



## **CHAS Dental Subsidy Schedule**

## Amount payable by patient = Total clinic charges – CHAS subsidies

S/N	Dental Services	Claim Limits	Subsidy Amount ( <u>Up to</u> \$)			
			CHAS Orange	CHAS Blue	MG	PG
1	Consultation	Up to 2 consultations per calendar year, with a 6-month interval between the 2 consultation claims in the year.	-	\$20.50	\$25.50	\$30.50
2	Extraction, Anterior	Up to 4 extractions per calendar year (shared across all types of extractions).	-	\$28.50	\$33.50	\$38.50
3	Extraction, Posterior		~	\$68.50	\$73.50	\$78.50
4	Filling, Simple	Up to 6 fillings per calendar year (shared across all types of fillings).	-	\$30.00	\$35.00	\$40.00
5	Filling, Complex		-	\$50.00	\$55.00	\$60.00
6	Removable Denture, Complete (Upper or Lower)	Up to 1 upper and 1 lower denture per 3 calendar years.	\$170.50	\$256.50	\$261.50	\$266.50
7	Removable Denture, Partial, Simple* (Upper or Lower)  *For replacement of less than	Up to 1 upper and 1 lower denture per 3 calendar years (shared across all types of partial removable dentures).	\$65.50	\$98.00	\$103.00	\$108.00
	6 teeth					
8	Removable Denture, Partial, Complex* (Upper or Lower)		\$140.00	\$210.00	\$215.00	\$220.00
	*For replacement of 6 or more teeth					
9	Denture Reline/Repair (Upper or Lower)	Up to 1 upper and 1 lower denture reline/repair per calendar year.	\$50.00	\$75.00	\$80.00	\$85.00
10	Permanent Crown	Up to 4 permanent crowns per calendar year.	\$84.50	\$127.50	\$132.50	\$137.50
11	Re-cementation	Up to 2 re-cementations per calendar year.	Ξ	\$35.00	\$40.00	\$45.00
12	Root Canal Treatment (Anterior)	Up to 2 root canal treatments per calendar year (shared across all types of root canal treatments).	\$109.50	\$164.00	\$169.00	\$174.00
13	Root Canal Treatment (Pre- molar)		\$140.00	\$210.00	\$215.00	\$220.00
14	Root Canal Treatment (Molar)		\$170.50	\$256.50	\$261.50	\$266.50
15	Polishing	Up to 2 polishing per calendar year.	-	\$20.50	\$25.50	\$30.50
16	Scaling	Up to 2 scaling per calendar year.	-	\$30.00	\$35.00	\$40.00
17	Topical Fluoride	Up to 2 topical fluoride per calendar year.	-	\$20.50	\$25.50	\$30.50
18	X-Ray	Up to 6 x-rays per calendar year.	-	\$11.00	\$16.00	\$21.00