

QCD RED Plan Information

Dental membership plan - not insurance

Eldridge Electric Co.

Monthly Rates

Coverage Level	Monthly Rate
Employee Only	No Charge
Employee and One Dependent	\$10.00
Employee and Entire Household	\$14.00

No claim forms No deductibles, claim forms, or annual coverage maximums.	Immediate access Access begins according to the group/member effective date, including pre-existing dental conditions.
Orthodontics Orthodontic fee schedule options are available for children and adults through QCD general dentists.	Dependents Eligible children may be included up to age 26, when allowed by the plan rules.

Sample Dental Fees and Estimated Savings

Procedure	QCD Member Fee	National Avg.	Savings
Oral Exam	\$9	\$35	74%
Full Mouth X-Ray	\$28	\$77	64%
Teeth Cleaning	\$24	\$54	56%
Amalgam - 1 Surface	\$28	\$79	65%
Simple Extraction	\$36	\$80	55%
Root Canal - 1 Canal	\$185	\$387	52%
Porcelain w/ Metal Crown	\$350	\$652	46%
Complete Upper or Lower Denture	\$400	\$770	48%

Notes: An \$8.00 fee is charged per appointment for infection control costs. Lab fees are additional and receive a 20% discount. Sample average costs are estimates based on the original plan material.

Schedule of Program Fees

Member fees are shown as a quick reference. Please consult the affiliated dentist before treatment for the total treatment cost.

PROCEDURE NUMBER	MEMBER FEE	PROCEDURE NUMBER	MEMBER FEE
DIAGNOSTIC DENTISTRY		ENDODONTICS	
D0120 Periodical Oral Examination	\$9.00	D3110 Pulp Cap, Direct	\$19.00
D0140 Limited Oral Examination, Problem Focused ..	\$12.00	D3120 Pulp Cap, Indirect	\$24.00
D0150 Comprehensive Oral Examination	\$18.00	D3220 Pulpotomy	\$35.00
D0210 Intraoral X-Ray Complete Series	\$28.00	D3310 Root Canal, Anterior	\$159.00
D0460 Pulp Vitality Test	\$15.00	D3320 Root Canal, Bicuspid	\$209.00
D9999 Asepsis Fee (Infection Control)	\$8.00	D3330 Root Canal, Molar	\$259.00
All Bitewing / Single Film X-Rays	20% DISCOUNT	D3920 Hemisection	\$65.00
PREVENTIVE DENTISTRY		A specific root canal treatment or re-treatment may present unusual circumstances requiring additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.	
D1110 Prophalaxis – Adult	\$24.00	PERIODONTICS	
D1120 Prophalaxis – Child	\$24.00	D4210 Gingivectomy/Gingivoplasty – (Per Quadrant) ..	\$180.00
D1203 Application Topical Fluoride – Child	\$5.00	D4211 Gingivectomy/Gingivoplasty – (Per Tooth)	\$50.00
D1204 Application Topical Fluoride – Adult	\$5.00	D4240 Gingival Flap Procedure, Including	
D1351 Sealant – Per Tooth	\$14.00	Root Planing – (Per Quadrant)	\$200.00
D1510 Space Maintainer – Fixed Unilateral	\$60.00	D4260 Osseous Surgery – (Per Quadrant)	
D1515 Space Maintainer - Fixed Bilateral	\$75.00	(Including Flap Entry and Closure)	\$260.00
A specific preventive treatment may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.		D4341 Periodontal Scaling and Root Planing –	
COSMETIC		(Per Quadrant)	\$75.00
All Cosmetic Dentistry	20% DISCOUNT	D4355 Full Mouth Debridement	\$70.00
RESTORATIVE DENTISTRY		D4910 Periodontal Maintenance Procedures	
D2140 Amalgam – 1 Surface, Primary or Permanent ...	\$28.00	Following Active Therapy	\$30.00
D2150 Amalgam – 2 Surface, Primary or Permanent ...	\$36.00	A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.	
D2160 Amalgam – 3 Surfaces, Primary or Permanent ..	\$46.00	PROSTHODONTICS – REMOVABLE	
D2161 Amalgam – 4 or More Surfaces,		(Lab Fees Additional Cost)	
Primary or Permanent	\$56.00	D5110 Complete Upper Denture	
D2330 Composite Resin – 1 Surface, Anterior	\$38.00	(Including Six Months Post Care)	\$400.00
D2331 Composite Resin – 2 Surfaces, Anterior	\$46.00	D5120 Complete Lower Denture	
D2332 Composite Resin – 3 Surfaces, Anterior	\$56.00	(Including Six Months Post Care)	\$400.00
D2335 Composite Resin – 4 or More Surfaces		D5130 Immediate Upper	\$420.00
or Involving Incisal Angle, Anterior	\$66.00	D5140 Immediate Lower	\$420.00
D2391 Composite Resin – 1 Surface, Posterior	\$50.00	D5211 Upper Partial Denture – Resin Base	\$250.00
D2392 Composite Resin – 2 Surfaces, Posterior	\$65.00	D5212 Lower Partial Denture – Resin Base	\$250.00
D2393 Composite Resin – 3 Surfaces, Posterior	\$85.00	D5213 Upper Partial – Predominantly Cast Base	\$400.00
D2394 Composite Resin – 4 or More Surfaces,		D5214 Lower Partial – Predominantly Cast Base	\$400.00
Posterior	\$95.00	D5410 Adjust Complete Denture	\$15.00
D2750 Crown – Porcelain to High Noble Metal		D5510 Repair Broken Complete Denture Base	\$40.00
(Gold and Lab Fees Additional)	\$350.00	D5610 Repair Resin Denture Base	\$35.00
D2751 Crown – Porcelain to Base Metal		D5630 Repair or Replace Broken Clasp	\$45.00
(Lab Fees Additional)	\$320.00	D5640 Replace Broken Teeth (Per Tooth)	\$30.00
D2920 Re-cement Crown	\$20.00	D5650 Add Tooth to Existing Partial Denture	\$45.00
D2931 Prefabricated Stainless Steel Crown	\$48.00	D5660 Add Clasp to Existing Partial Denture	\$65.00
D2940 Sedative Filling	\$16.00	D5730 Reline Complete Upper (Chairside)	\$75.00
D2950 Core Buildup (Including Any Pins)	\$55.00	D5731 Reline Complete Lower (Chairside)	\$75.00
D2951 Pin Retention – (Per Tooth)	\$20.00	D5740 Reline Upper Partial (Chairside)	\$75.00
D2952 Cast Post and Core in Addition to Crown	\$75.00	D5741 Reline Lower Partial (Chairside)	\$75.00
D2953 Each Additional Cast Post (Same Tooth)	\$40.00	D5810 Temporary Complete Upper Denture	\$200.00
D2954 Prefab Post / Core in Addition to Crown	\$60.00	D5811 Temporary Complete Lower Denture	\$200.00
D2970 Temporary Crown (Fractured Tooth)	\$40.00	D5820 Temporary Partial – Stay Plate Upper	\$180.00
		D5821 Temporary Partial – Stay Plate Lower	\$180.00

Schedule of Program Fees - Continued

Specialty care services, exclusions, limitations, and important notices are included on this page.

PROCEDURE NUMBER MEMBER FEE

PROSTHODONTICS – FIXED BRIDGES

D6241 Pontic–Porcelain Fused to Base Metal	\$320.00
D6751 Crown–Porcelain Fused to Base Metal	\$320.00
D6791 Crown–Full Cast Fused to Base Metal	\$270.00
D6930 Re–Cement Bridge	\$20.00
D6940 Stress Breaker	\$90.00
D6950 Precision Attachment (Each)	\$225.00

A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the Affiliated Dentist as to the total cost prior to treatment.

ORAL SURGERY

D7110 Single Tooth Extraction	\$36.00
D7120 Each Additional Tooth	\$34.00
D7130 Root Removal – Exposed Roots	\$48.00
D7210 Surgical Extraction – Erupted	\$68.00
D7220 Removal of Impacted Tooth – Soft Tissue	\$78.00
D7230 Removal of Impacted Tooth – Partially Bony	\$109.00
D7240 Removal of Impacted Tooth – Completely Bony	\$129.00
D7241 Removal of Impacted Tooth – Completely Bony with Unusual Surgical Complications	\$189.00
D7250 Root Recovery	\$72.00
D7280 Surgical Exposure Per Tooth	\$66.00
D7310 Alveoloplasty (Per Quadrant With Extractions)	\$78.00
D7320 Alveoloplasty (Per Quadrant Without Extractions)	\$84.00
D7960 Frenectomy	\$99.00

A specific oral surgery procedure may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total procedure cost prior to treatment.

ORTHODONTICS (QCD GENERAL DENTIST ONLY)

D8999 Diagnostic Work Up Radiographs, Model, Records	\$120.00
D8080 Child (QCD General Dentist) Class I or II For 24-Month Treatment	\$2,200.00
D8090 Adult (QCD General Dentist) Class I or II For 24-Month Treatment	\$2,400.00
D8680 Orthodontic Retention	\$230.00

A specific orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the Affiliated Dentist will explain all needed procedures, length of treatment, required fees and payment schedule.

GENERAL SERVICES

D9999 Failed Appointment (Without 24-Hours Notice)	\$30.00
D9999 Palliative (Emergency) Treatment of Dental Pain–Minor Procedures	\$20.00
D9999 Office Visit–After Hours	\$45.00

SPECIALTY CARE SERVICES

All scheduled charges listed are for services rendered by a QCD OF AMERICA® Affiliated General Dentist. All treatments provided by a QCD OF AMERICA® Affiliated Specialty Dentist (Advanced Degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% Discount from the Affiliated Specialty Dentist's usual and customary fee for the treatment.

OTHER PROCEDURES AND PAYMENT FOR SERVICES

Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the Dentist's usual and customary fee less a 20% discount – this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at the time of service. The member may negotiate payment terms with the Affiliated Dentist; however, an additional charge may be added for payment terms.

ASEPSIS FEE

An asepsis fee of \$8.00 per patient appointment is charged by all Affiliated Dentists to insure proper infection control for all QCD OF AMERICA® members.

QCD OF AMERICA® – EXCLUSIONS AND LIMITATIONS

- The following exclusions and limitations apply:
 - Services covered under Workmen's Compensation or Employer's Liability Laws;
 - Cost of any dental care covered by any medical insurance;
 - Services, which in the opinion of the attending Dentist, are not necessary for the patient's dental health or cannot be performed because of the general health of the Patient.
 - General anesthesia, I.V. sedation, hospitalization, and hospital or medical charges of any type.
- QCD OF AMERICA® member fees apply to services rendered by Affiliated Dental offices and are subject to change in the future.
- QCD OF AMERICA® member fees do not apply to work in progress or if the Patient's membership is no longer valid.
- QCD OF AMERICA® assumes no responsibility or liability for services rendered by Affiliated Dentists.
- Any QCD OF AMERICA® member accepted for Orthodontic treatment must remain a member of the plan for the complete duration of the treatment or risk additional charges by the . . . Affiliated Dentist.
- Any procedure may present unusual circumstances requiring an additional cost. Please consult the Affiliated Dentist as to the total treatment cost prior to any service being rendered.

IMPORTANT NOTICE

The QCD OF AMERICA® Dental Benefit Program does not constitute dental insurance and is not a health maintenance organization contract. QCD OF AMERICA® does not reimburse the Affiliated Dentist or indemnify the member for the cost of dental services received by the member.