

BASIC DENTAL PLAN TABLE OF ALLOWANCES - Effective April 1, 2023

ADA CODES	DESCRIPTION	MAXIMUM FEE ALLOWANCE	PERCENT BENEFIT PAYMENT
DIAGNOSTIC			
0120	Periodic oral evaluation - established patient	52.00	90%
0140	Limited Oral Eval – Problem Focused	52.00	90%
0150	Comprehensive oral evaluation - new or established patient (once every 6 months, 180 days)	66.00	90%
0210	Intraoral - Complete series of radiographic images (once every 2 years)	112.00	90%
0220	Intraoral - Periapical first radiographic image	30.00	90%
0230	Intraoral - Periapical each add radiograph image (additional films up to 10)	18.00	90%
0240	Intraoral - Occlusal radiographic image	38.00	90%
0250	Extraoral - first film	66.00	90%
0272	Bitewings - Two radiographic images	56.00	90%
0274	Bitewings - Four radiographic images	66.00	90%
0330	Panoramic radiograph image	94.00	90%
0340	2D cephalometric x-ray - acquisition measurement and analysis	94.00	90%
PREVENTATIVE			
1110	Prophylaxis - Adult (once every 6 months, 180 days)	109.00	90%
1120	Prophylaxis - Child to age 14 (once every 6 months, 180 days)	85.00	90%
1208	Topical application of fluoride - excluding varnish	52.00	90%
1351	Sealant per tooth (to age 14)	44.00	90%
1510	Space maintainer – fixed, unilateral – per quadrant	278.00	90%
1520	Space maintainer - removable - unilateral – per quadrant	300.00	90%
RESTORATIVE — Allowance includes all necessary bases, pulp caps, buildups, etc.			
2140	Amalgam - 1 surface - primary or permanent	116.00	80%
2150	Amalgam - 2 surfaces - primary or permanent	135.00	80%
2160	Amalgam - 3 surfaces - primary or permanent	154.00	80%
2330	Resin-based composite - 1 surface - anterior	144.00	80%
2331	Resin-based composite - 2 surfaces - anterior	160.00	80%
2332	Resin-based composite - 3 surfaces - anterior	211.00	80%
2335	Resin-based composite - 4 or more surfaces or involving incisal angle - anterior	218.00	80%
2391	Resin-based composite - 1 surface - posterior	135.00	80%
2392	Resin-based composite - 2 surfaces - posterior	199.00	80%
2393	Resin-based composite - 3 surfaces - posterior	236.00	80%
2394	Resin-based composite - 4 or more surfaces - posterior	278.00	80%
2510	Metallic inlay - 1 surface	462.00	80%
2520	Metallic inlay - 2 surfaces	605.00	80%
2530	Metallic inlay - 3 or more surfaces	647.00	80%
2542	Metallic onlay - 2 surfaces	606.00	80%
2543	Metallic onlay - 3 surfaces	712.00	80%
2544	Metallic onlay - 4 or more surfaces	898.00	80%
2710	Crown - resin based composite (indirect)	462.00	80%
2720	Crown - resin with high noble metal	801.00	80%
2740	Crown - porcelain/ceramic	969.00	80%
2750	Crown - porcelain fused to high noble metal	1,013.00	80%
2751	Crown - porcelain fused to predominantly base metal	847.00	80%
2752	Crown - porcelain fused to noble metal	879.00	80%
2790	Crown - full cast high noble metal	951.00	80%
2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	66.00	80%
2920	Re-cement or re-bond crown	85.00	80%
2930	Prefabricated stainless steel crown - primary tooth	156.00	80%
2931	Prefabricated stainless steel crown - permanent tooth	163.00	80%
2933	Prefabricated stainless steel crown with resin window	240.00	80%
2934	Prefabricated esthetic coated stainless steel crown - primary tooth	240.00	80%
2952	Post and core in addition to crown, indirectly fabricated	233.00	80%
2954	Prefabricated post and core in addition to crown	176.00	80%
ENDODONTICS			
3110	pulp cap - direct (excluding final restoration)	90.00	80%
3120	pulp cap - indirect (excluding final restoration)	108.00	80%

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3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	120.00	80%
3310	endodontic therapy, anterior tooth (excluding final restoration)	684.00	80%
3320	endodontic therapy, premolar tooth (excluding final restoration)	814.00	80%
3330	endodontic therapy, molar tooth (excluding final restoration)	1,146.00	80%
3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	90.00	80%
3410	apicoectomy - anterior	659.00	80%

PERIODONTICS

4210	Gingivectomy or gingivoplasty- 4 or more contiguous teeth or bounded teeth spaces per quad	462.00	80%
4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous or bounded teeth spaces per quadrant	148.00	80%
4240	Gingival flap procedure-includes root planing - 4+ contiguous/bounded teeth spaces per quad	505.00	80%
4241	Gingival flap procedure-includes root planing- 1-3 contiguous/bounded teeth spaces per quad	247.00	80%
4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1,093.00	80%
4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	588.00	80%
4266	Guided tissue regeneration - resorbable barrier - per site	434.00	80%
4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	750.00	80%
4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	136.00	80%
4341	Periodontal scaling & root planing - 4 or more teeth - per quadrant	198.00	80%
4342	Periodontal scaling & root planing - 1 to 3 teeth - per quadrant	129.00	80%
4910	Periodontal maintenance procedures following active therapy (once every 3 months, 90 days)	134.00	80%

PROSTHETICS

PROSTHODONTICS — Removable Complete Dentures — including adjustments within 6 months

5110	Complete maxillary denture	1,353.00	80%
5120	Complete mandibular denture	1,353.00	80%

PARTIAL DENTURES (Including adjustments, clasps and teeth)

5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	802.00	80%
5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,468.00	80%
5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,468.00	80%

ADJUSTMENTS TO DENTURES (after 6 months)

5410	Adjust complete denture - maxillary	85.00	80%
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REPAIRS TO DENTURES

5520	Replace missing or broken teeth - complete denture (each tooth)	115.00	80%
5611	Repair resin partial denture base, mandibular	119.00	80%
5612	Repair resin partial denture base, maxillary	119.00	80%
5621	Repair cast partial framework - mandibular	132.00	80%
5622	Repair cast partial framework - maxillary	132.00	80%
5630	Repair or replace broken retentive clasping materials – per tooth	171.00	80%
5640	Replace broken teeth - per tooth	131.00	80%
5650	Add tooth to existing partial denture	144.00	80%
5660	Add clasp to existing partial denture - per tooth	176.00	80%

OTHER PROSTHETIC SERVICES

5710	Rebase complete denture - maxillary	378.00	80%
5720	Rebase partial denture - maxillary	378.00	80%
5730	Reline complete maxillary denture direct	188.00	80%
5731	Reline complete mandibular denture direct	188.00	80%
5740	Reline maxillary partial denture direct	188.00	80%
5741	Reline mandibular partial denture direct	188.00	80%
5750	Reline complete maxillary denture indirect	328.00	80%
5751	Reline complete mandibular denture indirect	328.00	80%
5760	Reline maxillary partial denture indirect	328.00	80%
5761	Reline mandibular partial denture indirect	328.00	80%
5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	417.00	80%
5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	417.00	80%

5850 Tissue conditioning maxillary	119.00	80%
FIXED BRIDGES BRIDGE PONTICS		
6210 Pontic - cast high noble metal	951.00	80%
6240 Pontic - porcelain fused to high noble metal	997.00	80%
6241 Pontic - porcelain fused to predominantly base metal	845.00	80%
6250 Pontic - resin with high noble metal	839.00	80%
6252 Pontic - resin with noble metal	731.00	80%
6600 Retainer inlay - porcelain/ceramic - 2 surfaces	596.00	80%
6750 Retainer crown - porcelain fused to high noble metal	1,013.00	80%
6920 CONNECTOR BAR	151.00	80%
6930 Re-cement or re-bond fixed partial denture	94.00	80%
6940 Stress breaker	306.00	80%
ORAL SURGERY (7110-7983)		
7140 Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	127.00	80%
7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	232.00	80%
7220 Removal of impacted tooth - soft tissue	303.00	80%
7230 Removal of impacted tooth - partially bony	446.00	80%
7240 Removal of impacted tooth - completely bony	574.00	80%
7250 Surgical removal of residual tooth roots - cutting procedure	420.00	80%
7260 Oroantral fistula closure	787.00	80%
7272 Tooth transplantation (incl. reimplantation from 1 site to another & splinting &/or stabilization)	563.00	80%
7280 Exposure of an unerupted tooth	556.00	80%
7286 Incisional biopsy of oral tissue - soft	227.00	80%
7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	242.00	80%
7320 Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	331.00	80%
7350 Vestibuloplasty ridge ext w/ soft tissue grafts	2,200.00	80%
7440 Excision of malignant tumor - lesion diameter up to 1.25 cm	321.00	80%
7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	304.00	80%
7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	563.00	80%
7471 Removal of lateral exostosis (maxilla or mandible)	583.00	80%
7490 Radical resection of maxilla or mandible	B/R ¹	80%
7510 Incision and drainage of abscess - intraoral soft tissue	145.00	80%
7520 Incision & drainage abscess - extraoral soft tissue	119.00	80%
7530 Removal of a foreign body from mucosa, skin, or subcutaneous alveolar tissue	124.00	80%
7540 Removal of reaction producing foreign bodies, musculoskeletal system	144.00	80%
7550 Partial ostectomy/sequestrectomy for removal of non-vital bone	176.00	80%
7560 Maxillary sinusotomy for removal of tooth fragment or foreign body	516.00	80%
7910 Suture of recent small wounds up to 5 cm	127.00	80%
7961 Buccal / labial frenectomy (frenulectomy)	329.00	80%
7962 Lingual frenectomy (frenulectomy)	329.00	80%
7970 Excision of hyperplastic tissue - per arch	324.00	80%
7980 Surgical sialolithotomy	202.00	80%
7981 Excision of salivary gland by report	605.00	80%
7982 Sialodochoplasty	119.00	80%
7983 Closure of salivary fistula	403.00	80%
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
8210 Removable appliance therapy	465.00	80%
8220 Fixed appliance therapy	371.00	80%
GENERAL SERVICES		
9110 Palliative emergency treatment of dental pain - minor procedure	94.00	80%
9211 Regional block anesthesia	94.00	80%
9223 Deep sedation/general anesthesia – each subsequent 15 minute increment	160.00	80%
9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	112.00	80%
9430 Office visit for observation (during regularly scheduled hours) - no other services performed	78.00	80%
9440 Office visit - after regularly scheduled hours (allowable only if in excess of allowances for services rendered)	87.00	80%
9610 Therapeutic parenteral drug, single administration	36.00	80%
9630 Drugs or medicaments dispensed in the office for home use	53.00	80%
9930 Treatment of complications (post-surgical) - unusual circumstances, by report	78.00	80%
9944 Occlusal guard – hard appliance, full arch	384.00	80%

ORTHODONTIC TREATMENT

ORTHODONTIC LIFETIME \$2,200.00 MAXIMUM BENEFIT (MUST BE PRE-AUTHORIZED)

(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 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.
- 24 Any Current Dental Terminology (CDT) code not listed on this schedule of benefits is not a covered benefit.
- 25 Dental codes are modified from time to time as recommended and published by the American Dental Association. All modifications to the fee schedule are subject to the discretion of the Board of Trustees.