



**Access ePPO**

**DentaQuest<sup>®</sup>**

**VIRGINIA, INC.**



# Welcome to the DentaQuest ACCESS ePPO Dental Plan

The ACCESS ePPO dental plan provides much of the flexibility of a traditional PPO along with the ease of predicting your out-of-pocket costs.

## HOW DOES THE ACCESS ePPO DENTAL PLAN WORK?

As a member of the ACCESS ePPO dental plan, you (and each covered member of your family) can choose to receive care from any of the more than 2,400 Participating Dentists in the ACCESS ePPO network. By receiving care from one of our Participating Dentists, you'll enjoy:

- **Freedom to Choose** – You can visit any one of the Participating General Dentists or Specialists in the ACCESS ePPO network; no specialty referrals are required to see any of the Participating Specialists.
- **A Focus on Oral Health** – DentaQuest's oral health program "Healthy Mouths, Happy Smiles" helps patients improve and manage their oral health through dedicated information directed at preventing and treating gum disease and tooth decay.
- **Maximum Rollover Benefit** – The *Maximum Rollover benefit* allows patients to roll over a portion of their unused benefit dollars from one year to the next giving patients the ability to plan ahead for covered services. For complete details of the *Maximum Rollover* benefit visit our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com)
- **Predictable Out-of-Pocket Costs** – Your co-payments for most covered services are listed in the enclosed Member Fee Schedule. For a specific procedure not listed contact our Customer Service Department at: 1-800-334-6277.
- **Comprehensive Coverage** – Most preventive and diagnostic services are covered at 100%. For other services a co-payment and/or a deductible may apply. Your out-of-pocket-obligation for most covered services is listed in this brochure.

## SEE YOUR PLAN ADMINISTRATOR FOR SPECIFICS ON YOUR CALENDAR YEAR MAXIMUM AND DEDUCTIBLE.

### FIND A DENTIST

To find an ACCESS ePPO Plan Participating General Dentist or Specialist, or to see if your current dentist is an ACCESS ePPO network provider, visit our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com) and click on "Find A Dentist" and the ACCESS ePPO network dentist search. You may also contact our Customer Service Department at: 1-800-334-6277.

### OUT-OF-NETWORK SERVICES

The ACCESS ePPO Plan does not cover dental services provided by Non-Participating Dentists. You must receive your dental care from a Participating Dentist in order for your care to be covered. To find a Participating Dentist near you, visit our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com) and click on "Find A Dentist" and the ACCESS ePPO network dentist search. An exception will be made in the case of an emergency that occurs outside the DentaQuest service area. A maximum of \$50 per occurrence minus any applicable member fees will be reimbursed.

### IDENTIFICATION CARDS

Two identification cards will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under your plan.

## THE CLAIMS PROCESS FOR ACCESS DENTISTS

- Present your ID card to the Participating Dentist at the time of your visit.
- You are responsible for paying the Participating Dentist for any co-payments and deductibles (if applicable).
- The Participating Dentist will submit your claim to DentaQuest and DentaQuest will pay the Participating Dentist directly for the portion DentaQuest is responsible for paying.
- DentaQuest will send you an Explanation of Benefits (EOB) detailing what DentaQuest paid the Participating Dentist under your plan's coverage.
- If you receive treatment that is not covered under your plan, you may be billed at the Participating Dentist's usual fee rather than DentaQuest's negotiated fee. The same is true if you continue to receive services once you have reached your annual maximum.

## COORDINATION OF BENEFITS

If your family is covered by more than one dental plan, or by a medical plan that includes dental coverage, DentaQuest will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for service. If you have a question about Coordination of Benefits, please contact our Customer Service Department at: 1-800-334-6277.

## OTHER CLAIM INFORMATION

- Ask your dentist to submit a "pre-treatment estimate" for any procedure that exceeds \$600. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- Under your plan's subrogation clause, you may be required to reimburse DentaQuest for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

## HOW TO ENROLL

- Complete a DentaQuest Enrollment Form. If employee contributions are required, your signature authorizes payroll deductions.
- Return your completed Enrollment Form to your supervisor or personnel director.
- You will receive a DentaQuest Member Identification Card shortly after your enrollment has been processed.

## FOR MORE INFORMATION

If you require further information or have any questions, you may contact us by visiting our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com) or by calling our Customer Service Department at: 1-800-334-6277.

**Note:** This material is a guide to the dental benefits available with the ACCESS ePPO dental plan. Limitations and exclusions may apply. If any question arises about the benefits described in this brochure, please see your benefits administrator for a copy of the subscriber certificate.

# Access ePPO Plan Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE*
<b>D0100-D0999</b>	<b>DIAGNOSTIC</b>		
	<b>CLINICAL ORAL EXAMINATIONS</b>		
D0120	Periodic oral evaluation	\$45.00	\$0.00
D0140	Limited oral evaluation - problem focused	\$65.00	\$0.00
D0145	Oral evaluation - patient under 3, and counseling with primary caregiver	\$60.00	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$70.00	\$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative)	\$65.00	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$110.00	\$0.00
	<b>RADIOGRAPHS</b>		
D0210	Intraoral - complete series including bitewings	\$125.00	\$0.00
D0220	Intraoral - periapical - first film	\$22.00	\$0.00
D0230	Intraoral - periapical - each additional film	\$22.00	\$0.00
D0240	Intraoral - occlusal film	\$30.00	\$0.00
D0270	Bitewing - single film	\$22.00	\$0.00
D0272	Bitewings - two films	\$35.00	\$0.00
D0273	Bitewings - three films	\$40.00	\$0.00
D0274	Bitewings - four films	\$60.00	\$0.00
D0277	Vertical bitewings - 7 to 8 films	\$98.00	\$0.00
D0330	Panoramic film	\$125.00	\$0.00
	<b>TESTS AND LABORATORY EXAMINATIONS</b>		
D0460	Pulp vitality tests	\$40.00	\$0.00
D0470	Diagnostic casts	\$95.00	\$0.00
	<b>UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT</b>		
D0999	** Chlorhexidine mouth rinse or fluoride toothpaste	\$15.00	\$0.00
<b>D1000-D1999</b>	<b>PREVENTIVE</b>		
	<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis - adult (every 6 months)	\$80.00	\$0.00
D1120	Prophylaxis - child (every 6 months) - under 14 years	\$55.00	\$0.00
	<b>TOPICAL FLUORIDE TREATMENT</b>		
D1203	Topical application of fluoride (prophylaxis not included) - child	\$30.00	\$0.00
D1206	Fluoride varnish - therapeutic application for moderate to high risk caries patients	\$30.00	\$0.00
	<b>OTHER PREVENTIVE SERVICES</b>		
D1351	Sealant - per tooth	\$40.00	\$17.00
	<b>SPACE MAINTENANCE (passive appliances)</b>		
D1510	Space maintainer - fixed - unilateral	\$300.00	\$95.00
D1515	Space maintainer - fixed - bilateral	\$450.00	\$105.00
D1520	Space maintainer - removable - unilateral	\$300.00	\$95.00
D1525	Space maintainer - removable - bilateral	\$450.00	\$115.00
D1550	Recementation of space maintainer	\$55.00	\$30.00
D1555	Removal of fixed space maintainer	\$55.00	\$30.00
<b>D2000-D2999</b>	<b>RESTORATIVE</b>		
	<b>AMALGAM RESTORATIONS (including polishing)</b>		
D2140	Amalgam - one surface, primary or permanent	\$150.00	\$20.00
D2150	Amalgam - two surfaces, primary or permanent	\$175.00	\$30.00
D2160	Amalgam - three surfaces, primary or permanent	\$220.00	\$40.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$252.00	\$55.00

## SYMBOL KEY

\* Member Fee when performed by a Participating Dentist.

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**DentaQuest Virginia, Inc.**

Form #VA-AeMFC.9-08

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ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE*
<b>D2000-D2999</b>	<b>RESTORATIVE - Continued</b>		
<b>RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure &amp; resin bonding agents)</b>			
D2330	Resin-based composite - one surface, anterior	\$150.00	\$32.00
D2331	Resin-based composite - two surfaces, anterior	\$190.00	\$42.00
D2332	Resin-based composite - three surfaces, anterior	\$220.00	\$52.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$265.00	\$100.00
D2391	Resin-based composite - one surface, posterior - primary or permanent	\$150.00	\$45.00
D2392	‡ Resin-based composite - two surfaces, posterior - primary or permanent	\$190.00	\$55.00
D2393	‡ Resin-based composite - three surfaces, posterior - primary or permanent	\$220.00	\$65.00
D2394	‡ Resin-based composite - four or more surfaces, posterior - primary or permanent	\$265.00	\$115.00
<b>INLAY / ONLAY RESTORATIONS</b>			
D2510	Inlay - metallic - one surface	\$550.00	\$261.00
D2520	Inlay - metallic - two surfaces	\$625.00	\$336.00
D2530	Inlay - metallic - three or more surfaces	\$950.00	\$375.00
D2542	Onlay - metallic - two surfaces	\$800.00	\$355.00
D2543	Onlay - metallic - three surfaces	\$900.00	\$375.00
D2544	Onlay - metallic - four or more surfaces	\$1,000.00	\$391.00
D2610	Inlay - porcelain/ceramic - one surface	\$625.00	\$317.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$880.00	\$331.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$850.00	\$374.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$850.00	\$375.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$935.00	\$391.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$1,000.00	\$393.00
D2650	Inlay - resin-based composite/resin - one surface	\$500.00	\$317.00
D2651	Inlay - resin-based composite/resin - two surfaces	\$650.00	\$331.00
D2652	Inlay - resin-based composite/resin - three or more surfaces	\$730.00	\$374.00
D2662	Onlay - resin-based composite/resin - two surfaces	\$775.00	\$375.00
D2663	Onlay - resin-based composite/resin - three surfaces	\$900.00	\$391.00
D2664	Onlay - resin-based composite/resin - four or more surfaces	\$900.00	\$393.00
<b>CROWNS - SINGLE RESTORATIONS ONLY</b>			
D2710	Crown - resin (laboratory)	\$800.00	\$433.00
D2712	Crown ¾ resin based composite (indirect)	\$800.00	\$433.00
D2720	Crown - resin with high noble metal	\$900.00	\$465.00
D2721	Crown - resin with predominantly base metal	\$750.00	\$450.00
D2722	Crown - resin with noble metal	\$800.00	\$450.00
D2740	Crown - porcelain/ceramic substrate	\$1,000.00	\$545.00
D2750	Crown - porcelain fused to high noble metal	\$1,000.00	\$570.00
D2751	Crown - porcelain fused to predominantly base metal	\$900.00	\$520.00
D2752	Crown - porcelain fused to noble metal	\$975.00	\$520.00
D2790	Crown - full cast high noble metal	\$900.00	\$507.00
D2791	Crown - full cast predominantly base metal	\$850.00	\$455.00
D2792	Crown - full cast noble metal	\$900.00	\$473.00
D2794	Crown - titanium	\$1,000.00	\$530.00
D2799	Provisional crown	\$400.00	\$179.00
<b>OTHER RESTORATIVE SERVICES</b>			
D2910	Recement inlay	\$85.00	\$34.00
D2920	Recement crown	\$85.00	\$27.00
D2930	Prefabricated stainless steel crown - primary tooth	\$200.00	\$90.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$225.00	\$90.00
D2940	Sedative filling	\$80.00	\$30.00
D2950	Core buildup, including any pins	\$250.00	\$100.00
D2951	Pin retention - per tooth, in addition to restoration	\$45.00	\$28.00
D2952	Cast post and core in addition to crown	\$295.00	\$141.00
D2954	Prefabricated post and core in addition to crown	\$250.00	\$105.00
D2970	Temporary crown (fractured tooth) not in conjunction with definitive crown therapy	\$225.00	\$104.00
<b>D3000-D3999</b>	<b>ENDODONTICS</b>		
<b>PULP CAPPING</b>			
D3110	Pulp cap - direct (excluding final restoration)	\$70.00	\$13.00
D3120	Pulp cap - indirect (excluding final restoration)	\$55.00	\$13.00

## SYMBOL KEY

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<b>D3000-D3999</b>	<b>ENDODONTICS - Continued</b>		
	<b>PULPOTOMY</b>		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$175.00	\$100.00
D3221	Gross pulpal debridement, primary & permanent teeth	\$200.00	\$100.00
	<b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$200.00	\$90.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$250.00	\$102.00
	<b>ENDODONTIC THERAPY (including treatment plan, clinical procedures, and follow-up care)</b>		
D3310	Root canal - Anterior (excluding final restoration)	\$850.00	\$550.00
D3320	Root canal - Bicuspid (excluding final restoration)	\$950.00	\$640.00
D3330	Root canal - Molar (excluding final restoration)	\$1,200.00	\$780.00
	<b>ENDODONTIC RETREATMENT (includes complete root canal therapy)</b>		
D3346	Retreatment of previous root canal therapy - Anterior	\$950.00	\$569.00
D3347	Retreatment of previous root canal therapy - Bicuspid	\$1,100.00	\$658.00
D3348	Retreatment of previous root canal therapy - Molar	\$1,275.00	\$776.00
D3410	Apicoectomy / Periradicular Surgery - Anterior	\$1,000.00	\$414.00
D3421	Apicoectomy / Periradicular Surgery - Bicuspid (first root)	\$1,100.00	\$446.00
D3425	Apicoectomy / Periradicular Surgery - Molar (first root)	\$1,200.00	\$543.00
D3426	Apicoectomy / Periradicular Surgery - (each additional root)	\$250.00	\$145.00
D3430	Retrograde Filling - per root	\$220.00	\$138.00
D3450	Root Amputation - per root	\$425.00	\$258.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$325.00	\$194.00
D3950	Canal preparation and fitting of preformed dowel or post, when performed in conjunction with D2952, D2954	\$200.00	\$0.00
<b>D4000-D4999</b>	<b>PERIODONTICS</b>		
	<b>SURGICAL SERVICES (including usual post-operative care)</b>		
D4210	Gingivectomy/gingivoplasty-(four or more contiguous teeth or tooth bounded spaces per quadrant)	\$550.00	\$198.00
D4211	Gingivectomy/gingivoplasty-(one to three contiguous teeth or tooth bounded spaces per quadrant)	\$175.00	\$100.00
D4240	Gingival flap procedure, including root planing-(four or more contiguous teeth or tooth bounded spaces per quadrant)	\$700.00	\$368.00
D4241	Gingival flap procedure, including root planing-(one to three contiguous teeth or tooth bounded spaces per quadrant)	\$550.00	\$221.00
D4249	Clinical crown lengthening - hard tissue	\$740.00	\$379.00
D4260	Osseous surgery (including flap entry and closure)-(four or more contiguous teeth or tooth bounded spaces per quadrant)	\$950.00	\$600.00
D4261	Osseous surgery-(including one to three contiguous teeth or tooth bounded spaces per quadrant)	\$820.00	\$360.00
D4263	Bone replacement graft - first site in quadrant	\$525.00	\$230.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$585.00	\$341.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$800.00	\$401.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$400.00	\$194.00
	<b>NON-SURGICAL PERIODONTAL SERVICES</b>		
D4341	Periodontal scaling and root planing - (four or more contiguous teeth or tooth bounded spaces per quadrant)	\$225.00	\$97.00
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$170.00	\$52.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$125.00	\$60.00
	<b>OTHER PERIODONTAL SERVICES</b>		
D4910	Periodontal maintenance	\$125.00	\$75.00
<b>D5000-D5999</b>	<b>PROSTHODONTICS (removable)</b>		
	<b>COMPLETE DENTURES (including routine post-delivery care)</b>		
D5110	Complete denture - maxillary	\$1,200.00	\$560.00
D5120	Complete denture - mandibular	\$1,200.00	\$560.00
D5130	Immediate denture - maxillary	\$1,200.00	\$565.00
D5140	Immediate denture - mandibular	\$1,200.00	\$565.00

## SYMBOL KEY

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<b>D5000-D5999</b>	<b>PROSTHODONTICS (removable) - Continued</b>		
	<b>PARTIAL DENTURES (including routine post-delivery care)</b>		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)	\$1,100.00	\$375.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)	\$1,100.00	\$375.00
D5213	Maxillary partial denture - cast metal framework with resin dental base (including any conventional clasps, rests & teeth)	\$1,200.00	\$625.00
D5214	Mandibular partial denture - cast metal framework with resin dental base (including any conventional clasps, rests & teeth)	\$1,200.00	\$625.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$1,200.00	\$625.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,200.00	\$625.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps & teeth)	\$700.00	\$318.00
	<b>ADJUSTMENTS TO DENTURES</b>		
D5410	Adjust complete denture - maxillary	\$60.00	\$20.00
D5411	Adjust complete denture - mandibular	\$60.00	\$20.00
D5421	Adjust partial denture - maxillary	\$60.00	\$20.00
D5422	Adjust partial denture - mandibular	\$60.00	\$20.00
	<b>REPAIRS TO COMPLETE DENTURES</b>		
D5510	Repair broken complete denture base	\$140.00	\$59.00
D5520	Replace missing or broken tooth - complete denture - one tooth or first tooth	\$130.00	\$65.00
	<b>REPAIRS TO PARTIAL DENTURES</b>		
D5610	Repair resin denture base	\$135.00	\$59.00
D5620	Repair cast framework	\$165.00	\$59.00
D5630	Repair or replace broken clasp - one clasp or first clasp	\$175.00	\$59.00
D5640	Replace broken tooth - one tooth or first tooth	\$150.00	\$65.00
D5650	Add tooth to existing partial denture - one tooth or first tooth	\$150.00	\$65.00
D5660	Add clasp to existing partial denture - one clasp or first clasp	\$180.00	\$70.00
D5670	Replace all teeth and acrylic on cast metal frame (maxillary)	\$500.00	\$245.00
D5671	Replace all teeth and acrylic on cast metal frame (mandibular)	\$500.00	\$245.00
	<b>DENTURE REBASE PROCEDURES</b>		
D5710	Rebase complete maxillary denture	\$350.00	\$185.00
D5711	Rebase complete mandibular denture	\$350.00	\$185.00
D5720	Rebase maxillary partial denture	\$350.00	\$110.00
D5721	Rebase mandibular partial denture	\$350.00	\$110.00
	<b>DENTURE RELINE PROCEDURES</b>		
D5730	Reline complete maxillary denture - chairside	\$250.00	\$93.00
D5731	Reline complete mandibular denture - chairside	\$250.00	\$93.00
D5740	Reline maxillary partial denture - chairside	\$220.00	\$93.00
D5741	Reline mandibular partial denture - chairside	\$220.00	\$93.00
D5750	Reline complete maxillary denture - lab	\$350.00	\$134.00
D5751	Reline complete mandibular denture - lab	\$350.00	\$134.00
D5760	Reline maxillary partial denture - lab	\$340.00	\$134.00
D5761	Reline mandibular partial denture - lab	\$340.00	\$134.00
	<b>INTERIM PROSTHESIS</b>		
D5820	Interim partial denture (maxillary)	\$500.00	\$228.00
D5821	Interim partial denture (mandibular)	\$500.00	\$228.00
	<b>OTHER REMOVABLE PROSTHETIC SERVICES</b>		
D5850	Tissue conditioning, maxillary	\$125.00	\$41.00
D5851	Tissue conditioning, mandibular	\$125.00	\$41.00
<b>D6000-D6199</b>	<b>IMPLANT SERVICES</b>		
D6010	Surgical placement of implant body; endosteal implant	\$2,300.00	\$1,360.00
D6056	Prefabricated abutment - includes placement	\$650.00	\$468.00
D6057	Custom abutment - includes placement	\$950.00	\$560.00
D6058	Abutment supported porcelain/ceramic crown	\$1,600.00	\$705.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1,600.00	\$665.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$1,500.00	\$600.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$1,600.00	\$640.00
D6062	Abutment supported cast metal crown (high noble metal)	\$1,400.00	\$632.00

## SYMBOL KEY

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# Access ePPO Plan Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE*
<b>D6000-D6199</b>	<b>IMPLANT SERVICES - Continued</b>		
D6063	Abutment supported cast metal crown (predominantly base metal)	\$1,200.00	\$600.00
D6064	Abutment supported cast metal crown (noble metal)	\$1,400.00	\$620.00
D6065	Implant supported porcelain/ceramic crown	\$1,400.00	\$705.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,600.00	\$665.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,600.00	\$665.00
D6090	Repair implant supported prosthesis, by report	\$200.00	\$76.00
D6092	Recement implant/abutment supported crown	\$150.00	\$24.00
D6093	Recement implant/abutment supported fixed partial denture	\$150.00	\$35.00
D6094	Abutment supported crown (titanium)	\$1,200.00	\$640.00
D6095	Repair implant abutment, by report	\$250.00	\$140.00
D6100	Implant removal, by report	\$300.00	\$116.00
<b>D6200-D6999</b>	<b>PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture)</b>		
	<b>FIXED PARTIAL DENTURE PONTICS</b>		
D6205	Pontic - indirect resin based composite	\$800.00	\$520.00
D6210	Pontic - cast high noble metal	\$900.00	\$510.00
D6211	Pontic - cast predominantly base metal	\$825.00	\$463.00
D6212	Pontic - cast noble metal	\$900.00	\$473.00
D6214	Pontic - titanium	\$900.00	\$520.00
D6240	Pontic - porcelain fused to high noble metal	\$900.00	\$570.00
D6241	Pontic - porcelain fused to predominantly base metal	\$850.00	\$520.00
D6242	Pontic - porcelain fused to noble metal	\$900.00	\$520.00
D6245	Pontic - porcelain/ceramic	\$950.00	\$500.00
D6250	Pontic - resin with high noble metal	\$900.00	\$552.00
D6251	Pontic - resin with predominantly base metal	\$850.00	\$442.00
D6252	Pontic - resin with noble metal	\$900.00	\$508.00
	<b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$500.00	\$251.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$900.00	\$401.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$800.00	\$401.00
D6615	Onlay - cast noble metal, three or more surfaces	\$900.00	\$401.00
D6624	Inlay - titanium	\$850.00	\$401.00
D6634	Onlay - titanium	\$850.00	\$401.00
	<b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>		
D6710	Crown - indirect resin based composite	\$800.00	\$502.00
D6720	Crown - resin with high noble metal	\$950.00	\$446.00
D6721	Crown - resin with predominantly base metal	\$900.00	\$425.00
D6722	Crown - resin with noble metal	\$900.00	\$425.00
D6740	Crown - porcelain/ceramic	\$930.00	\$506.00
D6750	Crown - porcelain fused to high noble metal	\$1,000.00	\$520.00
D6751	Crown - porcelain fused to predominantly base metal	\$900.00	\$475.00
D6752	Crown - porcelain fused to noble metal	\$1,000.00	\$475.00
D6790	Crown - full cast high noble metal	\$900.00	\$512.00
D6791	Crown - full cast predominantly base metal	\$850.00	\$446.00
D6792	Crown - full cast noble metal	\$900.00	\$473.00
D6794	Crown - titanium	\$900.00	\$502.00
	<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>		
D6930	Recement fixed partial denture	\$110.00	\$50.00
D6970	Cast post & core in addition to fixed partial denture retainer	\$290.00	\$138.00
D6972	Prefabricated post & core in addition to fixed partial denture retainer	\$260.00	\$116.00
<b>D7000-D7999</b>	<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
	<b>EXTRACTIONS (includes local anesthesia, suturing, and routine postoperative care)</b>		
D7111	Coronal remnants - deciduous tooth	\$115.00	\$40.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$125.00	\$50.00
D7210	Surgical removal of erupted tooth	\$260.00	\$104.00
D7220	Removal of impacted tooth - soft tissue	\$285.00	\$130.00
D7230	Removal of impacted tooth - partially bony	\$350.00	\$190.00
D7240	Removal of impacted tooth - completely bony	\$400.00	\$225.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$450.00	\$235.00

### SYMBOL KEY

\* Member Fee when performed by a Participating Dentist.

\*\*\* The listed Customary Fee is for illustrative purposes only. Customary fees may vary by dentist and by geographic area.

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# Access ePPO Plan Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE*
<b>D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY - Continued</b>			
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$250.00	\$120.00
D7288	Brush Biopsy - transepithelial sample collection	\$90.00	\$40.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$225.00	\$201.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$465.00	\$276.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$180.00	\$175.00
Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.			
<b>D9000-D9999 ADJUNCTIVE GENERAL SERVICES</b>			
<b>UNCLASSIFIED TREATMENT</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$95.00	\$35.00
<b>ANESTHESIA</b>			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$35.00	\$14.00
D9215	Local anesthesia in conjunction with operative or surgical procedure	\$25.00	\$0.00
D9220	Deep sedation / general anesthesia - first 30 minutes	\$320.00	\$160.00
D9221	Deep sedation / general anesthesia - each additional 15 minutes	\$120.00	\$65.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$320.00	\$115.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$120.00	\$55.00
<b>D9000-D9999 ADJUNCTIVE GENERAL SERVICES</b>			
<b>PROFESSIONAL CONSULTATION</b>			
D9310	Second Opinion Consultation - diagnostic service provided by a Dentist, other than the Dentist providing treatment	\$95.00	\$40.00
D9940	Occlusal guard, by report	\$500.00	\$220.00
D9980	Sterilization surcharge - per visit	\$20.00	\$0.00

## PLAN PROVISIONS

This is meant to be a partial listing of Covered Procedures and Plan Provisions. Please refer to your Certificate of Coverage for any procedure(s) not found on the Fee Schedule or to determine coverage. Or you may contact DentaQuest Customer Service at 1-800-334-6277 for any procedure(s) not found on the Fee Schedule or to determine coverage.

1. Referral Forms are not required to see Participating Specialists.
2. Recognized and accepted ADA-CDT procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA-CDT procedure code.
3. Procedures "Not Covered" by the Plan may be charged at the Participating Dentist's usual and customary fee(s).
4. Dental procedures performed solely for esthetic or cosmetic reasons are not covered services under the Plan, and the patient may be charged the Participating Dentist's usual and customary fee(s).
5. Exclusions and Limitations may apply. Please refer to your Subscriber Certificate for a listing of Plan Limitations and Exclusions.
6. It is recommended that Participating Dentist's contact the Plan, or submit a pre-treatment estimate, prior to providing treatment for services of \$600.00 or more.
7. Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.
8. \*\*Chlorhexidine Mouth Rinse - Covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office.
9. \*\*Fluoride Toothpaste - Covered only following periodontal surgery and must be dispensed in the dentist's office.
10. ‡Coverage is based upon the Plan allowance for amalgam restorations for procedure codes 2392, 2393, 2394.
11. Plan benefits may be verified by contacting the DentaQuest Customer Service Department at 1-800-334-6277.

### SYMBOL KEY

- \* Member Fee when performed by a Participating Dentist.
  - \*\*\* The listed Customary Fee is for illustrative purposes only. Customary fees may vary by dentist and by geographic area.
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# DentaQuest®

VIRGINIA, INC.

4061 Powder Mill Road, Suite 325  
 Calverton, MD 20705-3149  
 Customer Service: 800.334.6277  
 Fax: 800.626.2579  
[www.dentaquestdental.com](http://www.dentaquestdental.com)

(9/2008)

## Disclosure of Compensation Methodologies

Our compensation to dentists who offer dental care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying dentists, or if you want to know which method(s) apply to your dentist, please call our Customer Service department at 1-800-334-6277, or write to:  
DentaQuest Mid-Atlantic, Inc., 4061 Powder Mill Road, Suite 325, Calverton, MD 20705.

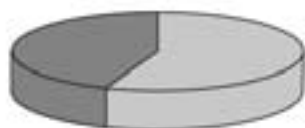
## Methods of Paying Dentists

This table shows definitions of how Dental Plan Organizations (DPOs) may pay dentists for your dental care services with a simple example of how each payment mechanism works.

Terms	The example shows how Dr. Jones, a dentist, would be compensated under each method of payment.
<b>Salary</b>	A dentist is an employee of the DPO and is paid compensation (monetary wages) for providing specific dental care services. Since Dr. Jones is an employee of a DPO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing dental care to Mrs. Smith, who is a member of the DPO, Dr. Jones' salary is unchanged. Although Mrs. Smith has received a variety of routine and restorative dental services, including a crown which is a much more complicated restorative procedure than a standard filling, the type of service provided will not have any effect upon Dr. Jones' salary.
<b>Capitation</b>	A dentist (or group of dentists) is paid a fixed amount of money per month by a DPO for each patient who chooses the dentist(s) to be his or her primary dentist. Payment is fixed without regard to the volume of services that an individual patient requires.  Under this type of contractual agreement, Dr. Jones participates in the DPO's network. She is not employed by the DPO. Her contract with the DPO stipulates that she is paid a certain amount each month for patients who select her as their primary dentist. Since Mrs. Smith is a member of the DPO, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires dental services.
<b>Fee-for-Service</b>	A dentist charges a fee for each patient visit, dental procedure, or dental service provided. A DPO pays all or part of the fee for dentists it has under contract, depending on the type of coverage. The patient is expected to pay the remainder.  Dr. Jones' contract with the DPO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because a crown is a more complicated procedure than a standard filling, Dr. Jones is paid more for a crown than she would be paid for a standard filling. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.
<b>Discounted Fee-for-Service</b>	Payment is less than the rate usually received by the dentist for each patient visit, dental procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs, and the dentist, who usually gets an increased volume of patients.  Like fee-for-service, this type of contractual agreement involves the DPO paying Dr. Jones for each patient visit and each service she provides; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the DPO.
<b>Bonus</b>	A dentist is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs, and use of services.  A DPO rewards its dentist staff or contracted dentists who have demonstrated higher than average quality and productivity. Because Dr. Jones has performed so many preventive dental procedures and she has been rated highly by her patients and fellow dentists, Dr. Jones will receive a monetary award in addition to her usual payment.
<b>Case Rate</b>	The DPO or insurer and the dentist agree in advance that payment will cover a combination of services provided by the dentist for an episode of care.  An example of this type of arrangement stipulates how much a DPO will pay for a patient's orthodontic treatment plan. All office visits for diagnostic and treatment procedures, as well as the banding and ongoing follow up are covered by one fee. Dr. Jones will accept the case rate payment, usually in combination from the DPO and the patient, as payment in full for the care provided to Mrs. Smith.

Under the PPO plans, DentaQuest pays 100% of the contracted dentists on a discounted fee-for-service basis.

### Premium Distribution



 DENTIST FEES 62%

 ADMINISTRATION 38%

The chart above shows how premium dollars were distributed during 2006. It is based on the proportion of \$100 of premium that DentaQuest used to pay for administrative costs and services.





# DentaQuest<sup>®</sup>

VIRGINIA, INC.

4061 Powder Mill Road, Suite 325  
Calverton, MD 20705-3149

Toll Free 1.800.334.6277

Fax 1.800.626.2579

[www.dentaquestdental.com](http://www.dentaquestdental.com)

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