



CHAS Dental Subsidy Schedule from 1 November 2019

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 | Consultation | Up to 2 consultations per calendar year, with a 6-month interval between the 2 consultation claims in the calendar 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) <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 | Removable Denture, Partial, Complex* (Upper or Lower) <i>*For replacement of 6 or more teeth</i> | | \$140.00 | \$210.00 | \$215.00 | \$220.00 |
| 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. | - | \$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 |