



November 2, 2012

Communication to all NIHB General Practitioners and Specialists

Based on the revised Preventive and Periodontal Policy (effective September 1, 2012), the following changes have been made to the Nunavut General Practitioners and Specialists NIHB Regional Dental Benefit Grid.

SCHEDULE A

1.0 PREVENTION

Old:

Scaling

Age 12+: 4 units/ any 12 months in combination with root planing;
Under age 12: 1 unit/ any 12 months in combination with root planing
Predetermination is required over four (4) units.

Revised:

Scaling

Age 0 to 11: 0.5 unit/ any 6 months in combination with root planing;
Age 12 to 16: 1 unit/ any 6 months in combination with root planing;
Age 17+: 4 units/ any 12 months in combination with root planing;
Predetermination is required for additional units.

SCHEDULE A

4.0 PERIODONTICS

Old:

Root Planing

Age 12+: 4 units/ any 12 months in combination with scaling;
Under age 12: 1 unit/ any 12 months in combination with scaling

Revised:

Root Planing

Age 0 to 11: 0.5 unit/ any 6 months in combination with scaling;
Age 12 to 16: 1 unit/ any 6 months in combination with scaling;
Age 17+: 4 units/ any 12 months in combination with scaling;
Predetermination is required for additional units.

For further information or questions, please contact the NIHB National Dental Predetermination Centre toll-free at 1-855-618-6291.

Thank you.



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NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date

April 1, 2012

(Revised November 2, 2012)

- The coverage of dental services provided through the NIHB Dental Program will be reimbursed in accordance with the terms and conditions of the Program.
- Post Determination may be considered in cases specified in the NIHB Dental Claims Submission Kit.
- Schedule B Procedures require Predetermination.
- Please refer to the NIHB Provider Guide for Dental Benefits and the NIHB Dental Policy Framework for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.

Should you have any questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
0.1 DIAGNOSTIC								
Maximum eligibility of examinations: ages 17+: up to 3/ any 12 months; under 17: up to 4/ any 12 months Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.								
Complete/ Oral Examination and Diagnosis								
1/ any 60 months - when a complete examination is provided, it replaces the recall and the new patient limited examination for the respective eligible period.								
Primary and Mixed								
01101		\$52.77						
01102		\$79.15						
Permanent								
Eligible only for clients age 12 and older.								
01103		\$79.15						
NP Limited								
1/ lifetime/same provider or different provider in the same office 1/ any 12 months/different provider in a different office								
01201		\$52.77		\$63.31				
Recall Examination								
Age 17+: 1/ any 12 months; under age 17: 1/ any 6 months								
01202		\$52.77						
Specific/ Emergency								
1/ any 12 months								
01204		\$52.77		\$63.33				
01205		\$52.77						
Specialist Examination and Diagnosis - Limited								
1/ any 12 months/ specialty (with GP referral)								
01602				\$61.49				
0.2 RADIOGRAPHS								
Intraoral, Complete Series (7-16 films)								
1/ any 60 months Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).								
02101		\$140.60		\$140.60				
02102		\$140.60		\$140.60				
02117		\$105.40		\$105.40				
02118		\$119.46		\$119.46				
02119		\$133.48		\$133.48				
02120		\$140.59		\$140.59				
02121		\$147.70						
02122		\$154.81						
02123		\$161.92						
02124		\$169.03						
02125		\$176.14						

NUNAVUT
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SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
Intraoral (1-6 films)								
6/ any 12 months								
02111		\$21.08		\$21.08				
02112		\$35.10		\$35.10				
02113		\$49.20		\$49.20				
02114		\$63.24		\$63.24				
02115		\$77.34		\$77.34				
02116		\$91.37		\$91.37				
02131		\$35.10		\$35.10				
02132		\$52.69		\$52.69				
02141		\$21.08		\$21.08				
02142		\$35.10		\$35.10				
02143		\$49.20		\$49.20				
02144		\$63.24		\$63.24				
Panoramic								
1/ any 120 months; up to 2/ lifetime								
Not to be covered in conjunction with a complete series for the time period (60 months).								
02601		\$70.25		\$70.25				
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS								
04311	L	\$58.04		\$69.66				
04312	L	\$58.04		\$69.66				
04313	L	\$62.71						
04321	L	\$83.97						
04322	L	\$299.85		\$359.83				
04323	L	\$83.97						
1.0 PREVENTION								
Polishing								
Age 17+: 1 unit/ any 12 months; under age 17: 1 unit/ any 6 months								
11101		\$23.47						
11107		\$23.47						
Scaling								
Age 0 to 11: 0.5 unit/ any 6 months in combination with root planing;								
Age 12 to 16: 1 unit/ any 6 months in combination with root planing;								
Age 17+: 4 units/ any 12 months in combination with root planing;								
Predetermination is required for additional units.								
11111		\$61.14						
11112		\$122.25						
11113		\$183.40						
11114		\$244.51						
11117		\$30.57						
Topical Fluorides								
Eligible only for clients under age 17: 1/ any 6 months								
12101		\$29.04						
Sealants/ Preventive Resins								
Eligible only for clients under age 14 on erupted permanent molars where the occlusal surface is unrestored and permanent maxillary incisors lingual surface.								
13401		\$29.04						
13409		\$14.53						
13411		\$62.58						
13419		\$29.55						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
2.0 RESTORATION								
Caries/ Trauma and Pain Control								
Maximum two (2) teeth per lifetime, as an emergency								
Caries/Trauma and Pain Control should not be considered for coverage in conjunction with any of the following procedures: restorations, open and drain, pulpectomy, pulpotomy, root canal if requested with the same date of service (DOS) and for the same tooth.								
20111		\$64.63						
20119		\$64.63						
20121		\$163.90						
20129		\$163.90						
20131		\$31.23						
20139		\$31.23						
Restoration, Amalgam/ Composite; Prefabricated, Full Coverage								
Primary incisor teeth are eligible only for clients under age 5. Restorations are subject to the distinct surface edit and 1/ any 12 months for same provider or different provider in the same office.								
21111		\$76.54						
21112		\$112.48						
21113		\$140.41						
21114		\$140.41						
21115		\$140.41						
21121		\$76.54						
21122		\$112.48						
21123		\$140.41						
21124		\$140.41						
21125		\$140.41						
21211		\$76.48						
21212		\$112.48						
21213		\$144.60						
21214		\$176.79						
21215		\$192.84						
21221		\$76.48						
21222		\$112.48						
21223		\$144.60						
21224		\$176.79						
21225		\$192.84						
21231		\$76.48						
21232		\$112.48						
21233		\$144.60						
21234		\$176.79						
21235		\$192.84						
21241		\$76.48						
21242		\$112.48						
21243		\$144.60						
21244		\$176.79						
21245		\$192.84						
21401		\$23.74						
21402		\$35.60						
21403		\$47.46						
21404		\$58.74						
21405		\$70.99						
22201		\$140.41						
22211		\$140.41						
22401		\$131.14						

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
22501		\$180.30						
23101		\$81.98						
23102		\$97.80						
23103		\$114.75						
23104		\$147.52						
23105		\$180.30						
23111		\$112.48						
23112		\$128.57						
23113		\$144.60						
23114		\$176.79						
23115		\$208.92						
23211		\$81.98						
23212		\$114.75						
23213		\$131.14						
23214		\$147.52						
23215		\$163.91						
23221		\$81.98						
23222		\$114.75						
23223		\$131.14						
23224		\$147.52						
23225		\$163.91						
23311		\$112.48						
23312		\$160.70						
23313		\$192.84						
23314		\$224.99						
23315		\$257.13						
23321		\$112.48						
23322		\$160.70						
23323		\$192.84						
23324		\$224.99						
23325		\$257.13						
23401		\$85.09						
23402		\$98.35						
23403		\$114.75						
23404		\$131.14						
23405		\$131.14						
23411		\$112.48						
23412		\$128.57						
23413		\$131.14						
23414		\$131.14						
23415		\$131.14						
23501		\$81.98						
23502		\$114.75						
23503		\$131.14						
23504		\$131.14						
23505		\$131.14						
23511		\$112.48						
23512		\$131.14						
23513		\$131.14						
23514		\$131.14						
23515		\$131.14						

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
Post Removal								
1/ lifetime (permanent tooth)								
25781		\$68.02						
25782		\$136.03						
Repair to Crowns								
1/ any 36 months/ per tooth								
27721		\$194.79						
27722	L	\$63.88						
Recementation of Crowns								
1/ any 36 months/ per tooth								
29101		\$64.93						
3.0 ENDODONTICS								
The NIHB Endodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
Pulpotomy/Pulpectomy								
Not covered for primary incisor teeth.								
32221		\$124.35						
32222		\$124.35						
32232		\$59.21						
32311		\$93.26						
32312		\$124.35						
32313		\$155.43						
32314		\$186.52						
32321		\$93.26						
32322		\$155.43						
Root Canal Therapy								
3/ any 36 months for all teeth. Once the frequency has been reached, subsequent RCT procedures require predetermination. Predetermination is required for 7's and 8's at all times.								
33111		\$480.44						
33121		\$725.30						
33131		\$828.92						
33141		\$1,006.53						
Open and Drain								
39201		\$59.88						
39202		\$59.88						
4.0 PERIODONTICS								
Root Planing								
Age 0 to 11: 0.5 unit/ any 6 months in combination with scaling; Age 12 to 16: 1 unit/ any 6 months in combination with scaling; Age 17+: 4 units/ any 12 months in combination with scaling; Predetermination is required for additional units.								
43421		\$59.96						
43422		\$119.94						
43423		\$179.91						
43424		\$239.91						
43427		\$29.98						
Miscellaneous								
42831		\$44.65						
5.0 PROSTHODONTICS - REMOVABLE								
Denture Adjustments								
After three (3) months insertion.								
54201		\$55.60						

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
Repairs and Additions								
1/ prosthesis/ any 12 months								
55101	L	\$58.57						
55102	L	\$58.57						
55201	L	\$117.11						
55202	L	\$117.11						
55203	L	\$222.51						
55301	L	\$57.37						
55302	L	\$57.37						
55401	L	\$117.11						
55402	L	\$117.11						
55403	L	\$222.51						
Reline or Rebase								
1/ prosthesis/ any 24 months								
56211		\$175.66						
56212		\$175.66						
56213		\$333.75						
56221		\$175.66						
56222		\$175.66						
56223		\$333.75						
56231	L	\$175.66						
56232	L	\$175.66						
56233	L	\$333.75						
56241	L	\$175.66						
56242	L	\$175.66						
56243	L	\$333.75						
56311	L	\$175.66						
56312	L	\$175.66						
56313	L	\$333.75						
56321	L	\$175.66						
56322	L	\$175.66						
56323	L	\$333.75						
Tissue Conditioning								
1/ prosthesis/ any 24 months								
56511		\$117.11						
56512		\$117.11						
56513		\$222.51						
56521		\$117.11						
56522		\$117.11						
56523		\$222.51						
56531		\$117.11						
56532		\$117.11						
56533		\$222.51						
7.0 ORAL AND MAXILLOFACIAL SURGERY								
71101		\$74.74		\$89.68				
71109		\$44.85		\$53.80				
72311		\$67.07		\$80.49				
72319		\$40.27		\$48.31				
74111		\$201.18		\$241.43				
74112		\$261.48		\$313.78				
74121		\$241.44		\$289.71				
74122		\$320.02		\$384.05				

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
74211		\$201.18						
74212		\$261.48						
74221		\$241.44						
74222		\$320.02						
74611		\$231.37		\$277.65				
74612		\$307.26		\$368.71				
74621		\$281.69		\$338.01				
74631		\$231.37		\$277.65				
74632		\$307.26		\$368.71				
75111		\$147.57		\$177.09				
75112		\$147.57		\$177.09				
75113		\$183.00						
75121		\$154.24		\$185.09				
75122		\$160.29						
75123		\$198.30						
75211		\$332.82		\$399.39				
75212		\$356.56						
75221		\$327.16						
75301		\$517.65		\$621.18				
75303		\$517.65		\$621.18				
76941		\$251.46		\$301.73				
76949		\$251.46		\$301.73				
76951		\$77.15		\$92.57				
76952		\$154.24		\$185.09				
76961		\$160.92		\$193.11				
76962		\$181.07		\$217.28				
79601		\$67.08		\$80.50				
79602		\$70.42		\$84.51				
79605		\$70.42		\$84.51				
79606		\$70.42		\$84.51				
79701		\$402.53						
79702		\$402.53						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
0.1 DIAGNOSTIC								
Maximum eligibility of examinations: ages 17+: up to 3/ any 12 months; under 17: up to 4/ any 12 months Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.								
First Dental Visit Examinations Up to the age of three (3) inclusive								
00011		\$55.49						
Laboratory Tests								
04101	L	\$50.14		\$60.20				
04401	L	\$50.14		\$60.20				
Diagnostic Casts, Unmounted								
04911		\$50.18						
04913		\$100.35						
1.0 PREVENTION								
Interproximal Disking of Teeth 1 unit/ any 12 months Cost of one unit will be limited to the cost of half unit.								
16201		\$26.40						
Occlusal Adjustment/Equilibration Cost of one unit will be limited to the cost of half unit.								
16511		\$33.22						
16517		\$33.22						
2.0 RESTORATION								
Cores and Posts 1/ any 36 months (permanent tooth) Eligible only for clients age 18 and older. Cores are eligible only if existing restoration is greater than twelve (12) months old. Prefabricated post/pins are considered for coverage in conjunction with core for crown restoration only. Cores are considered for coverage only if submitted with a crown request.								
21301		\$160.70						
21302		\$160.70						
23601		\$192.84						
23602		\$192.84						
25731		\$97.40						
25732		\$146.10						
25733		\$194.80						
25751		\$175.78						
25752		\$200.49						
25753		\$224.24						
25754		\$198.61						
25755		\$226.14						
25756		\$247.99						
25761		\$175.78						
25762		\$200.49						
25763		\$224.24						
25764		\$205.23						
25765		\$252.75						
25766		\$303.10						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
Crowns								
The NIHB Crown Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
27211	L	\$700.18						
27301	L	\$700.18						
3.0 ENDODONTICS								
The NIHB Endodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
Root Canal Therapy - 3/ any 36 months for all teeth. Once the frequency has been reached, subsequent RCT procedures require predetermination. Predetermination is required for 7's and 8's at all times.								
33111		\$480.44						
33121		\$725.30						
33131		\$828.92						
33141		\$1,006.53						
4.0 PERIODONTICS								
Management of Oral Disease								
Eligible once (1) in any twelve (12) month period, at the cost of half (½) unit.								
41211		\$61.84						
41221		\$79.49						
41231		\$61.84						
Desensitization								
41301		\$61.84						
Periodontal Splint or Ligation, Provisional, Extra Coronal								
43211		\$109.45		\$109.45		\$109.45	\$109.45	
43221		\$56.06		\$56.06		\$56.06	\$56.06	
43231		\$68.24		\$68.24		\$68.24	\$68.24	
43241		\$68.24		\$68.24		\$68.24	\$68.24	
43281		\$68.24		\$68.24		\$68.24	\$68.24	
Periodontal Re-Evaluation/Evaluation								
Applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner.								
Limited to those clients with an identified periodontal problem, in continuing care with a periodontist.								
Not to be used in conjunction with procedure code 01502.								
49101		\$58.89						
49102		\$117.77						
5.0 PROSTHODONTICS - REMOVABLE								
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
Complete/ Partial/ Immediate Dentures								
1/ arch/ any 96 months								
51101	L	\$614.68						
51102	L	\$614.68						
51103	L	\$1,229.37						
51301	L	\$614.68						
51302	L	\$614.68						
51303	L	\$1,229.37						
51711	L	\$614.68						
51712	L	\$614.68						
51713	L	\$922.02						
52101	L	\$175.66						
52102	L	\$175.66						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
52103	L	\$263.49						
52301	L	\$585.48						
52302	L	\$585.48						
52303	L	\$878.23						
53101	L	\$614.68						
53102	L	\$614.68						
53103	L	\$922.02						
53201	L	\$614.68						
53202	L	\$614.68						
53203	L	\$922.02						
53301	L	\$922.02						
53302	L	\$922.02						
7.0 ORAL AND MAXILLOFACIAL SURGERY								
71201		\$162.76		\$189.62				
71209		\$97.66		\$117.18				
71211		\$162.76						
71219		\$97.66						
72111		\$147.57		\$171.93				
72119		\$88.54		\$106.24				
72211		\$221.34		\$257.87				
72219		\$132.79		\$159.35				
72221		\$281.69		\$338.01				
72229		\$169.02		\$202.82				
72231		\$325.62						
72239		\$242.29						
72321		\$100.63		\$120.73				
72329		\$60.38		\$72.45				
72331		\$147.57		\$177.09				
72339		\$88.54		\$106.24				
72511		\$134.19		\$161.04				
72519		\$80.52		\$96.64				
72521		\$241.43		\$289.69				
72529		\$144.86		\$173.83				
72531		\$243.15						
72539		\$161.53						
72541		\$161.53						
72551		\$251.82						
73121		\$158.61		\$190.33		\$174.47	\$174.47	
73411		\$132.14						
75302		\$517.65		\$621.18				
75401		\$119.28						
75402		\$528.44						
75403		\$113.27						
75411		\$302.05						
75412		\$377.56						
76201		\$726.46						
76301		\$574.02						
79603		\$67.08		\$80.50				
79604		\$70.42		\$84.50				

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
8.0 ORTHODONTICS								
The NIHB Orthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies. Forward all orthodontic requests to the Orthodontic Review Centre (ORC).								
80601		\$59.21						
80602		\$59.21						
80661		\$59.21						
80669		\$59.21						
80671		\$59.21						
80679		\$59.21						
81111	L	\$192.93						
81112	L	\$192.93						
81113	L	\$236.82						
81114	L	\$236.82						
81121	L	\$236.82						
81122	L	\$236.82						
81131	L	\$236.82						
81132	L	\$236.82						
81135	L	\$457.95						
81211	L	\$236.82						
81212	L	\$236.82						
81221	L	\$177.62						
81222	L	\$177.62						
81231	L	\$236.82						
81232	L	\$236.82						
81241	L	\$236.82						
81242	L	\$236.82						
81243	L	\$177.62						
81251	L	\$296.04						
81252	L	\$296.04						
81253	L	\$236.82						
81254	L	\$610.28						
89501	L	\$264.31						
89502	L	\$264.31						
89503	L	\$991.14						
89504	L	\$991.14						
89505	L	\$1,984.20						
89506	L	\$3,964.59						
9.0 ADJUNCTIVE GENERAL SERVICES								
NIHB General Anaesthesia and Sedation Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
92212		\$149.96						
92213		\$196.96						
92214		\$236.36						
92215		\$275.74						
92216		\$315.13						
92217		\$315.13						
92218		\$315.13						
92222		\$116.43		\$116.43				
92223		\$182.66						
92224		\$249.74						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
92225		\$316.82						
92226		\$383.90						
92227		\$383.90						
92228		\$383.90						
92301		\$54.25		\$54.25				
92302		\$105.38		\$105.38				
92303		\$171.25						
92304		\$228.33						
92305		\$285.42						
92306		\$318.11						
92307		\$318.11						
92308		\$318.11						
92322		\$114.17						
92323		\$171.25						
92324		\$228.33						
92325		\$285.42						
92326		\$342.50						
92327		\$342.50						
92328		\$342.50						
92411		\$27.84		\$27.84				
92412		\$41.77		\$41.77				
92413		\$59.48						
92414		\$75.47						
92415		\$90.57						
92416		\$105.67						
92417		\$105.67						
92418		\$105.67						
92421		\$20.07		\$20.07				
92431		\$38.41		\$38.41				
92432		\$70.60		\$70.60				
92433		\$76.02						
92434		\$98.04						
92435		\$113.45						
92436		\$126.67						
92437		\$126.67						
92438		\$126.67						
92441		\$60.21		\$60.21				
92442		\$90.30		\$90.30				
92443		\$120.39						
92444		\$150.49						
92445		\$180.58						
92446		\$210.67						
92447		\$210.67						
92448		\$210.67						
92451		\$83.07						
92452		\$124.59						
92453		\$197.64						
92454		\$246.09						
92455		\$295.50						
92456		\$333.25						
92457		\$333.25						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros
92458		\$333.25						
94302		\$65.23						
99111		I.C.		I.C.				
99222		I.C.		I.C.				
99333		I.C.		I.C.				