

# Maximum Reimbursement Schedule

Effective 01 January 2021

**Core Dental Plan**

**Level I and II Core Coverage**

**Diagnostic:**

Code	Fee	Core
01101	58.00	100%
01102	81.00	100%
01103	114.00	100%
01201	48.00	100%
01202	37.10	100%
02102	152.00	100%
02111	24.00	100%
02112	32.00	100%
02113	41.00	100%
02114	49.00	100%
02115	58.00	100%
02116	66.00	100%
02141	24.00	100%
02142	32.00	100%
02143	41.00	100%
02144	49.00	100%
02601	73.00	100%
04911	34.00	100%

**Preventative:**

Code	Fee	Core
11101	37.00	100%
11111	44.50	100%
11112	89.00	75%
11113	133.50	75%
11114	178.00	75%
11115	222.50	75%
11116	267.00	75%
11117	22.25	75%
12111	17.00	75%
12112	21.00	75%
12113	26.00	75%
14611	288.00	75%
14612	288.00	75%

**Restorative**

Code	Fee	Core
20111	112.00	75%
20119	112.00	75%
20121	152.00	75%
20129	152.00	75%
20131	49.00	75%
20139	49.00	75%
21111	107.00	75%
21112	142.00	75%
21113	163.00	75%
21121	119.00	75%
21122	160.00	75%
21123	183.00	75%
21211	138.00	75%
21212	187.00	75%

Code	Fee	Core
21213	213.00	75%
21214	256.00	75%
21215	320.00	75%
21221	155.00	75%
21222	210.00	75%
21223	240.00	75%
21224	288.00	75%
21225	360.00	75%
21231	144.00	75%
21232	196.00	75%
21233	229.00	75%
21234	275.00	75%
21235	343.00	75%
21241	157.00	75%
21242	213.00	75%
21243	249.00	75%
21244	299.00	75%
21245	374.00	75%
21401	32.00	75%
21402	50.00	75%
21403	67.00	75%
21404	85.00	75%
21405	103.00	75%
22201	195.00	75%
22211	195.00	75%
22311	195.00	75%
23111	138.00	75%
23112	188.00	75%
23113	221.00	75%
23114	266.00	75%
23115	332.00	75%
23311	160.00	75%
23312	218.00	75%
23313	254.00	75%
23314	305.00	75%
23315	381.00	75%
23321	174.00	75%
23322	237.00	75%
23323	277.00	75%
23324	333.00	75%
23325	416.00	75%
23411	136.00	75%
23412	184.00	75%
23413	216.00	75%
23414	259.00	75%
23415	324.00	75%
23511	160.00	75%
23512	218.00	75%
23513	254.00	75%
23514	305.00	75%
23515	381.00	75%
29101	119.00	75%
29102	238.00	75%
29103	357.00	75%
29109	119.00	75%

**Endodontics:**

Code	Fee	Core
32221	145.00	75%
32222	188.00	75%
32232	96.00	75%
33111	570.00	75%
33113	695.00	75%
33121	772.00	75%
33123	978.00	75%
33131	962.00	75%
33133	1,208.00	75%
33141	1,106.00	75%
39211	107.00	75%
39212	134.00	75%

**Periodontics:**

Code	Fee	Core
41211	153.00	75%
41212	306.00	75%
41221	153.00	75%
41222	306.00	75%
41301	69.00	75%
41302	138.00	75%
42111	256.00	75%
42201	297.00	75%
42311	367.00	75%
42321	400.00	75%
42411	1042.00	75%
42421	675.00	75%
42431	781.00	75%
42511	657.00	75%
42521	693.00	75%
42821	129.00	75%
42831	129.00	75%
42832	258.00	75%
43421	44.50	75%
43422	89.00	75%
43423	133.50	75%
43424	178.00	75%
43425	222.50	75%
43426	267.00	75%
43427	22.25	75%

**Prosthodontics:**

Code	Fee	Core
55101	79.00	75%
55102	79.00	75%
55201	154.00	75%
55202	154.00	75%
55301	79.00	75%
55302	79.00	75%
55401	155.00	75%
55402	155.00	75%
56211	247.00	75%
56212	247.00	75%
56221	248.00	75%
56222	248.00	75%
56231	294.00	75%

Code	Fee	Core
56232	294.00	75%
56241	252.00	75%
56242	252.00	75%
56311	252.00	75%
56312	252.00	75%
56321	252.00	75%
56322	252.00	75%

**Oral Surgery:**

Code	Fee	Core
71101	153.00	75%
71109	110.00	75%
72111	269.00	75%
72211	370.00	75%
72221	491.00	75%
72231	538.00	75%
72321	238.00	75%
72329	179.00	75%
72331	317.00	75%
72339	238.00	75%
73121	219.00	75%
73222	219.00	75%
73411	567.00	75%
75112	164.00	75%
75121	221.00	75%

**Adjunctive Services:**

Code	Fee	Core
91121	129.00	75%
91122	258.00	75%
91211	129.00	75%
91212	258.00	75%
91213	387.00	75%
91219	129.00	75%
92411	58.00	75%
92412	97.00	75%
92413	136.00	75%
92414	175.00	75%
92415	214.00	75%

**Level III Core Coverage**

**Restorative:**

Code	Fee	Core
23122	274.00	50%
23601	186.00	50%
23602	186.00	50%
25111	459.00	50%
25731	204.00	50%
25732	245.00	50%
25733	281.00	50%
27111	682.00	50%
27121	177.00	50%
27131	703.00	50%
27201	843.00	50%
27211	843.00	50%

Code	Fee	Core
27212	919.00	50%
27301	843.00	50%
27311	843.00	50%
27601	655.00	50%
27602	655.00	50%

**Prosthodontics – Removable:**

Code	Fee	Core
51101	999.00	50%
51102	1,088.00	50%
51201	1,277.00	50%
51202	1,391.00	50%
51301	999.00	50%
51302	1,088.00	50%
51601	471.00	50%
51602	513.00	50%
52101	300.00	50%
52102	300.00	50%
52301	579.00	50%
52302	579.00	50%
52311	457.00	50%
52312	457.00	50%
53101	1,218.00	50%
53102	1,218.00	50%
53201	1,090.00	50%
53202	1,090.00	50%
53401	1,217.00	50%
53402	1,217.00	50%
54201	95.00	50%
54202	190.00	50%
54209	95.00	50%

**Prosthodontics – Fixed:**

Code	Fee	Core
62101	393.00	50%
62102	393.00	50%
62501	393.00	50%
62701	393.00	50%
62702	393.00	50%
66111	129.00	50%
66112	258.00	50%
66113	387.00	50%
66211	129.00	50%
66212	258.00	50%
66213	387.00	50%
66221	129.00	50%
66222	258.00	50%
66251	129.00	50%
66252	258.00	50%
66253	387.00	50%
66301	129.00	50%
66302	258.00	50%
66303	387.00	50%
67201	754.00	50%

Code	Fee	Core
67211	754.00	50%
67301	754.00	50%
67302	822.00	50%
67311	737.00	50%

**Denturists:**

Code	Fee	Core
31310	1,560.00	50%
31320	1,560.00	50%
32110	525.00	75%
32120	525.00	75%
32215	525.00	75%
32225	525.00	75%
33117	996.00	75%
33127	996.00	75%
36110	116.00	75%
36120	116.00	75%
36210	158.00	75%
36220	158.00	75%
41110	2,915.00	50%
41120	2,915.00	50%
41114	1,874.00	50%
41124	1,874.00	50%
41216	3,003.00	50%
41226	3,003.00	50%
41254	1,874.00	50%
41264	1,874.00	50%
41612	1,382.00	50%
41622	1,446.00	50%
41623	1,662.00	50%
42116	525.00	75%
42126	525.00	75%
42210	525.00	75%
42220	525.00	75%
43116	996.00	75%
43126	996.00	75%
46110	116.00	75%
46120	116.00	75%
46210	158.00	75%
46220	158.00	75%
46310	181.00	50%
46320	181.00	50%
71010	151.00	50%

**Note:** Laboratory charges associated with certain dental codes are eligible expenses where applicable and will be reimbursed as a percentage of the associated code cost. Laboratory charges for denturist codes are included in the code fee.

I.C. – Independent Consideration

\* Core means the 3sHealth Core Dental Plan. For further details on plan provisions, consult the core and enhanced plan commentaries available from your employer.