



Core Dental Plan

Maximum Reimbursement Schedule

Effective January 2024

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Core Dental Plan

Level I and II Core Coverage

Diagnostic:

Code	Fee	Core
01101	65.00	100%
01102	97.00	100%
01103	128.00	100%
01201	54.00	100%
01202	42.00	100%
02102	172.00	100%
02111	27.00	100%
02112	36.00	100%
02113	46.00	100%
02114	56.00	100%
02115	65.00	100%
02116	75.00	100%
02141	27.00	100%
02142	36.00	100%
02143	46.00	100%
02144	56.00	100%
02601	85.00	100%
04911	47.00	100%

Preventative:

Code	Fee	Core
11101	42.00	100%
11111	52.00	100%
11112	104.00	75%
11113	156.00	75%
11114	208.00	75%
11115	260.00	75%
11116	312.00	75%
11117	26.00	75%
12111	21.00	75%
12112	26.00	75%
12113	31.00	75%
14611	334.00	75%
14612	334.00	75%

Restorative:

Code	Fee	Core
20111	131.00	75%
20119	131.00	75%
20121	166.00	75%

Restorative:

Code	Fee	Core
20129	166.00	75%
20131	54.00	75%
20139	54.00	75%
21111	153.00	75%
21112	207.00	75%
21113	248.00	75%
21121	153.00	75%
21122	207.00	75%
21123	248.00	75%
21211	180.00	75%
21212	243.00	75%
21213	292.00	75%
21214	350.00	75%
21215	420.00	75%
21221	196.00	75%
21222	265.00	75%
21223	318.00	75%
21224	381.00	75%
21225	458.00	75%
21231	180.00	75%
21232	243.00	75%
21233	292.00	75%
21234	350.00	75%
21235	420.00	75%
21241	196.00	75%
21242	265.00	75%
21243	318.00	75%
21244	381.00	75%
21245	458.00	75%
21401	33.00	75%
21402	52.00	75%
21403	70.00	75%
21404	89.00	75%
21405	108.00	75%
22201	234.00	75%
22211	234.00	75%
22311	234.00	75%
23111	164.00	75%

Code	Fee	Core
23112	221.00	75%
23113	265.00	75%
23114	318.00	75%
23115	382.00	75%
23311	190.00	75%
23312	256.00	75%
23313	307.00	75%
23314	369.00	75%
23315	442.00	75%
23321	206.00	75%
23322	279.00	75%
23323	335.00	75%
23324	401.00	75%
23325	482.00	75%
23411	161.00	75%
23412	217.00	75%
23413	261.00	75%
23414	313.00	75%
23415	376.00	75%
23511	190.00	75%
23512	256.00	75%
23513	307.00	75%
23514	369.00	75%
23515	442.00	75%
29101	138.00	75%
29102	276.00	75%
29103	414.00	75%
29109	138.00	75%

Endodontics:

Code	Fee	Core
32221	166.00	75%
32222	216.00	75%
32232	109.00	75%
33111	658.00	75%
33113	806.00	75%
33121	896.00	75%
33123	1134.00	75%

Code	Fee	Core
33131	1121.00	75%
33133	1395.00	75%
33141	1294.00	75%
41211	168.00	75%
41212	336.00	75%
41221	168.00	75%
41222	336.00	75%
41301	71.00	75%
41302	142.00	75%
42111	284.00	75%
42201	328.00	75%
42311	406.00	75%
42321	442.00	75%
42411	1153.00	75%
42421	746.00	75%
42431	863.00	75%
42511	727.00	75%
42521	767.00	75%
42821	142.00	75%
42831	142.00	75%
42832	284.00	75%
43421	52.00	75%
43422	104.00	75%
43423	156.00	75%
43424	208.00	75%
43425	260.00	75%
43426	312.00	75%
43427	26.00	75%

Periodontics:

Code	Fee	Core
55101	87.00	75%
55102	87.00	75%
55201	170.00	75%

Prosthodontics:

Code	Fee	Core
55101	87.00	75%
55102	87.00	75%
55201	170.00	75%

Prosthodontics:

Code	Fee	Core
55202	170.00	75%
55301	87.00	75%
55302	87.00	75%
55401	170.00	75%
55402	170.00	75%
56211	273.00	75%
56212	273.00	75%
56221	273.00	75%
56222	273.00	75%
56231	322.00	75%
56232	322.00	75%
56241	278.00	75%
56242	278.00	75%
56311	278.00	75%
56312	278.00	75%
56321	278.00	75%
56322	278.00	75%

Oral Surgery:

Code	Fee	Core
71101	173.00	75%
71109	138.00	75%
72111	307.00	75%
72211	423.00	75%
72221	563.00	75%
72231	617.00	75%
72321	243.00	75%
72329	195.00	75%
72331	317.00	75%
72339	254.00	75%
73121	224.00	75%
73222	224.00	75%
73411	580.00	75%
75112	185.00	75%
75121	234.00	75%

Adjunctive Services:

Code	Fee	Core
91121	142.00	75%
91122	284.00	75%
91211	142.00	75%
91212	284.00	75%
91213	426.00	75%
91219	142.00	75%
92411	67.00	75% +PS
92412	111.00	75% +PS
92413	155.00	75% +PS
92414	199.00	75% +PS
92415	243.00	75% +PS
92421	67.00	75% +PS
92422	111.00	75% +PS
92423	155.00	75% +PS
92424	199.00	75% +PS
92425	243.00	75% +PS
92431	119.00	75% +PS
99777	I.C.	-

Note: Code 99777 represents Professional Service fees associated with the code that has a +PS attached to it.

Maximum Reimbursement Schedule

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Core Dental Plan

Level III Core Coverage

Restorative:			Prosthodontics - Removable:			Prosthodontics - Fixed:			Denturists:					
Code	Fee	Core	Code	Fee	Core	Code	Fee	Core	Code	Fee	Core	Code	Fee	Core
23122	307.00	50%	51101	1100.00	50%	62101	454.00	50%	31310	1722.00	50%	41623	1833.00	50%
23601	223.00	50%	51102	1198.00	50%	62102	454.00	50%	31320	1722.00	50%	42116	580.00	75%
23602	223.00	50%	51201	1407.00	50%	62501	454.00	50%	32110	580.00	75%	42126	580.00	75%
25111	530.00	50%	51202	1531.00	50%	62701	454.00	50%	32120	580.00	75%	42210	468.00	75%
25731	243.00	50%	51301	1100.00	50%	62702	454.00	50%	32215	468.00	75%	42220	468.00	75%
25732	293.00	50%	51302	1198.00	50%	66111	142.00	50%	32225	468.00	75%	43116	895.00	75%
25733	335.00	50%	51601	503.00	50%	66112	284.00	50%	33117	895.00	75%	43126	895.00	75%
27111	791.00	50%	51602	548.00	50%	66113	426.00	50%	33127	895.00	75%	43217	782.00	75%
27121	211.00	50%	52101	331.00	50%	66211	142.00	50%	33217	782.00	75%	43227	782.00	75%
27131	839.00	50%	52102	331.00	50%	66212	284.00	50%	33220	1372.00	75%	44220	1372.00	75%
27201	992.00	50%	52301	630.00	50%	66213	426.00	50%	33221	1372.00	75%	44221	1372.00	75%
27211	992.00	50%	52302	630.00	50%	66221	142.00	50%	33227	782.00	75%	46110	147.00	75%
27212	1081.00	50%	52311	503.00	50%	66222	284.00	50%	36110	147.00	75%	46120	147.00	75%
27301	992.00	50%	52312	503.00	50%	66251	142.00	50%	36120	147.00	75%	46210	201.00	75%
27311	992.00	50%	53101	1345.00	50%	66252	284.00	50%	36210	201.00	75%	46220	201.00	75%
27601	770.00	50%	53102	1345.00	50%	66253	426.00	50%	36220	201.00	75%	46310	251.00	50%
27602	770.00	50%	53201	1136.00	50%	66301	142.00	50%	41110	3312.00	50%	46320	251.00	50%
			53202	1136.00	50%	66302	284.00	50%	41114	2068.00	50%	71010	167.00	50%
			53401	1307.00	50%	66303	426.00	50%	41120	3312.00	50%	72001	255.00	50%
			53402	1307.00	50%	67201	891.00	50%	41124	2068.00	50%	72032	255.00	50%
			54201	105.00	50%	67211	891.00	50%	41216	3312.00	50%	73801	125.00	100%
			54202	210.00	50%	67301	891.00	50%	41226	3312.00	50%	73808	408.00	50%
			54209	105.00	50%	67302	972.00	50%	41254	2068.00	50%	73809	230.00	50%
						67311	867.00	50%	41264	2068.00	50%	73810	I.C.	50%
									41612	1526.00	50%			
									41622	1595.00	50%			

Note: Laboratory charges associated with certain dental codes are eligible expenses and where applicable 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.