



Core Dental Plan

Maximum Reimbursement Schedule

Effective January 2022

Level I and II Core Coverage

Diagnostic:			Restorative:									Prosthodontics:			Adjunctive Services:		
Code	Fee	Core	Code	Fee	Core	Code	Fee	Core	Code	Fee	Core	Code	Fee	Core	Code	Fee	Core
01101	58.00	100%	20111	119.00	75%	23112	202.00	75%	33131	1026.00	75%	55202	156.00	75%	91121	136.00	75%
01102	87.00	100%	20119	119.00	75%	23113	237.00	75%	33133	1237.00	75%	55301	79.00	75%	91122	272.00	75%
01103	119.00	100%	20121	154.00	75%	23114	284.00	75%	33141	1198.00	75%	55302	79.00	75%	91211	136.00	75%
01201	50.00	100%	20129	154.00	75%	23115	355.00	75%	39211	107.00	75%	55401	155.00	75%	91212	272.00	75%
01202	39.00	100%	20131	49.00	75%	23311	171.00	75%	39212	145.00	75%	55402	155.00	75%	91213	408.00	75%
02102	160.00	100%	20139	49.00	75%	23312	233.00	75%	Periodontics:			56211	250.00	75%	91219	136.00	75%
02111	25.00	100%	21122	171.00	75%	23313	272.00	75%	Code	Fee	Core	56212	250.00	75%	92411	60.00	75%
02112	34.00	100%	21123	196.00	75%	23314	326.00	75%	41211	168.00	75%	56221	249.00	75%	92412	100.00	75%
02113	43.00	100%	21211	148.00	75%	23315	408.00	75%	41212	336.00	75%	56222	249.00	75%	92413	140.00	75%
02114	52.00	100%	21212	200.00	75%	23321	186.00	75%	41221	168.00	75%	56231	310.00	75%	92414	180.00	75%
02115	61.00	100%	21213	228.00	75%	23322	253.00	75%	41222	336.00	75%	56232	310.00	75%	92415	220.00	75%
02116	70.00	100%	21214	274.00	75%	23323	297.00	75%	41301	69.00	75%	56241	255.00	75%	92421	60.00	75%
02141	25.00	100%	21215	342.00	75%	23324	356.00	75%	41302	138.00	75%	56242	255.00	75%	92422	100.00	75%
02142	34.00	100%	21221	166.00	75%	23325	445.00	75%	42111	256.00	75%	56311	255.00	75%	92423	140.00	75%
02143	43.00	100%	21222	224.00	75%	23411	145.00	75%	42201	297.00	75%	56312	255.00	75%	92424	180.00	75%
02144	52.00	100%	21223	257.00	75%	23412	197.00	75%	42311	367.00	75%	Oral Surgery:			92425	220.00	75%
02601	77.00	100%	21224	308.00	75%	23413	231.00	75%	42321	400.00	75%	Code	Fee	Core	92431	106.00	75%
04911	45.00	100%	21225	385.00	75%	23414	277.00	75%	42411	1046.00	75%	56321	255.00	75%			
Preventative:			21231	154.00	75%	23415	346.00	75%	42421	692.00	75%	56322	255.00	75%			
Code	Fee	Core	21232	210.00	75%	23511	171.00	75%	42431	801.00	75%	71101	159.00	75%			
11101	39.00	100%	21233	245.00	75%	23512	233.00	75%	42511	660.00	75%	71109	119.00	75%			
11111	47.50	100%	21234	294.00	75%	23513	272.00	75%	42521	696.00	75%	72111	280.00	75%			
11112	95.00	75%	21235	367.00	75%	23514	326.00	75%	42821	136.00	75%	72211	383.00	75%			
11113	142.50	75%	21241	168.00	75%	23515	408.00	75%	42831	136.00	75%	72221	525.00	75%			
11114	190.00	75%	21242	228.00	75%	29101	131.00	75%	42832	272.00	75%	72231	580.00	75%			
11115	237.50	75%	21243	267.00	75%	29102	262.00	75%	43421	47.50	75%	72321	238.00	75%			
11116	285.00	75%	21244	320.00	75%	29103	393.00	75%	43422	95.00	75%	72329	179.00	75%			
11117	23.75	75%	21245	400.00	75%	29109	131.00	75%	43423	142.50	75%	72331	317.00	75%			
12111	19.00	75%	21401	32.00	75%	Endodontics:			43424	190.00	75%	72339	238.00	75%			
12112	23.00	75%	21402	50.00	75%	Code	Fee	Core	43425	237.50	75%	73121	219.00	75%			
12113	28.00	75%	21403	67.00	75%	32221	145.00	75%	43426	285.00	75%	73222	219.00	75%			
21111	114.00	75%	21404	85.00	75%	32222	188.00	75%	43427	23.75	75%	73411	567.00	75%			
21112	152.00	75%	21405	103.00	75%	32232	96.00	75%	Prosthodontics:			75112	164.00	75%			
21113	175.00	75%	22201	215.00	75%	33111	583.00	75%	Code	Fee	Core	75121	221.00	75%			
21121	128.00	75%	22211	215.00	75%	33113	725.00	75%	55101	79.00	75%						
14611	300.00	75%	22311	215.00	75%	33121	809.00	75%	55102	79.00	75%						
14612	300.00	75%	23111	148.00	75%	33123	1022.00	75%	55201	156.00	75%						

Level III Core Coverage

Restorative:

Code	Fee	Core
23122	301.00	50%
23601	214.00	50%
23602	214.00	50%
25111	459.00	50%
25731	224.00	50%
25732	270.00	50%
25733	309.00	50%
27111	682.00	50%
27121	195.00	50%
27131	773.00	50%
27201	884.00	50%
27211	884.00	50%
27212	963.00	50%
27301	884.00	50%
27311	884.00	50%
27601	684.00	50%
27602	684.00	50%

Prostodontics - Removable:

Code	Fee	Core
51101	1053.00	50%
51102	1,147.00	50%
51201	1,321.00	50%
51202	1,438.00	50%
51301	1053.00	50%
51302	1,147.00	50%
51601	494.00	50%
51602	538.00	50%
52101	304.00	50%
52102	304.00	50%
52301	610.00	50%
52302	610.00	50%
52311	473.00	50%
52312	473.00	50%
53101	1,218.00	50%
53102	1,218.00	50%
53201	1,136.00	50%
53202	1,136.00	50%
53401	1,279.00	50%
53402	1,279.00	50%
54201	95.00	50%
54202	190.00	50%
54209	95.00	50%

Prostodontics - Fixed:

Code	Fee	Core
62101	432.00	50%
62102	432.00	50%
62501	432.00	50%
62701	432.00	50%
62702	432.00	50%
66111	136.00	50%
66112	272.00	50%
66113	408.00	50%
66211	136.00	50%
66212	272.00	50%
66213	408.00	50%
66221	136.00	50%
66222	272.00	50%
66251	136.00	50%
66252	272.00	50%
66253	408.00	50%
66301	136.00	50%
66302	272.00	50%
66303	408.00	50%
67201	829.00	50%
67211	829.00	50%
67301	829.00	50%
67302	904.00	50%
67311	811.00	50%

Denturists:

Code	Fee	Core
31310	1,607.00	50%
31320	1,607.00	50%
32110	541.00	75%
32120	541.00	75%
32215	541.00	75%
32225	541.00	75%
33117	1026.00	75%
33127	1026.00	75%
33220	1472.00	75%
33221	1472.00	75%
36110	119.00	75%
36120	119.00	75%
36210	163.00	75%
36220	163.00	75%
41110	3,093.00	50%
41120	3,093.00	50%
41114	1,931.00	50%
41124	1,931.00	50%
41216	3,003.00	50%
41226	3,003.00	50%
41254	1,931.00	50%
41264	1,931.00	50%
41612	1,382.00	50%
41622	1,489.00	50%
41623	1,712.00	50%
42116	541.00	75%
42126	541.00	75%
42210	541.00	75%
42220	541.00	75%
43116	1026.00	75%
43126	1026.00	75%
44220	1472.00	75%
44221	1472.00	75%
46110	119.00	75%
46120	119.00	75%
46210	163.00	75%
46220	163.00	75%
46310	187.00	50%
46320	187.00	50%
71010	156.00	50%
73801	117.00	100%
73808	400.00	50%
73809	225.00	50%
73810	I.C.	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.