



CHAS Dental Subsidy Schedule

Amount payable by patient = Total clinic charges – CHAS subsidies

CHAS Subsidies for Basic and Preventive Dental Procedures						
S/N	Dental Services	Claim Limits	Subsidy Amount (Up to \$)			
			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. 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.	\$13.50	\$20.50	\$25.50	\$30.50
2	Polishing	Up to 2 polishing per calendar year.	\$13.50	\$20.50	\$25.50	\$30.50
3	Scaling	Up to 2 scaling per calendar year.	\$20.00	\$30.00	\$35.00	\$40.00
4	Topical Fluoride	Up to 2 topical fluoride per calendar year.	\$13.50	\$20.50	\$25.50	\$30.50
5	X-Ray	Up to 6 x-rays per calendar year.	\$7.50	\$11.00	\$16.00	\$21.00
6	Extraction, Anterior	Up to 4 extractions per calendar year (shared across all types of extractions).	\$19.00	\$28.50	\$33.50	\$38.50
7	Extraction, Posterior		\$45.50	\$68.50	\$73.50	\$78.50
8	Filling, Complex	Up to 6 fillings per calendar year (shared across all types of fillings).	\$33.50	\$50.00	\$55.00	\$60.00
9	Filling, Simple		\$20.00	\$30.00	\$35.00	\$40.00
10	Re-cementation	Up to 2 re-cementations per calendar year.	\$23.50	\$35.00	\$40.00	\$45.00

CHAS Subsidies for Restorative Procedures						
S/N	Dental Services	Claim Limits	Subsidy Amount (Up to \$)			
			CHAS Orange	CHAS Blue	MG	PG
11	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
12	Permanent Crown	Up to 4 permanent crowns per calendar year.	\$410.00	\$615.00	\$620.00	\$625.00
13	Removable Denture, Complete (Upper or Lower)	Up to 1 upper and 1 lower denture per 3 calendar years.	\$272.50	\$408.50	\$413.50	\$418.50
14	Removable Denture, Partial, Complex* (Upper or Lower) <i>*For replacement of 6 or more teeth</i>	Up to 1 upper and 1 lower denture per 3 calendar years (shared across all types of partial removable dentures).	\$257.00	\$385.50	\$390.50	\$395.50
15	Removable Denture, Partial, Simple* (Upper or Lower) <i>*For replacement of less than 6 teeth</i>		\$202.50	\$304.00	\$309.00	\$314.00
16	Root Canal Treatment (Anterior)	Up to 2 root canal treatments per calendar year (shared across all types of root canal treatments).	\$217.50	\$326.00	\$331.00	\$336.00
17	Root Canal Treatment (Molar)		\$389.50	\$584.50	\$589.50	\$594.50
18	Root Canal Treatment (Pre-molar)		\$308.50	\$462.50	\$467.50	\$472.50