

Office & Professional Employees Local 30 & 537 Health & Welfare Fund

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BASIC DENTAL PLAN TABLE OF ALLOWANCES - Effective January 1, 2017 (Updated December 2017)

ADA CODES	DESCRIPTION	MAXIMUM FEE ALLOWANCE	PERCENT BENEFIT PAYMENT
DIAGNOSTIC — (0110-0340)			
0120	Periodic Exam	52.00	90%
0130	Emergency Exam	85.00	90%
0140	Limited Oral Eval — Problem Focused	52.00	90%
0150	Exam (once every 6 months, 180 days)	66.00	90%
0210	Full Mouth X-Ray w/bitewings (once every 2 years)	112.00	90%
0220	Single film	30.00	90%
0230	Additional films up to 10	18.00	90%
0240	Occlusion View	38.00	90%
0250	Max. / Extra Oral, One Film	66.00	90%
0260	Superior or inferior maxillary, extraoral, two films	72.00	90%
0272	Bitewing — Two Films	56.00	90%
0274	Bitewing — Four Films	66.00	90%
0330	Panoramic Survey	94.00	90%
0340	Cephalometric Film	94.00	90%
PREVENTATIVE — (1110-1520)			
1110	Prophy 14 & Older (once every 6 months, 180 days)	109.00	90%
1120	Prophy to age 14 (once every 6 months, 180 days)	85.00	90%
1203	Topical Appl Fluoride — Child	52.00	90%
1210	Prophy / Fluoride Treatment	109.00	90%
1351	Sealant per tooth (to age 14)	40.00	90%
1510	Space Maintainer	278.00	90%
1520	With stainless steel rounded wire rest only	300.00	90%
RESTORATIVE — (2110-2954) Allowance includes all necessary bases, pulp caps, buildups, etc.			
2110	Amalgam — One Surface — Primary	90.00	80%
2120	Amalgam — Two Surface — Primary	116.00	80%
2130	Amalgam — Three or more — Primary	127.00	80%
2140	Amalgam — One Surface — Permanent	116.00	80%
2150	Amalgam — Two Surface — Permanent	135.00	80%
2160	Amalgam — Three or More — Permanent	144.00	80%
2310	Acrylic, Plastic, Composite (Per Restoration)	144.00	80%
2330	Composite Resin One Surface	144.00	80%
2331	Composite Resin Two Surfaces	160.00	80%
2332	Composite Resin Three Surfaces	211.00	80%
2335	Composite Resin Incisal Angle	218.00	80%
2391	One surface posterior resin	109.00	80%
2392	Two surface posterior resin	127.00	80%
2393	Three surface posterior resin	144.00	80%
2394	Four surface posterior resin	218.00	80%
2510	One Surface Inlay	462.00	80%
2520	Two Surface Inlay	605.00	80%
2530	Three or More Surface Inlay	647.00	80%
2540	Onlay in Addition per tooth	738.00	80%
2544	Gold Onlay with Inlay	738.00	80%
2710	Crown — Resin-Plastic/Acrylic	462.00	80%
2720	Crown — Resin-with high noble metal	647.00	80%
2740	Crown — Porcelain/Ceramic	738.00	80%
2750	Crown — Porcelain fused to semi-precious metal	923.00	80%
2751	Crown — Porcelain fused to non-precious metal	839.00	80%
2752	Porcelain/Metal Crowns	864.00	80%
2790	Crown — Gold full cast	830.00	80%
2810	Crown 3/4 gold	738.00	80%
2830	Stainless Steel Primary	151.00	80%
2892	Crown — Post & Core in addition	202.00	80%
2910	Recement Inlays	66.00	80%
2920	Recement Crown	85.00	80%
2930	Prefab Stainless Steel Crown (primary tooth)	151.00	80%
2931	Prefab Stainless Steel Crown (permanent tooth)	151.00	80%
2933	Prefab Stainless Steel Crown with resin window	240.00	80%
2934	Esthetic Coated Stainless Crown (primary tooth)	240.00	80%
2952	Crown Pin	176.00	80%
2954	Prefab Post and Core	176.00	80%
ENDODONTICS — (3110-3420)			
3110	Pulp capping (pulp exposures only)	90.00	80%
3120	Remineralization (CaOH, temporary restoration) each tooth	108.00	80%
3210	Therapeutic pulpotomy (in addition to restoration), each visit	108.00	80%

3220 Therapeutic/Vital Pulpotomy	119.00	80%
3310 Single Root Canal	554.00	80%
3320 Bi-Root Canal	647.00	80%
3330 Tri-Root Canal	830.00	80%
3340 Four Canals	830.00	80%
3351 Culturing canal	90.00	80%
3410 Apicoectomy / Separate Procedure	462.00	80%
3420 Apicoectomy with Root Canal	554.00	80%
PERIODONTICS — (4110-4910)		
4210 Gingivectomy/Gingivoplasty — per quad	462.00	80%
4211 Gingivectomy/Gingivoplasty — single site	85.00	80%
4220 Gingival Curettage — per quad	94.00	80%
4260 Osseous / Gingival Surgery — per quad	671.00	80%
4261 Osseous Graft — one to three contiguous teeth	335.00	80%
4266 Guided Tissue Regeneration	331.00	80%
4271 Free Soft Tissue Grafts	671.00	80%
4330 Correction of Occlusion — Complete	119.00	80%
4341 Root Planning per quad	134.00	80%
4342 Perio Scaling & Root Planning	90.00	80%
4910 Periodontal Maintenance (once every 3 months, 90 days)	134.00	80%
PROSTHETICS (5110-6960)		
PROSTHODONTICS — Removable Complete Dentures — including adjustments within 6 months		
5110 Complete upper	1,132.00	80%
5120 Complete lower	1,132.00	80%
PARTIAL DENTURES (Including adjustments, clasps and teeth)		
5211 Partial acrylic lower with gold or chrome cobalt alloy clasps - base fee includes teeth and two clasps	802.00	80%
5213 Partial Lower	1,136.00	80%
5214 Partial Upper	1,136.00	80%
5310 Clasps, extra each unit (for 702 Partial)	52.00	80%
ADJUSTMENTS TO DENTURES (after 6 months)		
5410 Adjustment to denture	85.00	80%
REPAIRS TO DENTURES		
5520 Replace broken teeth — each tooth	94.00	80%
5610 Broken Denture — No teeth involved	119.00	80%
5630 Replacing missing or broken teeth, each	85.00	80%
5640 Replace each additional	94.00	80%
5650 Adding tooth to denture to replace natural extraction	144.00	80%
5660 Adding tooth to partial denture to replace extracted tooth with clasp	176.00	80%
5690 Each additional tooth with clasp	77.00	80%
5691 Partial denture repairs - allowance based on time and laboratory charges (limit of two denture repairs per 12 month period)	B/R ¹	80%
OTHER PROSTHETIC SERVICES		
5710 Denture Duplication	378.00	80%
5720 Denture duplication, lower each denture	378.00	80%
5730 Reline complete upper denture (chairside)	164.00	80%
5731 Reline complete lower denture (chairside)	164.00	80%
5740 Reline upper partial denture (chairside)	164.00	80%
5741 Reline lower partial denture (chairside)	164.00	80%
5750 Denture Reline	328.00	80%
5751 Reline complete lower denture (laboratory)	328.00	80%
5760 Reline upper partial denture (laboratory)	328.00	80%
5761 Reline lower partial denture (laboratory)	328.00	80%
5820 Upper stayplate - base fee (temporary stayplate used for cosmetic purposes not covered)	154.00	80%
5821 Lower stayplate - base fee (temporary stayplate used for cosmetic purposes not covered)	154.00	80%
5850 Tissue Conditioning, per denture	119.00	80%
5882 Teeth and clasp - extra each unit (for 706 Stayplate)	55.00	80%
5981 Immediate surgical splint	119.00	80%
FIXED BRIDGES BRIDGE PONTICS		
6210 Cast Gold Pontic	696.00	80%
6220 Steele's facing	588.00	80%
6230 Tru-Pontic type	588.00	80%
6240 Porcelain Fused to Semi-Precious Metal	839.00	80%
6241 Porcelain Fused to Non-Precious Metal	796.00	80%
6250 Place Resin with High Noble	839.00	80%
6252 Plastic processed to gold	660.00	80%
6600 Repair of bridge - allowance based on time and laboratory charges	B/R ¹	80%
6750 Abutment Crown Porcelain to Metal	923.00	80%
6920 Dowel Pin Gold	151.00	80%

6930 Bridge Recement	94.00	80%
6940 Simple stress breakers - extra	94.00	80%
6960 Dowel Pin Metal-Case	151.00	80%
ORAL SURGERY (7110-7983)		
7110 Uncomplicated single extraction	119.00	80%
7120 Each additional tooth (local anesthesia only)	94.00	80%
7140 Extraction, erupted tooth	84.00	80%
7210 Surgical removal of erupted tooth	151.00	80%
7220 Extract tooth Soft Tissue impact	278.00	80%
7230 Extract tooth partial bony impact	328.00	80%
7240 Extract tooth complete bony impact	420.00	80%
7250 Residual root recovery surgery	420.00	80%
7260 Closure of oral fistula/root recovery	252.00	80%
7272 Transplantation of tooth or tooth bud	563.00	80%
7280 Crown exposure for orthodontia	283.00	80%
7286 Biopsy of oral tissue	78.00	80%
7310 Alveolectomy in addition to removal	218.00	80%
7320 Alveolectomy per quad	169.00	80%
7350 Alveolectomy with ridge extension	252.00	80%
7425 Excision pericoronal gingiva	104.00	80%
7431 Resection of benign tumor of soft tissue (2.5 cm. or larger)	264.00	80%
7440 Resection of malignant tumor	B/R ¹	80%
7450 Removal of cast or tumor to 1/2	304.00	80%
7451 Removal of cast or tumor over 1/2	563.00	80%
7470 Removal of Palatal Torus	202.00	80%
7471 Removal of man tori per quad	236.00	80%
7490 Radical resection of bone for tumor with bone graft	B/R ¹	80%
7510 Incision/drainage of abcess	119.00	80%
7520 Extraoral incision and drainage of abcess	119.00	80%
7530 Removal of foreign body (soft tissue)	94.00	80%
7540 Removal of foreign body from bone	144.00	80%
7550 Bone abcess superficial	176.00	80%
7560 Maxillary sinusotomy for removal of tooth fragment or foreign body	516.00	80%
7910 Suture of soft tissue injury	127.00	80%
7930 Treatment of trigeminal neuralgia by injection into second and third divisions	277.00	80%
7960 Frenectomy	277.00	80%
7970 Excision of hyperplastic tissue	277.00	80%
7980 Removal of salivary calculus	202.00	80%
7981 Sialolithotomy: removal of salivary calculus, extraorally	605.00	80%
7982 Dilatation of salivary duct	119.00	80%
7983 Closure of salivary fistula	403.00	80%
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
8210 Appliances habit control removable	277.00	80%
8220 Appliances habit control fixed	277.00	80%
GENERAL SERVICES		
9110 Palliative Treatment of Dental pain, minor procedures	94.00	80%
9211 Peripheral nerve block, branches of fifth cranial	94.00	80%
9220 General anesthesia/surgical procedure only	244.00	80%
9223 General anesthesia/surgical procedure only 15 minutes	122.00	80%
9310 Special consultation by specialist	112.00	80%
Office visit for medication, observation, and temporary correction of accidental injuries to natural teeth or supporting structures (postoperative visits and visits where a permanent corrective procedure is performed are not covered). Payable in lieu of any other payment under the schedule during the same visit		
9430	78.00	80%
9440 Professional visit after hours (allowable only if in excess of allowances for services rendered)	12.00	80%
9610 Drugs - antibiotic injection	36.00	80%
9630 Other drugs and/or medicaments	43.00	80%
9930 Postoperative visit (complications only)	78.00	80%
9940 Occlusal Guard	384.00	80%

ORTHODONTIC TREATMENT

ORTHODONTIC LIFETIME \$2,200.00 MAXIMUM BENEFIT

(80% of initial banding, quarterly thereafter)

¹ For procedures marked "B/R" (by report) the Administration Office will determine the allowance based upon the nature and extent of the services performed. A dental procedure of an equivalent gravity and severity listed in the schedule shall be used as the basis for the Administration Office determination.

ABOVE BENEFITS PAYABLE AFTER SATISFYING AN ANNUAL DEDUCTIBLE OF \$50.00 PER PERSON. ANNUAL MAXIMUM BENEFIT \$2,200.00 (DOES NOT APPLY TO CHILDREN UNDER 19).

PRE-AUTHORIZATION IS STRONGLY RECOMMENDED WHEN SERVICES ARE EXPECTED TO EXCEED \$500.00. SEE REVERSE SIDE FOR DENTAL LIMITATIONS AND EXCLUSIONS.

DENTAL LIMITATIONS AND EXCLUSIONS

This Basic Dental Plan does not pay expenses for:

- 1 More than one oral examination or prophylaxis during any period of six consecutive months (180 days).
- 2 Dental procedures for cosmetic reasons, unless performed within two years after an accident to repair or alleviate damage from that accident which occurred while covered.
- 3 Temporary full prosthesis. The term "prosthesis" means any crown or any fixed or removable denture.
- 4 Replacement of an existing prosthesis which, in the opinion of the attending Doctor, is or can be made satisfactory.
- 5 Replacement of a prosthesis, except a crown necessary for restorative purposes only, for which benefits were paid under this Plan if the replacement occurs within five years from the date the expense was incurred, unless: (a) the replacement is made necessary by the initial placement of an opposing full prosthesis or the extraction of natural teeth, or (b) the prosthesis is a stayplate or similar temporary partial prosthesis, and is being replaced by a permanent prosthesis, or (c) the prosthesis, while in the oral cavity, has been damaged beyond repair as a result of injury while covered.
- 6 Any procedures which began before the date the covered person became eligible under this Plan, or began after the individual ceased eligibility. Any supplies furnished in connection with such procedure, except that x-rays and prophylaxis treatment will not be considered as the beginning of a dental procedure.
- 7 Replacement of a lost or stolen appliance.
- 8 Dietary planning, oral hygiene instruction or training in preventive dental care.
- 9 Procedures which are necessary solely to increase vertical dimension, or restore the occlusion.
- 10 Adjustments or relining of a prosthesis within six months after the prosthesis is initially furnished.
- 11 Any treatment by any method for temporomandibular joint dysfunction (TMJ).
- 12 Any services rendered by a member of the immediate family of the person or of the person's spouse.
- 13 Any orthodontia treatment which is not pre-authorized.
- 14 Hospital expenses incurred for any dental procedure performed (covered or not covered).
- 15 Implantology.
- 16 Separate charges for Analgesia and/or Nitrous Oxide (except for general anesthesia given by a dentist for covered oral surgery).
- 17 Any charge above allowable charges or for a procedure determined not to be necessary dental treatment as determined by the Board of Trustees.
- 18 Charges for completion of claim forms.
- 19 Charges for missed or broken appointments.
- 20 Claims not submitted within 12 months after expenses were incurred, except in absence of legal capacity. Additional information requested by the Trust Fund Office on behalf of the Board of Trustees that is not submitted in a timely manner may delay or deny payment.
- 21 Charges for expenses incurred outside the United States unless when traveling and in need of urgent or emergency care.
- 22 The replacement of a crown which was covered under this Plan, if such replacement occurs within five years from the date expense was incurred.
- 23 The amount of benefits payable by this Plan and any other Plans will be coordinated so that the aggregate amount paid will not exceed the amount that would be paid if this Plan were the primary payer. The O.P.E.I.U. Locals 30 & 537 Health and Welfare Fund payment will not exceed the amount which would have been paid if there were no other Plan involved.