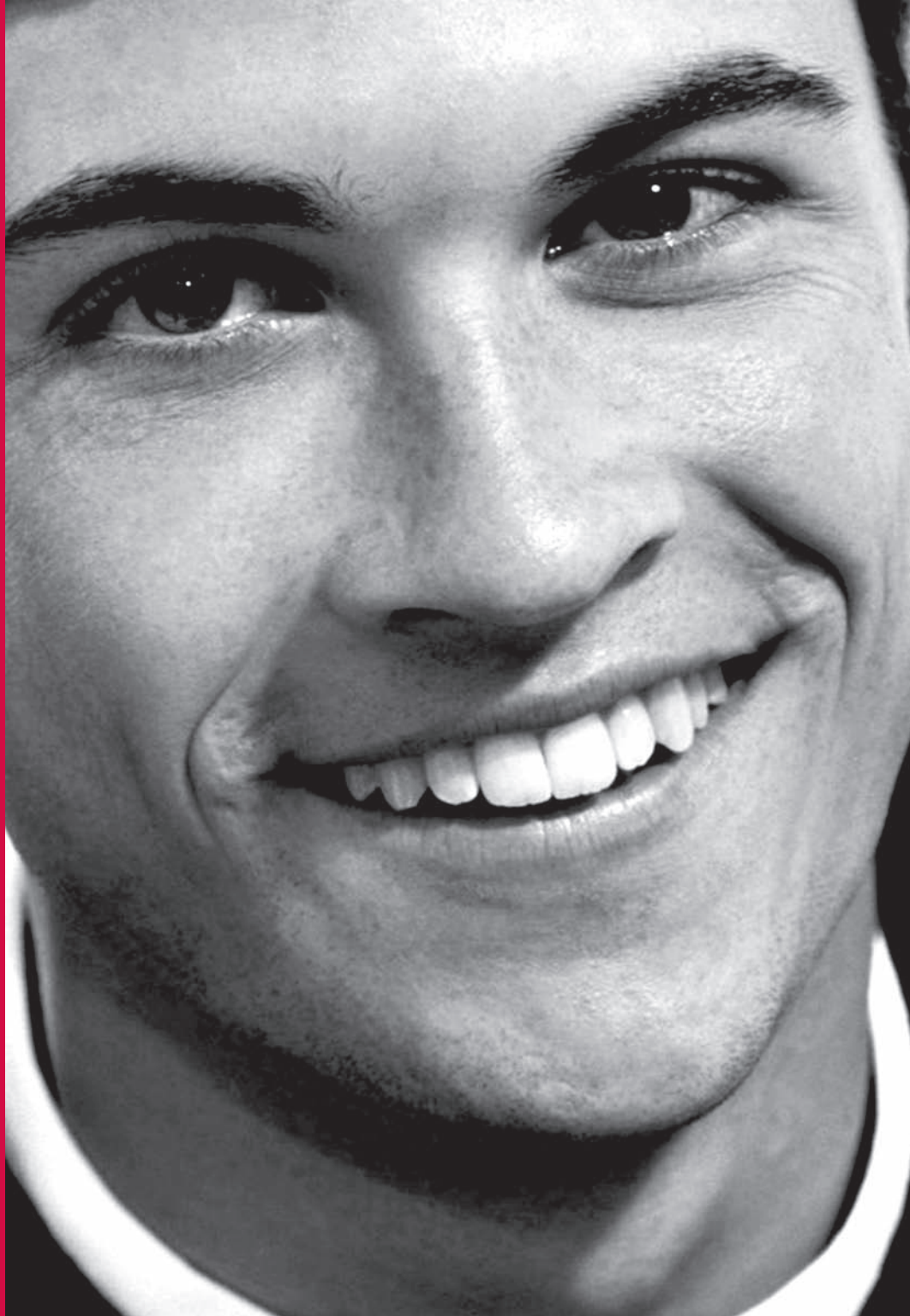




CLASSIC



DentaQuest's Classic Plan is a highly affordable dental plan that provides a comprehensive set of dental benefits, including major services such as crowns and braces. And best of all, no referrals are needed for specialty services.

THE CLASSIC PLAN (CL 5)

**DentaQuest**<sup>®</sup>  
*Virginia, Inc.*

# Welcome to . . . . . the Classic Dental Plan

DentaQuest Virginia, Inc. is pleased to present our premier dental plan, which provides our highest level of dental benefits. The Classic Dental Plan is a dental benefit program offered through your employer, union or association.

## WHAT IS THE CLASSIC DENTAL PLAN?

The Classic Dental Plan provides you with a comprehensive set of dental benefits at a fixed rate, and it covers all areas of dentistry. Most dental care is provided by a Participating General Dentist. Complex dental treatment may require care by a Participating Specialist. Here are some of the benefits that are available to you:

- ❖ No charge for routine cleanings (once every six months)
- ❖ No charge for x-rays by your general dentist
- ❖ No charge for oral examinations by your general dentist

In addition, the Classic Dental Plan includes:

- ❖ No deductibles of any kind at any time
- ❖ No maximum level of benefits - per year or lifetime
- ❖ No pre-authorizations or pre-determinations
- ❖ Cosmetic dentistry
- ❖ Orthodontic benefits

## HOW DO I ENROLL?

1. Complete the DentaQuest Enrollment Application. If employee contributions are required, your signature authorizes payroll deductions.
2. Choose a Participating General Dentist. Select a General Dentist by visiting our website at [www.dentaquest.com](http://www.dentaquest.com) or from our *Directory of Participating General Dentists and Specialists*. The most current listing may be found on our website. Your entire family will be enrolled with the same Participating General Dentist.
3. Return your completed DentaQuest Enrollment Application to your supervisor or personnel director.
4. You will receive a Member Identification Card which includes your Participating General Dentist's name and telephone number.
5. You may then call your Participating Dentist to schedule an appointment. Always present your Member Identification Card at each dental appointment.

# Q & A . . . . . for the Classic Dental Plan

## **WHO ARE THE PARTICIPATING DENTISTS?**

Participating General Dentists and Specialists are carefully screened and selected for their commitment to quality patient care. Participating Dentists work together with their patients to achieve optimum oral health. Participating General Dentists have an incentive to emphasize preventive care and keep each patient healthy. All member fees are paid directly to the Participating General Dentist or Specialist by the patient at the time services are rendered. You may nominate a dentist for participation by contacting our Customer Service Department at 1-800-334-6277.

## **CAN I CHANGE MY PARTICIPATING GENERAL DENTIST?**

Yes. You may change from one Participating General Dentist to another by contacting our Customer Service Department at 1-800-334-6277. An entire family selects one Participating General Dentist for their care. Changes become effective the first day of the month following notification. You will receive a new Member Identification Card stating the name of your newly selected Participating General Dentist. All financial obligations should be settled with your current dentist before a change is requested.

## **WHAT IF I HAVE A DENTAL EMERGENCY WHILE OUT OF THE AREA?**

DentaQuest Virginia, Inc. will reimburse you up to a maximum of \$50 per occurrence, minus any applicable member fees, for dental emergency treatment received outside of our service area. Please complete and submit the "Emergency Dental Care Explanation Form" or a letter detailing your experience. Include your itemized receipts from the dentist who provided the emergency care. Our Customer Service Department will review your request for reimbursement.

## **HOW CAN I CONTACT DENTAQUEST?**

4061 Powder Mill Road, #325  
Calverton, MD 20705-3149  
1-800-334-6277 Toll Free  
1-800-626-2579 Toll Free Fax  
[www.dentaquest.com](http://www.dentaquest.com)

## **HOW DO I ACCESS SPECIALTY CARE?**

There are times when a Specialist is needed to perform certain complex dental procedures. Your Participating General Dentist may refer you to a Participating Specialist, or you may directly contact any Participating Specialist. Referral forms are never required. The Specialists include:

|                   |                        |
|-------------------|------------------------|
| ENDODONTIST       | ROOT CANAL THERAPY     |
| ORAL SURGEON      | TOOTH EXTRACTIONS      |
|                   | SURGICAL PROCEDURES    |
| ORTHODONTIST      | STRAIGHTENING OF       |
|                   | TEETH/BRACES           |
| PEDIATRIC DENTIST | DENTISTRY FOR CHILDREN |
| PERIODONTIST      | GUM DISORDERS          |
|                   | AND DISEASES           |
| PROSTHODONTIST    | COMPLEX FIXED AND      |
|                   | REMOVABLE              |
|                   | BRIDGES/DENTURES       |

Please consult your fee schedule for the appropriate member fee that is required for treatment performed by a Participating Specialist. Unlisted procedures are provided at a 20% reduction of their usual and customary fees. Treatment performed by Participating Pediatric Dentists and Prosthodontists is provided at a 20% reduction of their usual and customary fees.

## **WHAT IS AN OSHA FEE?**

The Occupational Safety and Health Administration (OSHA) has instituted guidelines for dental offices to effectively provide infection control. OSHA requires that all dentists and their assistants use gloves, masks, protective eye wear and protective clothing when treating patients. Dental offices also use barrier wraps, autoclaves for instruments and handpieces, and medical waste disposal systems. These required procedures utilized by dental offices have dramatically increased the cost of dental care. This considerable added expense requires DentaQuest Virginia, Inc. to allow all Participating Dentists to charge a \$7.00 OSHA compliance fee for all office visits. We feel that this modest member fee will contribute to the peace of mind associated with your visit to a Participating Dentist's office.

**FOR THE MOST CURRENT LISTING OF PARTICIPATING DENTISTS, PLEASE VISIT OUR WEBSITE AT [WWW.DENTAQUEST.COM](http://WWW.DENTAQUEST.COM).**

# Classic Dental Plan (C5) Fee Schedule

| 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          | N/C        |
| D0140              | * Limited oral evaluation - problem focused (by General Dentist)  | \$65.00          | N/C        |
| D0150              | * Comprehensive oral evaluation - new or established patient (by General Dentist)                               | \$80.00          | N/C        |
| D0170              | * Re-evaluation - limited, problem focused - established patient; not post-operative visit (by General Dentist) | \$60.00          | N/C        |
| D0180              | * Comprehensive periodontal evaluation - new or established patient (by General Dentist)                        | \$45.00          | N/C        |
|                    | <b>RADIOGRAPHS</b>  |                  |            |
| D0210              | * Intraoral - complete series (including bitewings) by General Dentist  | \$120.00         | N/C        |
| D0210              | ** Intraoral - complete series (including bitewings) by Specialist Only   | \$145.00         | \$50.00    |
| D0220              | Intraoral - periapical - first film   | \$22.00          | N/C        |
| D0230              | Intraoral - periapical - each additional film   | \$20.00          | N/C        |
| D0240              | Intraoral - occlusal film   | \$30.00          | N/C        |
| D0270              | Bitewing - single film  | \$22.00          | N/C        |
| D0272              | Bitewings - two films   | \$42.00          | N/C        |
| D0274              | Bitewings - four films  | \$55.00          | N/C        |
| D0277              | Vertical bitewings - 7 to 8 films   | \$90.00          | N/C        |
| D0330              | * Panoramic film by General Dentist   | \$110.00         | N/C        |
| D0330              | ** Panoramic film by Specialist Only  | \$110.00         | \$50.00    |
| D0350              | Oral/facial images (includes intra and extraoral images)  | \$54.00          | N/C        |
|                    | <b>TESTS AND LABORATORY EXAMINATIONS</b>  |                  |            |
| D0425              | Caries susceptibility tests   | \$19.00          | N/C        |
| D0460              | Pulp vitality tests   | \$45.00          | N/C        |
| D0470              | Diagnostic casts  | \$85.00          | N/C        |
| <b>D1000-D1999</b> | <b>PREVENTIVE</b>   |                  |            |
|                    | <b>DENTAL PROPHYLAXIS</b>   |                  |            |
| D1110              | Prophylaxis - adult (every 6 months)  | \$80.00          | N/C        |
| D1120              | Prophylaxis - child (every 6 months) - age 14 and under   | \$65.00          | N/C        |
| D4355              | Full mouth debridement  | \$150.00         | \$55.00    |
|                    | <b>TOPICAL FLUORIDE TREATMENT</b>   |                  |            |
| D1203              | Topical application of fluoride (prophylaxis not included) - child  | \$30.00          | N/C        |
| D1204              | Topical application of fluoride (prophylaxis not included) - adult  | \$30.00          | N/C        |
|                    | <b>OTHER PREVENTIVE SERVICES</b>  |                  |            |
| D1310              | Nutritional counseling for control of dental disease  | \$35.00          | N/C        |
| D1330              | Oral hygiene instructions   | \$40.00          | N/C        |
| D1351              | Sealant - per tooth   | \$45.00          | \$18.00    |
| D1360              | OSHA Compliance Fee - per office visit  | \$10.00          | \$7.00     |
|                    | <b>SPACE MAINTENANCE (passive appliances)</b>   |                  |            |
| D1510              | * Space maintainer - fixed - unilateral   | \$300.00         | \$115.00   |
| D1515              | * Space maintainer - fixed - bilateral  | \$425.00         | \$150.00   |
| D1520              | * Space maintainer - removable - unilateral   | \$300.00         | \$125.00   |
| D1525              | * Space maintainer - removable - bilateral  | \$450.00         | \$175.00   |
| D1550              | * Recementation of space maintainer   | \$55.00          | \$35.00    |
|                    | * As performed by a General Dentist   |                  |            |
| <b>D2000-D2999</b> | <b>RESTORATIVE</b>  |                  |            |
|                    | <b>AMALGAM RESTORATIONS (including polishing)</b>   |                  |            |
| D2140              | Amalgam - one surface, primary or permanent   | \$140.00         | \$14.00    |
| D2150              | Amalgam - two surfaces, primary or permanent  | \$145.00         | \$19.00    |
| D2160              | Amalgam - three surfaces, primary or permanent  | \$175.00         | \$26.00    |
| D2161              | Amalgam - four or more surfaces, primary or permanent   | \$225.00         | \$36.00    |
|                    | <b>RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure &amp; resin bonding agents)</b>           |                  |            |
| D2330              | Resin-based composite - one surface, anterior   | \$125.00         | \$25.00    |
| D2331              | Resin-based composite - two surfaces, anterior  | \$165.00         | \$35.00    |
| D2332              | Resin-based composite - three surfaces, anterior  | \$210.00         | \$45.00    |
| D2335              | Resin-based composite - four or more surfaces or involving incisal angle (anterior)                             | \$235.00         | \$95.00    |

## SYMBOL KEY

\* Member Fee when performed by a Participating General Dentist.

\*\* Member Fee when performed by a Participating Specialist.

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# Classic Dental Plan (C5) Fee Schedule

| ADA CODE  | PROCEDURE DESCRIPTION  | CUSTOMARY FEE*** | MEMBER FEE |
|---|--|------------------|------------|
| <b>D2000-D2999</b>  | <b>RESTORATIVE - Continued</b>   |                  |            |
| D2391   | Resin-based composite - one surface, posterior - primary or permanent                              | \$135.00         | \$25.00    |
| D2392   | Resin-based composite - two surfaces, posterior - primary or permanent                             | \$195.00         | \$35.00    |
| D2393   | Resin-based composite - three surfaces, posterior - primary or permanent                           | \$230.00         | \$45.00    |
| D2394   | Resin-based composite - four or more surfaces, posterior - primary or permanent                    | \$275.00         | \$95.00    |
|   | <b>INLAY / ONLAY RESTORATIONS</b>  |                  |            |
| D2543   | Onlay - metallic - three surfaces  | \$950.00         | \$380.00   |
| D2544   | Onlay - metallic - four or more surfaces   | \$1,050.00       | \$395.00   |
| D2610   | Inlay - porcelain/ceramic - one surface  | \$655.00         | \$330.00   |
| D2620   | Inlay - porcelain/ceramic - two surfaces   | \$880.00         | \$355.00   |
| D2630   | Inlay - porcelain/ceramic - three or more surfaces   | \$950.00         | \$380.00   |
| D2642   | Onlay - porcelain/ceramic - two surfaces   | \$950.00         | \$375.00   |
| D2643   | Onlay - porcelain/ceramic - three surfaces   | \$1,000.00       | \$395.00   |
| D2644   | Onlay - porcelain/ceramic - four or more surfaces  | \$950.00         | \$405.00   |
| D2650   | Inlay - resin-based composite/resin - one surface (lab)  | \$550.00         | \$330.00   |
| D2651   | Inlay - resin-based composite/resin - two surfaces (lab)   | \$675.00         | \$355.00   |
| D2652   | Inlay - resin-based composite/resin - three or more surfaces (lab)                                 | \$755.00         | \$395.00   |
| D2662   | Onlay - resin-based composite/resin - two surfaces (lab)   | \$725.00         | \$375.00   |
| D2663   | Onlay - resin-based composite/resin - three surfaces (lab)   | \$880.00         | \$395.00   |
| D2664   | Onlay - resin-based composite/resin - four or more surfaces (lab)                                  | \$950.00         | \$405.00   |
|   | <b>CROWNS - SINGLE RESTORATIONS ONLY</b>   |                  |            |
| D2710   | Crown - resin (laboratory - final restoration)   | \$875.00         | \$445.00   |
| D2712   | Crown - <sup>3</sup> / <sub>4</sub> resin based composite (indirect) not to include facial veneers | \$875.00         | \$445.00   |
| D2720   | Crown - resin with high noble metal  | \$980.00         | \$395.00   |
| D2721   | Crown - resin with predominantly base metal  | \$980.00         | \$395.00   |
| D2722   | Crown - resin with noble metal   | \$980.00         | \$395.00   |
| D2740   | Crown - porcelain/ceramic substrate  | \$1,050.00       | \$445.00   |
| D2750   | Crown - porcelain fused to high noble metal  | \$1,000.00       | \$445.00   |
| D2751   | Crown - porcelain fused to predominantly base metal  | \$950.00         | \$445.00   |
| D2752   | Crown - porcelain fused to noble metal   | \$950.00         | \$445.00   |
| D2790   | Crown - full cast high noble metal   | \$1,000.00       | \$435.00   |
| D2791   | Crown - full cast predominantly base metal   | \$950.00         | \$435.00   |
| D2792   | Crown - full cast noble metal  | \$1,000.00       | \$435.00   |
| D2794   | Crown - titanium   | \$1,000.00       | \$445.00   |
| D2799   | Provisional crown  | \$475.00         | \$175.00   |
| A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00. |  |                  |            |
|   | <b>OTHER RESTORATIVE SERVICES</b>  |                  |            |
| D2910   | Recement inlay   | \$85.00          | \$40.00    |
| D2920   | Recement crown   | \$85.00          | \$40.00    |
| D2930   | Prefabricated stainless steel crown - primary tooth  | \$265.00         | \$105.00   |
| D2940   | Sedative filling   | \$90.00          | \$20.00    |
| D2950   | Core buildup, including any pins   | \$250.00         | \$110.00   |
| D2951   | Pin retention - per tooth, in addition to restoration  | \$60.00          | \$45.00    |
| D2952   | Cast post and core in addition to crown  | \$335.00         | \$145.00   |
| D2954   | Prefabricated post and core in addition to crown   | \$275.00         | \$110.00   |
| D2960   | Labial veneer (resin laminate) - chairside   | \$500.00         | \$180.00   |
| D2961   | Labial veneer (resin laminate) - lab   | \$830.00         | \$395.00   |
| D2962   | Labial veneer (porcelain laminate) - lab   | \$1,000.00       | \$445.00   |
| <b>D3000-D3999</b>  | <b>ENDODONTICS</b>   |                  |            |
| D0140   | ** Limited oral evaluation - problem focused (by an Endodontist only)                              | \$95.00          | \$45.00    |
|   | <b>PULP CAPPING</b>  |                  |            |
| D3110   | Pulp cap - direct (excluding final restoration)  | \$65.00          | N/C        |
| D3120   | Pulp cap - indirect (excluding final restoration)  | \$65.00          | N/C        |
|   | <b>PULPOTOMY</b>   |                  |            |
| D3220   | Therapeutic pulpotomy (excluding final restoration)  | \$175.00         | \$90.00    |
| D3221   | Gross pulpal debridement, primary & permanent teeth  | \$185.00         | \$90.00    |
|   | <b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>   |                  |            |
| D3230   | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)        | \$200.00         | \$120.00   |
| D3240   | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)       | \$275.00         | \$130.00   |

## SYMBOL KEY

\* Member Fee when performed by a Participating General Dentist.

\*\* Member Fee when performed by a Participating Specialist.

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# Classic Dental Plan (C5) Fee Schedule

| ADA CODE  | PROCEDURE DESCRIPTION  | CUSTOMARY FEE*** | MEMBER FEE |
|---|--|------------------|------------|
| <b>D3000-D3999</b>  | <b>ENDODONTICS - Continued</b>   |                  |            |
| <b>ENDODONTIC THERAPY (including treatment plan, clinical procedures, and follow-up care)</b> |  |                  |            |
| D3310   | * Root canal - Anterior (excluding final restoration)  | \$775.00         | \$315.00   |
| D3320   | * Root canal - Bicuspid (excluding final restoration)  | \$850.00         | \$385.00   |
| D3330   | * Root canal - Molar (excluding final restoration)<br>* As performed by a General Dentist  | \$1,100.00       | \$530.00   |
| D3310   | ** Root canal - Anterior (excluding final restoration)   | \$985.00         | \$595.00   |
| D3320   | ** Root canal - Bicuspid (excluding final restoration)   | \$1,100.00       | \$695.00   |
| D3330   | ** Root canal - Molar (excluding final restoration)<br>** As performed by an Endodontist only  | \$1,250.00       | \$795.00   |
| <b>ENDODONTIC RETREATMENT (includes complete root canal therapy)</b>                          |  |                  |            |
| D3346   | ** Retreatment of previous root canal therapy - Anterior   | \$1,050.00       | \$660.00   |
| D3347   | ** Retreatment of previous root canal therapy - Bicuspid   | \$1,250.00       | \$775.00   |
| D3348   | ** Retreatment of previous root canal therapy - Molar<br>** As performed by an Endodontist only  | \$1,350.00       | \$870.00   |
| <b>OTHER ENDODONTIC PROCEDURES</b>  |  |                  |            |
| D3950   | Canal preparation and fitting of preformed dowel or post   | \$135.00         | N/C        |
| <b>D4000-D4999</b>  | <b>PERIODONTICS</b>  |                  |            |
| D0140   | ** Limited oral evaluation - problem focused (by Periodontist only)  | \$95.00          | \$45.00    |
| D0180   | ** Comprehensive periodontal evaluation, new or established patient (by Periodontist only)<br>(fee is inclusive of Code D0150 - comprehensive oral evaluation) | \$175.00         | \$105.00   |
| D0210   | ** Intraoral - complete series (including bitewings) (by Periodontist only)  | \$145.00         | \$60.00    |
| <b>SURGICAL SERVICES (including usual post-operative care)</b>                                |  |                  |            |
| D4210   | Gingivectomy or gingivoplasty - (four or more contiguous teeth or bounded teeth spaces, per quadrant)  | \$675.00         | \$235.00   |
| D4211   | Gingivectomy or gingivoplasty - (one to three teeth, per quadrant)   | \$225.00         | \$155.00   |
| D4240   | Gingival flap procedure, including root planing - (four or more contiguous teeth or bounded teeth spaces, per quadrant)  | \$795.00         | \$485.00   |
| D4241   | Gingival flap procedure, including root planing - (one to three teeth, per quadrant)   | \$585.00         | \$405.00   |
| D4249   | Clinical crown lengthening - hard tissue   | \$800.00         | \$450.00   |
| D4260   | Osseous surgery (including flap entry & closure) - (four or more contiguous teeth or bounded teeth spaces, per quadrant)                                       | \$1,000.00       | \$735.00   |
| D4261   | Osseous surgery (including flap entry and closure) - (one to three teeth, per quadrant)  | \$850.00         | \$625.00   |
| D4270   | Pedicle soft tissue graft procedure  | \$850.00         | \$525.00   |
| D4271   | Free soft tissue graft procedure (including donor site surgery)  | \$850.00         | \$525.00   |
| <b>NON-SURGICAL PERIODONTAL SERVICES</b>  |  |                  |            |
| D4341   | Periodontal scaling and root planing - (four or more contiguous teeth or bounded teeth spaces, per quadrant)   | \$225.00         | \$115.00   |
| D4342   | Periodontal scaling and root planing - (one to three teeth, per quadrant)  | \$150.00         | \$100.00   |
| D4355   | Full mouth debridement to enable comprehensive evaluation and diagnosis  | \$150.00         | \$55.00    |
| D4910   | Periodontal maintenance  | \$125.00         | \$80.00    |
| D9940   | ** Occlusal guard (by Periodontist only)   | \$500.00         | \$315.00   |
| <b>D5000-D5899</b>  | <b>PROSTHODONTICS (removable)</b>  |                  |            |
| <b>COMPLETE DENTURES (including routine post-delivery care)</b>                               |  |                  |            |
| D5110   | Complete denture - maxillary   | \$1,250.00       | \$565.00   |
| D5120   | Complete denture - mandibular  | \$1,250.00       | \$565.00   |
| D5130   | Immediate denture - maxillary  | \$1,350.00       | \$595.00   |
| D5140   | Immediate denture - mandibular   | \$1,350.00       | \$595.00   |
| <b>PARTIAL DENTURES (including routine post-delivery care)</b>                                |  |                  |            |
| D5211   | Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)  | \$1,050.00       | \$450.00   |
| D5212   | Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)   | \$1,050.00       | \$450.00   |
| D5213   | Maxillary partial denture - cast metal framework with resin dental bases<br>(including any conventional clasps, rests & teeth)                                 | \$1,300.00       | \$575.00   |
| D5214   | Mandibular partial denture - cast metal framework with resin dental bases<br>(including any conventional clasps, rests & teeth)                                | \$1,300.00       | \$575.00   |
| D5225   | Maxillary partial denture - flexible base  | \$1,250.00       | \$575.00   |
| D5226   | Mandibular partial denture - flexible base   | \$1,250.00       | \$575.00   |
| D5281   | Removable unilateral partial denture - one piece cast metal (including clasps & teeth)   | \$750.00         | \$285.00   |

### SYMBOL KEY

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\*\* Member Fee when performed by a Participating Specialist.

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# Classic Dental Plan (C5) Fee Schedule

| ADA CODE           | PROCEDURE DESCRIPTION  | CUSTOMARY FEE*** | MEMBER FEE |
|--------------------|--|------------------|------------|
| <b>D5000-D5899</b> | <b>PROSTHODONTICS (removable) - Continued</b>  |                  |            |
|                    | <b>ADJUSTMENTS TO DENTURES</b>   |                  |            |
| D5410              | Adjust complete denture - maxillary  | \$65.00          | \$10.00    |
| D5411              | Adjust complete denture - mandibular   | \$65.00          | \$10.00    |
| D5421              | Adjust partial denture - maxillary   | \$70.00          | \$10.00    |
| D5422              | Adjust partial denture - mandibular  | \$70.00          | \$10.00    |
|                    | <b>REPAIRS TO COMPLETE DENTURES</b>  |                  |            |
| D5510              | Repair broken complete denture base (office only)  | \$100.00         | \$52.00    |
| D5510              | Repair broken complete denture base (lab)  | \$150.00         | \$105.00   |
| D5520              | Replace missing or broken tooth - complete denture (office only)<br>- one tooth or first tooth - plus \$10.00 for each additional tooth replaced | \$70.00          | \$55.00    |
| D5520              | Replace missing or broken tooth - complete denture (lab)<br>- one tooth or first tooth - plus \$20.00 for each additional tooth replaced         | \$150.00         | \$110.00   |
|                    | <b>REPAIRS TO PARTIAL DENTURES</b>   |                  |            |
| D5610              | Repair resin denture base (office only)  | \$110.00         | \$52.00    |
| D5610              | Repair resin denture base (lab)  | \$150.00         | \$105.00   |
| D5620              | Repair cast framework (lab)  | \$185.00         | \$120.00   |
| D5630              | Repair or replace broken clasp - one clasp or first clasp<br>- plus \$40.00 for each additional clasp added                                      | \$185.00         | \$125.00   |
| D5640              | Replace broken tooth - one tooth or first tooth<br>- plus \$15.00 for each additional tooth replaced   | \$160.00         | \$115.00   |
| D5650              | Add tooth to existing partial denture - one tooth or first tooth<br>- plus \$15.00 for each additional tooth added                               | \$160.00         | \$115.00   |
| D5660              | Add clasp to existing partial denture - one clasp or first clasp<br>- plus \$40.00 for each additional clasp added                               | \$195.00         | \$125.00   |
|                    | <b>DENTURE REBASE PROCEDURES</b>   |                  |            |
| D5710              | Rebase complete maxillary denture  | \$395.00         | \$180.00   |
| D5711              | Rebase complete mandibular denture   | \$395.00         | \$180.00   |
| D5720              | Rebase maxillary partial denture   | \$385.00         | \$165.00   |
| D5721              | Rebase mandibular partial denture  | \$385.00         | \$165.00   |
|                    | <b>DENTURE RELINE PROCEDURES</b>   |                  |            |
| D5730              | Reline complete maxillary denture - office   | \$300.00         | \$130.00   |
| D5731              | Reline complete mandibular denture - office  | \$300.00         | \$130.00   |
| D5740              | Reline maxillary partial denture - office  | \$250.00         | \$130.00   |
| D5741              | Reline mandibular partial denture - office   | \$250.00         | \$130.00   |
| D5750              | Reline complete maxillary denture - lab  | \$375.00         | \$150.00   |
| D5751              | Reline complete mandibular denture - lab   | \$375.00         | \$150.00   |
| D5760              | Reline maxillary partial denture - lab   | \$385.00         | \$150.00   |
| D5761              | Reline mandibular partial denture - lab  | \$385.00         | \$150.00   |
|                    | <b>INTERIM PROSTHESIS</b>  |                  |            |
| D5810              | Interim complete denture (maxillary)   | \$750.00         | \$325.00   |
| D5811              | Interim complete denture (mandibular)  | \$750.00         | \$325.00   |
| D5820              | Interim partial denture (maxillary)  | \$550.00         | \$270.00   |
| D5821              | Interim partial denture (mandibular)   | \$550.00         | \$270.00   |
|                    | <b>OTHER REMOVABLE PROSTHETIC SERVICES</b>   |                  |            |
| D5850              | Tissue conditioning, maxillary   | \$155.00         | \$67.00    |
| D5851              | Tissue conditioning, mandibular  | \$155.00         | \$67.00    |
| <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  | \$950.00         | \$445.00   |
| D6210              | Pontic - cast high noble metal   | \$1,000.00       | \$435.00   |
| D6211              | Pontic - cast predominantly base metal   | \$950.00         | \$435.00   |
| D6212              | Pontic - cast noble metal  | \$1,000.00       | \$435.00   |
| D6214              | Pontic - titanium  | \$1,000.00       | \$445.00   |
| D6240              | Pontic - porcelain fused to high noble metal   | \$1,000.00       | \$445.00   |
| D6241              | Pontic - porcelain fused to predominantly base metal   | \$950.00         | \$445.00   |
| D6242              | Pontic - porcelain fused to noble metal  | \$1,000.00       | \$445.00   |
| D6245              | Pontic - porcelain/ceramic   | \$1,050.00       | \$445.00   |
| D6250              | Pontic - resin with high noble metal   | \$980.00         | \$395.00   |
| D6251              | Pontic - resin with predominantly base metal   | \$980.00         | \$395.00   |
| D6252              | Pontic - resin with noble metal  | \$980.00         | \$395.00   |

A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00.

## SYMBOL KEY

\* Member Fee when performed by a Participating General Dentist.

\*\* Member Fee when performed by a Participating Specialist.

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

# Classic Dental Plan (C5) Fee Schedule

| ADA CODE   | PROCEDURE DESCRIPTION  | CUSTOMARY FEE*** | MEMBER FEE |
|--|--|------------------|------------|
| <b>D6200-D6999</b>   | <b>PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture) - Continued</b>   |                  |            |
| <b>FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS</b>   |  |                  |            |
| D6545  | Retainer cast metal for resin bonded fixed prosthesis (MD bridge)<br>(Charge pontics separately with appropriate code from the D6200 series)   | \$550.00         | \$225.00   |
| D6609  | Onlay - porcelain/ceramic, three or more surfaces  | \$775.00         | \$435.00   |
| D6611  | Onlay - cast high noble metal, three or more surfaces  | \$950.00         | \$435.00   |
| D6613  | Onlay - cast predominantly base metal, three or more surfaces  | \$950.00         | \$435.00   |
| D6615  | Onlay - cast noble metal, three or more surfaces   | \$880.00         | \$435.00   |
| D6624  | Inlay - titanium   | \$800.00         | \$435.00   |
| D6634  | Onlay - titanium   | \$800.00         | \$435.00   |
| A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00 |  |                  |            |
| <b>FIXED PARTIAL DENTURE RETAINERS - CROWNS</b>  |  |                  |            |
| D6710  | Pontic - indirect resin based composite  | \$950.00         | \$445.00   |
| D6720  | Crown - resin with high noble metal  | \$950.00         | \$395.00   |
| D6721  | Crown - resin with predominantly base metal  | \$950.00         | \$395.00   |
| D6722  | Crown - resin with noble metal   | \$950.00         | \$395.00   |
| D6740  | Crown - porcelain/ceramic  | \$1,050.00       | \$445.00   |
| D6750  | Crown - porcelain fused to high noble metal  | \$1,050.00       | \$445.00   |
| D6751  | Crown - porcelain fused to predominantly base metal  | \$950.00         | \$445.00   |
| D6752  | Crown - porcelain fused to noble metal   | \$1,050.00       | \$445.00   |
| D6790  | Crown - full cast high noble metal   | \$1,000.00       | \$435.00   |
| D6791  | Crown - full cast predominantly base metal   | \$950.00         | \$435.00   |
| D6792  | Crown - full cast noble metal  | \$1,000.00       | \$435.00   |
| D6794  | Crown - titanium   | \$1,000.00       | \$445.00   |
| A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.00 |  |                  |            |
| <b>OTHER FIXED PARTIAL DENTURE SERVICES</b>  |  |                  |            |
| D6930  | Recement fixed partial denture   | \$140.00         | \$75.00    |
| D6970  | Cast post & core in addition to fixed partial denture retainer   | \$325.00         | \$145.00   |
| D6972  | Prefabricated post & core in addition to fixed partial denture retainer  | \$285.00         | \$110.00   |
| <b>D7000-D7999</b>   | <b>ORAL AND MAXILLOFACIAL SURGERY</b>  |                  |            |
| D0140  | ** Limited oral evaluation by an Oral Surgeon only   | \$95.00          | \$45.00    |
| D0330  | ** Panoramic film by an Oral Surgeon only  | \$110.00         | \$50.00    |
| <b>EXTRACTIONS (includes local anesthesia, suturing, and routine postoperative care)</b>                     |  |                  |            |
| D7111  | Coronal remnants - deciduous tooth   | \$125.00         | \$80.00    |
| D7140  | * Extraction, erupted tooth or exposed root (elevation and/or forceps removal)<br>(by General Dentist)   | \$105.00         | \$45.00    |
| D7140  | ** Extraction, erupted tooth or exposed root (elevation and/or forceps removal)<br>(by Oral Surgeon only)  | \$155.00         | \$85.00    |
| D7210  | Surgical removal of erupted tooth  | \$225.00         | \$130.00   |
| D7220  | Removal of impacted tooth - soft tissue  | \$310.00         | \$170.00   |
| D7230  | Removal of impacted tooth - partially bony   | \$350.00         | \$205.00   |
| D7240  | Removal of impacted tooth - completely bony  | \$375.00         | \$255.00   |
| D7250  | Surgical removal of residual tooth roots (cutting procedure)   | \$270.00         | \$155.00   |
| Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.       |  |                  |            |
| <b>D9000-D9999</b>   | <b>ADJUNCTIVE GENERAL SERVICES</b>   |                  |            |
| <b>UNCLASSIFIED TREATMENT</b>  |  |                  |            |
| D9110  | Palliative (emergency) treatment of dental pain - minor procedure  | \$85.00          | \$20.00    |
| <b>ANESTHESIA</b>  |  |                  |            |
| D9211  | Regional block anesthesia  | \$45.00          | N/C        |
| D9212  | Trigeminal division block anesthesia   | \$60.00          | N/C        |
| D9215  | Local anesthesia   | \$35.00          | N/C        |
| D9220  | Deep sedation/general anesthesia - first 30 minutes  | \$325.00         | \$175.00   |
| D9221  | Deep sedation/general anesthesia - each additional 15 minutes  | \$115.00         | \$75.00    |
| D9230  | Analgesia - (nitrous oxide) - per half hour  | \$60.00          | \$30.00    |
| D9241  | Intravenous conscious sedation/analgesia - first 30 minutes  | \$300.00         | \$175.00   |
| D9242  | Intravenous conscious sedation/analgesia - each additional 15 minutes  | \$110.00         | \$75.00    |
| <b>PROFESSIONAL CONSULTATION</b>   |  |                  |            |
| D9310  | Second Opinion Consultation - diagnostic service provided by a Participating Dentist,<br>other than the Participating Dentist providing treatment (includes up to two periapicals<br>or two bitewings, and the treatment plan) | \$85.00          | \$50.00    |

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# Classic Dental Plan (C5) Fee Schedule

| ADA CODE                                     | PROCEDURE DESCRIPTION   | CUSTOMARY FEE*** | MEMBER FEE |
|--|---|------------------|------------|
| <b>D9000-D9999</b>                           | <b>ADJUNCTIVE GENERAL SERVICES - Continued</b>  |                  |            |
|  | <b>MISCELLANEOUS SERVICES</b>   |                  |            |
| D9450  | Case presentation, detailed and extensive treatment planning  | \$60.00          | N/C        |
| D9630  | Drugs and / or medicaments. Subgingival delivery of oral antibiotics / chemotherapeutic agents - per quadrant | \$40.00          | \$15.00    |
| D9910  | Application of desensitizing medicament - per visit   | \$45.00          | \$35.00    |
| D9940  | * Occlusal guard (Nightguard by General Dentist)  | \$430.00         | \$225.00   |
| D9940  | ** Occlusal guard (Nightguard by Specialist only)   | \$500.00         | \$315.00   |
| <b>BROKEN APPOINTMENT FEE (per 1/2 hour)</b> |   | \$25.00          | \$15.00    |

## ORTHODONTICS

- |    |   |            |            |
|----|---|------------|------------|
| 1. | Initial Screening Examination   | \$45.00    | N/C        |
| 2. | Pre-Orthodontic Treatment Visit (Diagnostic Records and Consultation including X-rays, models, and photographs taken by Orthodontist)   | \$330.00   | \$165.00   |
| 3. | Comprehensive Orthodontic Treatment for standard two year case for children under age 18.   | \$5,500.00 | \$2,960.00 |
| A. | Initial retainers and retention visits for adjustments / observation for six months.<br>Additional retention visits are provided at \$20 per visit.                                 | \$650.00   | \$250.00   |
| B. | Any additional treatment or appliances necessary in addition to the standard two year case are provided at a 20% reduction of the Participating Dentist's usual and customary fees. |            |            |
| C. | All standard orthodontic treatment cases that extend beyond two years (twenty-four months) are pro-rated at \$115 per month.  |            |            |
| 4. | Non-standard Orthodontic treatment (for children under age 18) and Phase I treatment are provided at a 20% reduction of the Participating Dentist's usual and customary fees.       |            |            |
| 5. | Adult Orthodontic treatment (for patients age 18 & over) is provided at a 20% reduction of the Participating Dentist's usual and customary fees.                                    |            |            |
| 6. | Appliance therapy for tooth guidance and space management is provided at a 20% reduction of the Participating Dentist's usual and customary fees.                                   |            |            |
| 7. | Orthodontic treatment already in progress is not covered.   |            |            |

## ADDITIONAL PROVISIONS

- All member fees are to be paid directly to the Participating General Dentist or Participating Specialist by the member at the time treatment is provided.
- Unlisted procedures are provided at a 20% reduction of the Participating General Dentist's or Specialist's usual and customary fees. This includes (but is not limited to) all Implant services, TMJ treatment, bottles of Chlorhexidine and prescription fluoride toothpaste dispensed from the office.
- Members may be charged \$7 per office visit by the Participating General Dentist or Specialist for the cost of compliance with OSHA guidelines. This fee also applies to No Charge (N/C) visits.
- Referral forms are not required to see Participating Specialists.
- There are no exclusions for pre-existing conditions except orthodontic treatment already in progress.
- Services provided by a **Participating Pediatric Dentist** or a **Participating Prosthodontist** are covered at a 20% reduction of the Participating Specialist's usual and customary fees.
- Members may be charged a **BROKEN APPOINTMENT FEE** of \$15 per half hour when less than 24 hours notice is provided to the Participating Dentist.
- Cosmetic Dentistry: There is no exclusion for clinically necessary or appropriate treatment as performed for esthetic reasons.
- A **PROPHYLAXIS** (ADA Code D1110) performed at three or four month maintenance intervals is provided at a 20% reduction of the Participating Dentist's usual and customary fee. A **PERIODIC ORAL EVALUATION** (ADA Code D0120) is provided at the member fee listed on the fee schedule.
- A **FULL MOUTH DEBRIDEMENT** (ADA Code D4355) is chargeable when calculus obstructs the ability to perform a comprehensive periodontal evaluation and diagnosis and performed as a preliminary procedure.
- Recognized and accepted ADA procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA procedure code.
- Coordination of Benefits: If total reimbursement from other plans is equal to, or in excess of, the member fee, the member fee is considered satisfied. If total reimbursement from other plans is less than the member fee, the patient is responsible to pay the difference up to the member fee.

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## DentaQuest Virginia, Inc.

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**DentaQuest**<sup>®</sup>  
Virginia, Inc.

DentaQuest Virginia, Inc.  
4061 Powder Mill Road, #325  
Calverton, Maryland 20705-3149  
301-937-4447 Washington Area  
1-800-334-6277 Toll Free  
301-937-0245 Fax Number  
www.dentaquest.com

DentaQuest Virginia, Inc. is licensed as a dental plan organization that provides dental benefits to employers, unions, associations, and individuals located in the Virginia cities of Alexandria, Colonial Heights, Fairfax, Falls Church, Fredericksburg, Hopewell, Manassas, Manassas Park, Petersburg, Richmond, and Winchester; and the Virginia counties of Arlington, Caroline, Chesterfield, Culpeper, Fairfax, Fauquier, Hanover, Henrico, King George, Loudoun, Prince William, Spotsylvania and Stafford.

### **Regulatory Authority**

DentaQuest Virginia, Inc. is subject to regulation by both the Virginia State Corporation Commission's Bureau of Insurance pursuant to Title 38.2, and the Virginia Department of Health pursuant to Title 32.1.



**DentaQuest**<sup>®</sup>  
*Virginia, Inc.*

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

Toll Free 1-800-334-6277  
Facsimile 1-800-626-2579  
[www.dentaquest.com](http://www.dentaquest.com)

7/2006





**DentaQuest**  
*Virginia, Inc.*

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

Toll Free 1-800-334-6277  
Facsimile 1-800-626-2579  
[www.dentaquest.com](http://www.dentaquest.com)

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