



## CHAS Dental Subsidy Schedule

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

S/N	Dental Services	Claim Limits	Subsidy Amount (Up to \$)			
			CHAS Orange	CHAS Blue	MG	PG
1	<b>Consultation</b>	Up to 2 consultations per calendar year, with a 6-month interval between the 2 consultation claims in the year.  A full oral examination must be conducted and the patient's dental chart/records would need to be completed/updated.  Consultation claims cannot be made for reviews during or after a dental treatment procedure.	-	\$20.50	\$25.50	\$30.50
2	<b>Extraction, Anterior</b>	Up to 4 extractions per calendar year (shared across all types of extractions).	-	\$28.50	\$33.50	\$38.50
3	<b>Extraction, Posterior</b>		-	\$68.50	\$73.50	\$78.50
4	<b>Filling, Simple</b>	Up to 6 fillings per calendar year (shared across all types of fillings).	-	\$30.00	\$35.00	\$40.00
5	<b>Filling, Complex</b>		-	\$50.00	\$55.00	\$60.00
6	<b>Removable Denture, Complete (Upper or Lower)</b>	Up to 1 upper and 1 lower denture per 3 calendar years.	\$170.50	\$256.50	\$261.50	\$266.50
7	<b>Removable Denture, Partial, Simple* (Upper or Lower)</b>  <i>*For replacement of less than 6 teeth</i>	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
8	<b>Removable Denture, Partial, Complex* (Upper or Lower)</b>  <i>*For replacement of 6 or more teeth</i>		\$140.00	\$210.00	\$215.00	\$220.00
9	<b>Denture Reline/Repair (Upper or Lower)</b>	Up to 1 upper and 1 lower denture reline/repair per calendar year.	\$50.00	\$75.00	\$80.00	\$85.00
10	<b>Permanent Crown</b>	Up to 4 permanent crowns per calendar year.	\$84.50	\$127.50	\$132.50	\$137.50
11	<b>Re-cementation</b>	Up to 2 re-cementations per calendar year.	-	\$35.00	\$40.00	\$45.00
12	<b>Root Canal Treatment (Anterior)</b>	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	<b>Root Canal Treatment (Pre-molar)</b>		\$140.00	\$210.00	\$215.00	\$220.00
14	<b>Root Canal Treatment (Molar)</b>		\$170.50	\$256.50	\$261.50	\$266.50

15	<b>Polishing</b>	Up to 2 polishing per calendar year.	-	\$20.50	\$25.50	\$30.50
16	<b>Scaling</b>	Up to 2 scaling per calendar year.	-	\$30.00	\$35.00	\$40.00
17	<b>Topical Fluoride</b>	Up to 2 topical fluoride per calendar year.	-	\$20.50	\$25.50	\$30.50
18	<b>X-Ray</b>	Up to 6 x-rays per calendar year.	-	\$11.00	\$16.00	\$21.00