



The QCD of America Dental & Vision Benefit Program is a managed cost program offering a large selection of highly qualified private practice dental and optical professionals.

The QCD Philosophy

QCD believes that you should pay the lowest monthly cost possible for comprehensive dental and vision benefit coverage for your family. The member benefits from significant cost savings *when and if* services are used.

Do not pay high premiums for dental benefits – pay for your services when and if used. It just makes good financial sense!

Monthly Cost

| | Monthly |
|-------------------|----------------|
| Employee Only | \$0.00 |
| Employee + One | \$8.00 |
| Employee + Family | \$12.00 |

Why Select QCD?

When selecting dental benefits, QCD makes good financial sense. QCD allows you to allocate more of your benefit expenditures to your rising medical costs.

A single dental procedure (Root Canal and Crown) could cost you as much as \$2000 with no coverage. The QCD program will allow you to save **up to 60%** on the total cost – that could be as much as **\$1200 in savings** and enough to fund your family's monthly dental and vision benefit costs for several years.

Need more information?

- Contact our Membership Services Department 972.726.0444 or 1.800.229.0304
- See the last page for your enrollment form
- Visit our website at www.qcdofamerica.com

Welcome to the Future of Dental & Vision Benefits...Today!



THE ESTABLISHED STANDARD

(Not an Insurance Plan)

Monthly

| | |
|-------------------|---------|
| Employee Only | \$0.00 |
| Employee + One | \$8.00 |
| Employee + Family | \$12.00 |

- ◆ No Claim Forms, Deductibles or Coverage Maximums
- ◆
- ◆ Immediate Coverage for all Pre-Existing Conditions
- ◆
- ◆ Orthodontics (Braces) for Children and Adults
- ◆

| SAMPLE DENTAL PROCEDURE ¹ | FEE PAID WITH QCD OF AMERICA [®] | NATIONAL AVERAGE DENTAL FEES ² | SAVINGS WITH QCD OF AMERICA [®] |
|--|---|---|--|
| Oral Exam | \$9 | \$35 | 74% |
| Full Mouth X-Ray | \$28 | \$77 | 64% |
| Teeth Cleaning | \$24 | \$54 | 56% |
| Amalgam (1Surface) | \$28 | \$79 | 65% |
| Simple Extraction | \$36 | \$80 | 55% |
| Root Canal (1Canal) | \$185 | \$387 | 52% |
| Porcelain w/ Metal Crown (lab fees additional) | \$350 | \$652 | 46% |
| Complete Upper or Lower Denture (lab fees additional) | \$400 | \$770 | 48% |

¹ A fee of \$8.00 is charge per appointment for infection control costs. There will be an additional charge for all lab fees less a 20% discount.

² The schedule represents a sample of highly utilized dental procedures. The average costs are estimated from data gathered by the U.S. Bureau of Labor Statistics, the American Dental Association, and the Chamber of Commerce Research Association.

- ◆ After you sign and turn in your enrollment form, QCD will send you a membership card.
- ◆ Please select any dentist within the QCD Affiliated Dentist Team and make an appointment.
- ◆ Please be sure to identify yourself as a QCD member and the reduced fee schedule will apply to all charges.
- ◆ Please call the QCD Member Services Department at 972.726.0444 or 1.800.229.0304 for assistance.

- ◆ Information may be obtained from the web site at www.qcdofamerica.com



| 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 Root Planing – (Per Quadrant) \$200.00 |
| D1351 | Sealant – Per Tooth \$14.00 | D4260 | Osseous Surgery – (Per Quadrant) (Including Flap Entry and Closure) \$260.00 |
| D1510 | Space Maintainer – Fixed Unilateral \$60.00 | D4341 | Periodontal Scaling and Root Planing – (Per Quadrant) \$75.00 |
| D1515 | Space Maintainer - Fixed Bilateral \$75.00 | D4355 | Full Mouth Debridement \$70.00 |
| 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. | | D4910 | Periodontal Maintenance Procedures Following Active Therapy \$30.00 |
| COSMETIC | | 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. | |
| All Cosmetic Dentistry 20% DISCOUNT | | PROSTHODONTICS – REMOVABLE | |
| RESTORATIVE DENTISTRY | | (Lab Fees Additional Cost) | |
| D2140 | Amalgam – 1 Surface, Primary or Permanent . . . \$28.00 | D5110 | Complete Upper Denture (Including Six Months Post Care) \$400.00 |
| D2150 | Amalgam – 2 Surface, Primary or Permanent . . . \$36.00 | D5120 | Complete Lower Denture (Including Six Months Post Care) \$400.00 |
| D2160 | Amalgam – 3 Surfaces, Primary or Permanent . . \$46.00 | D5130 | Immediate Upper \$420.00 |
| D2161 | Amalgam – 4 or More Surfaces, Primary or Permanent \$56.00 | D5140 | Immediate Lower \$420.00 |
| D2330 | Composite Resin – 1 Surface, Anterior \$38.00 | D5211 | Upper Partial Denture – Resin Base \$250.00 |
| D2331 | Composite Resin – 2 Surfaces, Anterior \$46.00 | D5212 | Lower Partial Denture – Resin Base \$250.00 |
| D2332 | Composite Resin – 3 Surfaces, Anterior \$56.00 | D5213 | Upper Partial – Predominantly Cast Base \$400.00 |
| D2335 | Composite Resin – 4 or More Surfaces or Involving Incisal Angle, Anterior \$66.00 | D5214 | Lower Partial – Predominantly Cast Base \$400.00 |
| D2391 | Composite Resin – 1 Surface, Posterior \$50.00 | D5410 | Adjust Complete Denture \$15.00 |
| D2392 | Composite Resin – 2 Surfaces, Posterior \$65.00 | D5510 | Repair Broken Complete Denture Base \$40.00 |
| D2393 | Composite Resin – 3 Surfaces, Posterior \$85.00 | D5610 | Repair Resin Denture Base \$35.00 |
| D2394 | Composite Resin – 4 or More Surfaces, Posterior \$95.00 | D5630 | Repair or Replace Broken Clasp \$45.00 |
| D2750 | Crown – Porcelain to High Noble Metal (Gold and Lab Fees Additional) \$350.00 | D5640 | Replace Broken Teeth (Per Tooth) \$30.00 |
| D2751 | Crown – Porcelain to Base Metal (Lab Fees Additional) \$320.00 | D5650 | Add Tooth to Existing Partial Denture \$45.00 |
| D2920 | Re-cement Crown \$20.00 | D5660 | Add Clasp to Existing Partial Denture \$65.00 |
| D2931 | Prefabricated Stainless Steel Crown \$48.00 | D5730 | Reline Complete Upper (Chairside) \$75.00 |
| D2940 | Sedative Filling \$16.00 | D5731 | Reline Complete Lower (Chairside) \$75.00 |
| D2950 | Core Buildup (Including Any Pins) \$55.00 | D5740 | Reline Upper Partial (Chairside) \$75.00 |
| D2951 | Pin Retention – (Per Tooth) \$20.00 | D5741 | Reline Lower Partial (Chairside) \$75.00 |
| D2952 | Cast Post and Core in Addition to Crown \$75.00 | D5810 | Temporary Complete Upper Denture \$200.00 |
| D2953 | Each Additional Cast Post (Same Tooth) \$40.00 | D5811 | Temporary Complete Lower Denture \$200.00 |
| D2954 | Prefab Post / Core in Addition to Crown \$60.00 | D5820 | Temporary Partial – Stay Plate Upper \$180.00 |
| D2970 | Temporary Crown (Fractured Tooth) \$40.00 | D5821 | Temporary Partial – Stay Plate Lower \$180.00 |



The Best Dental & Vision Benefit Value

- ✓ QCD offers over 3,000 highly qualified dental professionals
 - To locate a dentist in your area, visit www.qcdofamerica.com and type in your zip code
- ✓ The average appointment availability is less than two weeks
- ✓ QCD **Client Services Team** is ready and willing to assist you in all your needs such as:
 - Benefit Questions
 - Treatment plans
 - Coverage Levels
- ✓ QCD **Membership Services Team** is available for all general questions including:
 - Finding a Dentist
 - Setting Appointments
 - Vision Benefits
- ✓ If your dentist is not affiliated with QCD, please fill out the **Dentist Referral Form** and turn it into your HR Director or you can fax it to our **Provider Relations Department** at 972-726-0448
- ✓ For more information on your **vision benefits**, please contact Davis Vision Customer Service at 877-923-2847

The QCD Team Members are available
Monday through Friday
9:00a-4:00p
Contact us at
800-229-0304 or 972-726-0444