plastic Semi-precious (6252)	\$179	Initial Placement of Braces or Appliances	UCR
Pontic Plastic Non-precious (6251)	\$176	Continuing Treatment for Braces or Appliances	UCR